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Enrichment



Enrichment activities bring joy and meaning to life. Research provides evidence of a variety of ways in which enrichments also build resiliency, enhance protective factors, and lead to positive outcomes for children with emotional and behavioral disorders and their families. This issue of *Focal Point* looks at research related to sources of enrichment and at innovative programs that promote and support enrichment in the following areas:

- ◆ Building Social Relationships
- ◆ Art and Adventure
- ◆ Caregiver Support and Respite
- ◆ Spirituality and Spiritual Community
- ◆ Service and Leadership
- ◆ Intellectual Growth and Education
- ◆ Individualized Supports



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Introduction: Building Resilience and Enhancing Quality of Life for Children and Families

By Janet Walker, editor

In growing up, a child should know some joy in each day and look forward to some joyous event for the morrow. —Nicholas Hobbs

Our day-to-day lives are enriched by the moments that bring us joy and a sense of meaning. The sources of such moments are varied, but what they share is a capacity to provide us with the feeling that, for now, for us, things are good and right. Unfortunately, there is also a further, common set of associations with the idea of “enrichment”—that enrichments are extras, frills, luxuries. Or that enrichment is something like dessert, that you may only be allowed to have if you behave yourself and meet expectations. If the spending of public money is any indication, there is a strong cultural endorsement of this view (at least as it applies to other people and other people’s children). Activities that are generally thought of as enriching are those that are paid for only with the greatest reluctance, and they are also the first to have their funds cut when budgets get tight.

This issue of *Focal Point* begins from the idea that enrichments, far from being frivolous, are instead essential. The joy and meaningfulness which enrichments provide make a direct, positive contribution to quality of life. What is more, enriching experiences add to our reserves of strength and purpose, and these reserves in turn enable us to adapt, cope, recover and even thrive in the face of challenges and stresses. Specifically, this issue of *Focal Point* looks at research related to sources of enrichment, and at innovative programs that promote enrichment and achieve positive outcomes for children with emotional and behavioral challenges, and for their families.

Research results notwithstanding, the most compelling evidence for the value of enrichment is found by looking to personal experience. What parents and

other caring adults want most to see in their children is evidence of an enriched life. They want to see their children laughing, being with good friends, losing themselves in creative or intellectual activities, finding “the zone” in sports, locating their own moral centers, being joyful. Parents also know that without enrichments in their own lives, challenges and stressors eat away at their capacity to care for their children.

Caregivers and other concerned people are often frustrated in efforts to provide ongoing access to enrichments for children and youth with emotional and behavioral disorders, as well as for other members of their families. Previous experience may lead to a feeling that enriching activities are simply unavailable, or out of reach. Where do you look for adventure for a teenager who’s been kicked out of clubs, teams or scouting troops? How do you help a child find friendships when his disorder is characterized by difficulties in social relationships? How can a youth who has attentional difficulties find the patience required to produce art, poetry, or music? How can a parent find the time to spend with friends or to sing in a choir? Sometimes it may be that the barriers are partly failures of imagination. For example, it may take an imaginative leap to consider that a young person with challenging behavior may find value—and provide value—through community service. It may also take some creative thinking to imagine a way to arrange supports or to tailor an experience so that participation in a desired activity will be feasible.

The barriers may be even greater when the funds or supports for enrichments are sought through the formal service sector. Often, in treatment planning, the idea of using funds in such a way does not even come up at all. When non-traditional or unusual expenditures, services or supports are requested, difficulties often arise around justifying the cost, even when such costs are small relative to the costs of traditional services. It is not just the policies and rules that are to blame. Often the people who participate in planning and providing services seem to be thoroughly conditioned by the traditional views of services as remedial *work*, and this gives rise to a reluctance to expend public money to provide activities that look like *fun*. This reluctance may be further compounded by the well-documented tendency for providers to blame parents for causing their child’s emotional or behavioral disorder, or even to blame the child herself for the difficul-

ties she experiences. For providers who hold this view—whether consciously or unconsciously—funding enrichments will be particularly unpalatable if doing so seems like rewarding “bad” behavior.

Despite barriers, children and youth with emotional and behavioral disorders are finding enrichments through a variety of creative channels, and the evidence of the positive effects of these enrichments is

growing. Service providers who use a strengths-based approach are likely understand the value of enrichments, and as experience with strengths-based approaches grows, so too will the capacity to creatively integrate enrichments into planning for treatment and family support. We hope that this issue of *Focal Point* will contribute to the momentum behind this creative movement.

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Friends of the Children

By Steve Berman

Simon's Story

Simon is thirteen years old and was just moved to his eighth foster home in the last three years. When Simon was five years old he was removed from his mother's care. Simon's Mom loved him very much but struggled with an addiction that led her into prostitution and made it impossible for her to provide the care that Simon required. Simon was initially placed with his grandmother who cared for him for several years before her own health, and Simon's increasingly difficult behavior, made it necessary to move him. He moved through the homes of several other relatives before beginning his foster care experience. Each placement ended with complaints of Simon's uncontrollable impulsivity, aggression and pervasive negativity.

When Simon was six, two events occurred that would influence the course his life would take. First, he had his initial contact with the mental health system. He was given the first of many diagnoses that would follow him through multiple treatment and educational settings. Initially he was seen as ADHD and was given medication to control his impulsivity and inattention. As subsequent psychiatrists, psychologists and social workers assessed and treated Simon, he collected a laundry list of labels and opinions about what was best for him. At various times he has been diagnosed with Fetal Alcohol Effects, Oppositional Defiant Disorder, Conduct Disorder, Reactive Attachment Disorder, Alcohol Related Neuro-developmental Disorder, Major Depression, as well as various learning disabilities. Each change in diagnosis brought with it a change in treatment plan and medication and, frequently, a change of placement.

The second event that occurred when Simon was six was that he was selected for participation in Friends of the Children and met his Friend, Mike. At the time, Mike was twenty-five years old and beginning his career as a professional mentor to Simon and seven other first grade boys. Now, seven years later, through multiple placements, treatment providers, and schools, Mike remains the one constant in Simon's life.

It hasn't been easy. Simon has repeatedly tested Mike to see if he would reject him just as every other adult had done. He has cursed at him, told him to go away, bolted from his car, verbally assaulted him, and refused to accompany him on outings. Throughout these rebuffs, Mike keeps showing up, calling, scheduling activities and visits, neither forcing himself on Simon, nor retreating. It's still up and down. Mike never knows if he will encounter the Simon who heaps insults upon him or the Simon who is fun to be with, open and appreciative, articulate, affectionate, and funny. As Simon enters adolescence, the rejecting messages are increasing in frequency and vehemence, but Mike refuses to disappear.

Recently there have been encouraging signs. Simon has been working, for over a year, with a therapist he really likes, and his current medications are helping. In the past year he re-established contact with his Mom, who is still struggling with addiction. Rather than idealizing her, Simon is now able to recognize what he can realistically expect from her. Simon likes his new foster Dad a lot, although that doesn't mean that he's not testing him. The foster parents, the therapist, the child welfare worker and the Friend are all meeting regularly as a team to talk about how they might best collaborate in Simon's interest. And, surprisingly, Simon has actually taken the risk of making a few phone calls to call Mike asking when they can schedule some activities. There is still much uncertainty about Simon's future; however, one thing is certain. Wherever Simon goes, Mike will be walking beside him.

What does a Friend do?

Friends of the Children was founded in 1993 by Portland businessman Duncan Campbell. Having survived, and triumphed over, his own rough and tumble childhood in a tough neighborhood of Northeast Portland, with parents who were not able to meet his needs due to their own difficulties, Duncan asked himself a simple question: "If I could do one thing to make a difference in a child's life, what would that be?" The answer to that question, simple, yet profound, has now impacted the lives of over 270 children in Portland, alone, with new *Friends of the Children* chapters springing up around the country.

When Duncan sought to answer his question he consulted with experts who directed his attention to the

research in childhood resiliency. What one thing could make the most difference? Provide a child with a long-term, stable relationship with a healthy, caring, consistent adult. *Friends of the Children* accomplishes this seemingly impossible task by employing mentors, called Friends, who are paid a professional salary plus benefits, to establish and maintain relationships with high-risk children for twelve years or more.

In Portland, *Friends* currently accepts children from three public elementary schools in the city's most vulnerable neighborhoods. First grade teachers are asked to evaluate their incoming students for risk and resiliency factors. Those children identified as most at risk are then observed over a period of weeks and, after careful consultation between *Friends* staff and school personnel, a group of children are selected for participation. Meetings are scheduled with families to explain the program, answer questions, and to make two key points: 1) This is a long-term commitment that will continue at least until the child graduates from high school; and 2) We are not interested in replacing parents or suggesting that a child needs this program because the parents are inadequate. Partnership with the family is essential to the success of this venture, and we provide parents and guardians with the time and the opportunity for discussion in order to make an informed choice.

Each professional Friend has eight children and spends, on average, four to five hours per week with each child. What do Friends do? They aren't teachers but they sometimes teach. They aren't counselors but they sometimes counsel. They aren't coaches but they sometimes coach. They aren't parents but they always nurture and sometimes set limits. *They are Friends*. They do what friends do. They talk. They do fun activities. They go places. They hang out, they support, they argue, they fight, they hug. When asked what Friends do, Duncan quotes the "Three Bs," the cornerstone of the program: "Be with the children;" "Be yourself;" and "Be with each other."

Friends are not therapists. They do not treat. Most Friends are only marginally concerned with any possible diagnosis their child may have been given. The focus is on relationship in the context of normal (and normalizing) experience. When kids screw up, as they inevitably will, it is just one step backwards in a journey of a million steps. We don't try to fix kids. We

relate to them as the complete person they can become.

Evaluation

Friends of the Children continually tracks the progress and well being of its youth. *Friends* contracts with Northwest Professional Consortium, Inc., an independent research firm, to perform an annual evaluation of behavioral and emotional indicators for all children. Parents and Friends complete a Child Assessment Checklist each year and children do a self-assessment at the same time. Respondents rate 40 descriptive statements on a six point scale with 1 being "almost never" and 6 being almost "almost always." Twenty-five of the items describe negative behaviors with the rest being positive or neutral. In the latest report, Parent and Friend responses matched very closely with means over 4.0 for twelve out of fifteen positive characteristics and means under 3.0 for eighteen out of twenty-five negatives. These findings have not yet been compared statistically to previous years but a cursory examination of the data indicates overall stability of the ratings with steady improvements in self-esteem, communication skills, and impulsive behaviors. Children generally rate themselves more leniently on these measures, endorsing all the positive items except "gets along with brothers and sisters." Given the vulnerability of the population, and the focus on prevention, we can conclude that, while it's too early to say that kids are improving, we can definitely state that we are keeping them from getting worse.

Teachers complete a TOCA-R (Teacher Observation of Classroom Adaptation-Revised) at the beginning and end of each school year. Last year's results show end of year means of 3.06 on behavior and 2.80 on academic progress (on a six point scale where 1.00 is excellent and 6.00 is failing). These scores showed slight, but not statistically significant improvement over the course of the school year. Nevertheless, for our children, the stability that these scores represent demonstrates the preventative effect that we hope to achieve.

In addition, *Friends* is currently awaiting a decision on funding for a longitudinal study to be conducted by Public/Private Ventures that would evaluate long-term mentoring as an early intervention strategy with emphasis on prevention by comparing program children

with a comparison group of children without mentors. The true effectiveness of Friends can only be determined over the long-term.

Ten Reasons

Why does *Friends of the Children* work? We have identified ten factors that seem to be the key ingredients to success:

1. The one-on-one relationship. A loving relationship with a positive adult role model can literally save a child's life.
2. The long-term commitment. There are no quick fixes, no miracles. We're in this for the long haul, first grade through high school, through all the ups and downs.
3. Serving vulnerable children. We work with the children who are most at risk of school failure, delinquency, abuse, teen pregnancy, depression and substance abuse.
4. Paid professionals. Our mentors are *paid* professionals who are hired for their relationship skills.
5. Positive expectations. Our children will succeed—we believe in them and they grow to believe in themselves.
6. Manageable numbers. Each Friend works with no more than eight children.
7. Experiences = Opportunities. We help children reach their unique potential by exposing them to a wide range of experiences and allowing them to explore their talents and interests.
8. Early intervention. We begin working with children at age six when their minds and hearts are open.
9. Comprehensive approach. We provide links to the child's total environment—family, school, and community. We tap into many resources, accessing mental health, substance abuse, and health care services as well as addressing basic needs.
10. Evaluation based. We are committed to on-going evaluation by independent researchers to assess if children are achieving significant outcomes.

Outcomes

What are the outcomes we seek? We have to think long-term. Our first cohort of first graders is now entering the tenth grade. Upon completion of the program we expect our children to have achieved six goals:

1. A strong sense of positive identity that provides each youth with a personal vision for the future, incorporating hope, growth, connection, self-worth, and self-reliance.
2. Life skills necessary to be a contributing member of our community, including demonstrated competence in self-care, self-management, and self-support.
3. Social and emotional competence necessary to form and maintain relationships, demonstrate interpersonal responsibility, practice teamwork, and function in diverse social settings.
4. A strong moral character as demonstrated by the articulation of a code of ethics, refusing to engage in hurtful activities, accepting responsibility for one's actions, participating in community service, valuing diversity, and engaging in spiritual practice or exploration.
5. A strong work ethic with the motivation to achieve, work hard, display initiative, and persevere.
6. A value of life-long learning and curiosity with demonstrated cognitive competencies in reading, language and mathematics and an appreciation of the arts.

Where are we?

Friends of the Children originated in Portland, Oregon with Duncan Campbell's vision. The Portland office now serves over 250 children with 32 Friends. This fall we will add 32 additional children and 4 new Friends. *Friends* has been replicated in eight additional cities around the country with branches in Seattle, San Francisco, Klamath Falls, Cincinnati, New York, Washington, DC, and Chester PA/Wilmington DE. The next year will see a regional initiative throughout Oregon and new branches in Chicago and Minneapolis. As of September, 2001, *Friends of the Children* will be serving 576 kids, nationwide.

A Clinician's Story

The author of this article has been working in the field of child and family mental health for over thirty years. During that time I have worked in inpatient, outpatient, residential, and home-based services. I have seen promising treatment approaches come and go. I have seen the latest trend be replaced with the next latest trend. I have seen managed care in all its iterations and have seen how it has systematically reduced the amount of time that clinicians can spend with children and families. I have heard much talk about strength-based services with precious little follow through. I have seen treatment approaches fail as often as they succeed. I have seen good clinicians burn out due to unmanageable caseloads. I have seen millions of dollars spent with negligible results.

After thirty years I was left with two inescapable conclusions. First, when treatment worked it was because someone took the time to establish a relationship with the child and family. Second, when children prevail over dire circumstances it is due to their strengths, not their deficits. When I heard about *Friends of the Children*, my first thought was "Of course. Why didn't I think of that?" I knew after thirty years that it all came down to this: Provide the child with an abiding relationship that focuses on, and develops, his or her strengths. Of course, some children need more, but without this foundation, positive outcomes are far less likely. *Friends of the Children* is doing more to help children, and doing it more simply and inexpensively, than any other child-serving organization I have ever encountered. After thirty years, I feel as if I have finally arrived home.

Cost

Friends of the Children focuses on prevention rather than rehabilitation. The staggering costs of rehabilitation have been widely circulated. The National Center for Juvenile Justice found the average cost of rehabilitating one youth to be between \$1.7 and \$2.3 million of which \$1.3 to \$1.5 million is the cost of incarceration. The social costs are incalculable.

The cost for one child for one year in *Friends* is \$7,000. Multiply that by twelve years and you get \$84,000, a lot of money, but consider the alternative.

At *Friends of the Children* we are in the business of shaping lives, rekindling spirits and building stronger communities. We accomplish this by believing in children and being a Friend to the best parts of them for a long, long time. Somewhere along the way, they start to believe in themselves, and the best parts of them become who they are. And when that happens, the ripples go on forever.

Steve Berman, MSW, MBA, LCSW, is the program manager for Portland Friends of the Children. He has over thirty years experience in the field of child, adolescent, and family services.

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Friends of the Children: A Friend's Story

By Ashley Larklin

I love her with my words and silence, my smiles and cheers, my concern and joy. I love her with my life, my marriage, my parenting, my friendship, myself.

To be a *Friend* is to be a coach, cheerleader, counselor, and even a gardener. I plant the seeds of truth, love, and grace. I water them with years of commitment and deep appreciation and watch them grow.

I met Tasha when she was 12—talented and beautiful as she is now, but afraid to share her hopes, dreams, even simple desires. And Tasha was quiet, too. I did not expect the silence we sat through together for months, in the car and at the dining table. I wondered if she liked me, if she'd ever want to talk to me.

I watched Tasha as she made discoveries on her own, in her mind and heart. She was often quiet and humble about these discoveries. I had envisioned I would be the teacher of these major life lessons, actively instructing and guiding at each point of choice. Instead, often I simply stood beside her as I saw these truths emerging from deep within. Tasha listened as God spoke to her about who she was and is, sometimes using my voice, but often times using the voice of Tasha's own experience.

I have come to understand that Tasha and I speak a language just for us—a language of the small and quietly subtle. Animals. Young children. Ancient Egypt. *To Kill a Mockingbird*. Poetry. Tasha and I share a love of writing, great literature, and foods from around the world. Sometimes we laugh together so much my jaw hurts; other times we sit in silence, savoring the present.

I proudly stand as Tasha's support. She is now 15, a sophomore in high school and a talented student and athlete. When she swings the bat with graceful confidence or artfully dribbles past a defender, I sit in the stands with a mother's kind of pride, snapping pictures, beaming, and talking about her talents to whoever will listen.

Regardless of what goes unsaid in our subtle language, I know Tasha sees me as a safe place to be... purely herself—athlete, joker, intellectual, animal-lover.

Tasha and the other unique and inspiring young women I spend my days with as a *Friend* have changed my life. These relationships are as distinct as the girls themselves, and I experience a different delight in all of them.

In Tasha, I see a complicated young woman of contradictions, continually growing and becoming. She is strong and wise, mature and silly, confident and questioning. With tremendous joy, I reflect on the girl she has been, dream about the woman she will one day become and overflow with the fullness of seeing Tasha become her, now.

Ashley Larklin has been a mentor with *Friends of the Children* in Portland, Oregon for three years. She and her husband, Michael, are expecting their first child in January. She is a graduate of the University of Portland and enjoys writing, art, camping, and hiking.

Friends of the Children: Tasha's Story

By Natasha Corradin

Being in *Friends of the Children* is a lot of fun. In the program we do lots of exciting activities and enjoy ourselves. Some of the events I liked were Pamper

Day and when the Speaker of the House came to speak to us. The children who are involved in *Friends of the Children* are very grateful.

A *Friend* to me is someone who is caring and would take time out of his or her day to help me. That is what my friend does for me. She helps me out with schoolwork when I do not understand, or just because I need help. My *Friend* is Ashley, and we do lots of fun things, like going shopping, trying foods from different cultures, seeing movies, and mostly going to my sporting events like softball and basketball. Ashley also helps me with my writing skills so I can become a better writer.

I'm very thankful to have such a great *Friend* who is there to help me out when I need it. Ashley also helped me through tough times when my grandmother passed away. I was very thankful that she and many other friends were so caring to help me not feel afraid of what would happen in the long run.

My friendship with Ashley has changed so much since I have gotten older. I feel that we understand each other better and that when she talks to me I know her point of view. I remember the first time I met Ashley. It was three years ago, and a few girls and I went to Wild Waves in Olympia, Washington, with our old *Friend*, Diana. We were getting a new *Friend* because Diana was leaving *Friends of the Children*. That's how I met Ashley. She was so nice and sweet the first time I met her. But of course, I was shy, and still am, but not really around my good friend Ashley any more. I'm very delighted to have gotten to know Ashley and become her friend.

Being in *Friends of the Children* means a lot to me. It is a great organization for children and teenagers who have been in the program since they were six years old. Most children in *Friends* will say it is a great organization to be involved in. Being in *Friends* has helped me out in many different ways, from writing and homework to meeting new people, from my age of 15 to the youngest age in the program, six. *Friends of the Children* also has helped me become a better decision maker and role model. I am so appreciative to be in such a great program.

To be dedicated to children and teens is optional. But the *Friends* in *Friends of the Children* work with us

because they care about us and what we do with our lives. They work with us, teach us, trust us, and want to be *our* friends. It takes a lot of respect to gain our trust. That is why I think *Friends of the Children* is such a great organization for kids like me. I am one of the many proud children in *Friends*, and I am grateful.

Natasha Corradin is a sophomore at Benson High School in Portland, Oregon. She plays basketball and is on two select softball teams. As a freshman, Natasha played on Bensen's varsity softball team and earned Second-Team All League Honors. Natasha enjoys writing, spending time with friends, and playing with her pet ferret, Weasel.



Friendship Is to People What Sunshine Is to Flowers

By Tracy Griffiths

Loneliness and isolation are common experiences of people with mental illness. Social support—perceived comfort, caring, esteem, and the help a person receives from others, such as a mentor—has been found to add resilience in people during times of need and danger (Sarafino, 1998). Compeer, Inc. is a non-profit organization that attempts to increase this resilience among people with mental illness by creating social support networks between youth and adults with mental illness and adult volunteers. Compeer's primary service is to match adult volunteers with adult and youth clients, who agree to spend a minimum of four hours together each month for at least one year.

Compeer first began in Rochester, New York in 1973, and was officially established as Compeer, Inc. in 1977. Since then, Compeer has expanded, and the organization currently has approximately 115 affiliate programs across the United States, Canada, and Australia. In 2000, Compeer touched the lives of over 5,550 clients with mental illness and 4,200 volunteers, of which more than 11 percent also have a mental illness.

While the clients involved with Compeer already receive treatment from a mental health professional,

these individuals lack a different type of support that can be provided through a friendship relationship. A Compeer friend can indirectly help a person with mental illness just by getting the client out of the house, engaging the client in new activities, talking about the client's aspirations, and acting as a role model. This friend may also act as a "safety net," as the volunteer may be more readily available than a therapist in a time of need or instability and can be a good resource to the mental health professional for reports of client progress or a sudden decline in functioning. The positive feelings and behaviors that can result from friendships, such as an increase in self-confidence and a decrease in loneliness, are consistent with the treatment goals of these clients.

Social interactions between people with mental health challenges and those without also benefit society at large by helping to decrease the stigma of mental illness and lower public expenses on psychiatric hospitalization. Clients have shared statements with Compeer that they feel more normal, better understood, and more accepted as a result of their Compeer friendship. Volunteers have reported that their Compeer experience has helped them to be less judgmental of people with mental illness and that they have realized that people with mental illnesses have abilities and feelings similar to people without mental illness. The annual Compeer surveys, which are sent to all adult clients with a Compeer friend, have assessed the impact of friendships in helping to lower public expenses for the people with mental illnesses. In year 2000, 61 percent of the 940 adult clients who completed a survey reported that their Compeer friendship benefited them in the sense that their pattern of psychiatric hospitalization had decreased. Fifty-four percent of the adult clients reported improvements in the appropriate use of emergency services.

Volunteers are recruited using numerous methods, including newspaper, television, and radio advertisements; special events, such as luncheons and golf tournaments; internet exposure; and presentations at local social centers. The most effective recruitment method is word of mouth from someone already involved with Compeer. Volunteers come from all age groups; however, a greater number of volunteers are either young adults, who are not yet as busy with their own family commitments, or people in retirement, who have more flexible schedules than working adults.

Compeer checks on the employment history, personal references, and criminal background of each volunteer and also conducts a 90-minute interview. The referring therapist also conducts an interview. These lengthy interviews help with the matching process. Compeer makes matches based on the volunteer's experience and comfort level with mental health issues, geographic area, preference for age, and interest in activities.

Compeer staff provide ongoing support to the matches through office visits, telephone and written communication, and newsletters. Compeer supports the volunteers by offering volunteer networking nights and focus groups. The volunteers may also seek support from the mental health professionals. The availability of support to the friendships is continuous for the duration of the Compeer match.

Compeer's youth clients range in age from 6 to 18, and all youth clients must be referred by a mental health professional. Compeer's youth services range from one-day events to long-term relationships. Youth can be especially receptive to social support systems, as it is natural for young people to ask for and receive help from older people. One-day events include holiday parties, craft nights, and ropes challenge courses. Youth are invited to these events whether they are matched with a volunteer or are still waiting for a match. Compeer offers skill development opportunities, typically in four to six week group sessions, during which youth can learn skills such as cooking and gardening. Youth can also take part in the recreation mentoring program, which provides physical activity and teamwork opportunities. The long-term service is the one-to-one match between volunteers and youth clients. Volunteers and youth clients commit to a minimum of a one year relationship; however, many of them choose to continue their relationship well past this time. Volunteers are expected to spend at least four hours a month with their youth client, and they must have the flexibility to meet with their friend at a mutually agreeable time.

In year 2000, Compeer served 462 youth matches across the country. The motivation and commitment of the Compeer volunteers is evident in the statistics that are collected on a monthly basis. The numbers vary depending the friends' schedules, but the Rochester statistics reveal that in any given month, approximately 50 percent of volunteers spend more than the

required amount of time with their friends. Some volunteers report spending *two to eight times* the required amount of time.

Another indicator of Compeer volunteers' enthusiasm is the length of time the Compeer relationships last. More than three-quarters of the current Rochester youth matches (typically, there are about 100 matches in Rochester in a given month) have been together for the one year minimum requirement and are continuing their friendships. Some of the current Compeer friendships have been growing for 5 to 10 years. The average length of match for the 106 *current* youth matches in Rochester is 2 years. The average length of match for friendships that dissolved in 2000 was 1 year and 10 months.

The longevity of Compeer friendships is fostered by the number of activities that the friends can enjoy together and the benefits that both people receive from the relationship. Matched Compeer friends can take advantage of regularly scheduled Compeer activities and reduced price or free tickets to local events. They can engage in the activities they have always enjoyed or try something new and have their friend join them.

Stories from Compeer matches exemplify the value of being in a Compeer friendship. One young girl, referred to Compeer at the age of 10, was quiet and isolated. She lived with the hardships of a father who died at an early age and a mother who had a mental illness. When this young girl obtained a Compeer friend, she gained a special adult in her life that set aside time specifically for her. The friends enjoyed numerous activities together; they went to concerts and plays and took walks by the lake. The volunteer supported her friend as she pursued her educational and personal goals. As the friendship progressed, the maturing girl graduated from high school and earned a full scholarship to college. She is currently making the Dean's list. The friends still visit with each other when they are both in town.

While the benefits of the one-to-one matches are abundantly expressed through verbal and written stories, Compeer must assess the effects of services using measurement tools. In year 2000, Compeer evaluated its youth matches using surveys sent out to the clients, their parents, their volunteer friends, and their mental health professionals. Many positive findings surfaced

from this assessment. Of the 227 people who returned their youth match surveys, 95 to 100 percent of the four groups of respondents felt the volunteer helped their friend feel better. One-hundred percent of the respondents said the volunteer and the client enjoyed spending time together. Ninety-three to 100 percent of the people reported satisfaction with the match relationship and with Compeer. Nineteen potential goal areas were included in the survey to see on which goals the most number of youth were working and with which goals the youth were having the most success in making improvements. Improving self-esteem, trust, and caring were goals on which the greatest number of clients were working. When comparing perceptions of overall client improvement, a greater percentage of youth reported improvements than their parents, volunteers, or mental health professionals. The goals with the highest percentages of improvements across the four groups of respondents were improving self-esteem, optimism about the future, getting along better with others, and making good choices.

Program evaluation studies outside of Compeer also exhibit the positive effects a mentor can have on a young person. A 1995 to 1996 study of 294 adolescents revealed that mentors (parental and non-parental) can be influential over adolescents' decisions to engage in high-risk behaviors. The adolescents with a mentor were found to be significantly less likely to ever carry a weapon, use illicit drugs in the past 30 days, have sex with more than one partner in the past 6 months, or smoke five or more cigarettes per day (Beier, Rosenfeld, Spitalny, Zansky, & Bontempo, 2000). A study of 959 10- to 16-year-olds referred to a mentoring agency in 1992 and 1993 showed that the half that were assigned a volunteer mentor functioned better than the other half that were kept on the waiting list. The youth matched with a volunteer were less likely to start using drugs and alcohol, less likely to hit someone, had improved school attendance and performance, had better attitudes toward completing homework, and had improved peer and family relationships (Tierney, Grossman, & Resch, 1995).

Compeer has been recognized as a model mental health volunteer program and has been highlighted in print and electronic media, including *CBS Morning News*, *NBC Nightly News*, *Sally Jesse Raphael*, *Newsweek*, *Family Circle*, and *Psychology Today*. Compeer has re-

ceived the Presidential Recognition Award by the Department of Health and Human Services, the Eleanor Roosevelt Community Service Award, the Presidential Volunteer Service Award, the Six Points of Light Awards, and recognition from the American Psychiatric Association and Public/Private Ventures.

The need for more Compeer volunteers is an ongoing challenge, as more and more clients with mental illness are constantly referred. At the end of 2000, there were more than 3,238 clients referred to Compeer who were not yet matched with a volunteer friend. Compeer consistently receives positive feedback about the personal growth and rewards that both the clients and volunteers experienced from their Compeer friendship. The volunteers have also commented on their greater understanding of mental illness and more accepting attitudes toward people with a mental illness as a result of their Compeer experience. Current volunteers are one of Compeer's best resources for recruiting new volunteers.

To learn about various ways to get involved with Compeer, from starting a program in your community to becoming a volunteer to offering a donation or sponsorship, call Compeer at 800-836-0475 or visit the website: www.compeer.org.

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Facilitating Friendships for Children with Disabilities

By Jonathan Cook

Friendships are an important part of our lives that most of us devote considerable time and effort to establishing and maintaining. We rely on friends for support and companionship and to have a sense of acceptance, belongingness, and community. Although we may frequently take our friendships for granted, we can usually recognize their importance in our lives. Sadly however, friends are often a scarce commodity for many people with disabilities.

People with disabilities frequently grow up isolated from mainstream society without any friends at all, largely as a result of a service system that has segregated young people with disabilities from their non-disabled peers. Turnbull and Rueff (1997) interviewed 17 parents of children with behavioral difficulties and found that over two-thirds of parents indicated that their children did not have even one friend. Research conducted by the Beach Center on Disability at the University of Kansas has shown that among families with children who have disabilities, families' highest priority was to help their children develop friendships.

Fortunately, over the last decade, programs such as the PEAK Parent Center in Colorado Springs, have begun to focus on the importance of friends for children with disabilities. PEAK and other programs have demonstrated that children with disabilities do not have to remain isolated and that concerned parents, teachers, and community members can take steps to help promote friendships.

Beth Schaffner and Barbara Buswell, who are simultaneously educators, PEAK employees, and parents of children with disabilities have been promoting friend-

ship facilitation over the past decade, informing families, schools, and service providers that true friendships between children with and without disabilities are possible, necessary, and beneficial to all children's mental health. Together, they have written a book on friendship facilitation, *Connecting Students: A Guide to Thoughtful Friendship Facilitation for Educators & Families*, and, with co-author Alison B. Seyler, a training manual, *Friendship Building Strategies Workshop Kit, Second Edition*. Both publications can be ordered online from Peak's publication pages and offer specific suggestions and reflection exercises for successful friendship building. Research (Turnbull, Blue-Banning, & Pereira, 2000; Turnbull, Pereira, & Blue-Banning, 2000; Turnbull, Pereira, & Blue-Banning, 1999) has documented the success of many of these friendship facilitation activities.

In *Connecting Students*, Schaffner and Buswell refer often to the work of Zana Lutfiyya, a professor and researcher who has specialized in social networks among people with disabilities. Dr. Lutfiyya has defined friendship facilitation as, "providing opportunities where people can comfortably come together to meet each other." Regarding friendship facilitation in a school setting, Schaffner and Buswell further elaborate:

Facilitation is people accepting responsibility to ensure that a student is connected to his or her peers and has encouragement, opportunities, and assistance to develop all sorts of relationships—including close, deep friendships. Facilitation is an unobtrusive process which taps the expertise of others who know the student well and allows the student to choose the friends with whom she wants to develop relationships.

Friendship facilitation is not an activity that takes place in a vacuum. Instead facilitation is really one part of a broader focus on inclusion, in which people with disabilities are fully included and accepted into mainstream educational and social venues. While inclusion is a necessary prerequisite for the development of friendships between students with and without disabilities, inclusion on its own may not be enough to foster friendship development. Friendship facilitation capitalizes on inclusion by actively taking steps to increase the chances for friendships to develop.

Although friendship facilitation is a personalized process, tailored to an individual's needs, three elements are central to all friendship facilitation: *finding opportunities*, *interpretation*, and *accommodation*. *Finding opportunities* refers to the need for facilitators (parents, brothers and sisters, teachers, service providers, other students, etc.) to seek out or create opportunities for a child with a disability to participate in activities with peers. A facilitator's positive *interpretation* of a child with disabilities highlights the child's strengths and helps peers to recognize his or her positive qualities. The following story, one of many vignettes in *Connecting Students*, describes one example of friendship facilitation and positive interpretation:

Keisha's classmates seemed to be overly preoccupied with tattling when she misbehaved on the playground. Pat, a school psychologist who is part of Keisha's planning team, suggested to the teacher that she encourage the students to report only good things that they catch each other doing when they come in from recess. Pat's intervention turned the situation around, stopped the challenging behaviors, and helped all of the students in the class to see each other in a more positive light. (p. 22)

Finally, *accommodations* may be necessary to allow friendships to develop and flourish. Accommodations may take many forms, depending on the type and severity of disability, but all share in common a facilitator's willingness to structure the physical environment so that children with disabilities are not excluded from activities.

The friendship facilitation activities described by Schaffner and Buswell differ from some common practices used by schools and other programs. In fact, many traditional activities may actually be counterproductive to friendship facilitation by setting young people with disabilities apart from other young people. It is important, they note, that friendships are not one-sided, such as when someone volunteers or is paid to help a person with a disability. Instead, like all friendships, relationships should be voluntary, reciprocal, and mutually beneficial. How to Encourage Friendships for Children with Disabilities, an article produced by the Beach Center, offers additional, specific suggestions of activities that encourage friendships.

The implementation of friendship facilitation activities has far reaching implications that go beyond the central goal of assisting people with disabilities in the pursuit of friendships. These activities also promote respect and appreciation of diversity among peers without disabilities, and perhaps most importantly, friendship facilitation helps families, service providers, and all those who interact with young people with disabilities focus on strengths and the exciting potential and possibilities found in all children.

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Friendship Facilitation: Interview with Beth Schaffner of PEAK Parent Center, Inc. on Friendship Facilitation

Interview by Jonathan Cook

Focal Point: What is your background in this field?

Beth Schaffner: I worked as a special education teacher for 20 years and for about the last 5 or 6 of those years I actually served as an inclusion facilitator in the school district for supporting general education teachers to include kids with disabilities in their classrooms. In the midst of my 20 years of teaching I actually became the parent of a young person, who is now a young man, who has some disabilities and so began at that point experiencing the role of being a parent at the same time I was experiencing the role of being an educator. So I have had both of those perspectives for a while and have felt that based on my somewhat unique position that I am able to serve as kind-of a link to help make things happen more the way they should for young people. So I began working for PEAK in 1987 and I was kind of combining my schoolwork with PEAK work at that time and then eventually moved over to working full-time at PEAK. So I've worked a lot with educators, done a lot of training with educators around friendship facilitation and inclusion, but also much broader than that as well, around what does it take to make schools into the kind of places they need to be where kids do feel a part of things, where all kids learn to their highest potential and where there's a true climate of tolerance and acceptance and community.

F.P.: Do the families you encounter include children with emotional, behavioral, or mental health challenges?

B.S.: The full range of disabilities... any disability that is covered under IDEA. We're kind of the clearing-house here in Colorado. Sometimes, if a child is struggling in school, we'll even hear from families whose children aren't identified as needing individualized education plans. I do think the kids with the challenges around mental health issues can be the most

challenging in the context of inclusion and friendship facilitation, but we know these strategies work for all students.

F.P.: What kinds of things are emphasized at a PEAK friendship facilitation training?

B.S.: We believe it's really important for folks to think about friendship facilitation in the context of their own need for friendship as well as their own experiences of friendship so that they can really personalize it. We don't want folks to think that this is just a specialized technique just to use with this particular group. We're not telling someone that they need to be friends with someone else. What we're talking about is doing some of the same things that may happen a little more naturally for you and me.

We talk about the three elements of friendship facilitation: finding opportunities, positive interpretation, and accommodations. And when you look at those individually and think about your own life, you can think of the ways that either someone has done that type of thing for you or you've done it for someone else... and it hasn't been a contrived thing.

We have slides of real, live Colorado kids in real schools participating actively with each other both in and out of school and we tell stories about each of the situations and share examples of how in that particular situation the strategies of finding opportunities, positive interpretation, and making accommodations were used. We try to make it real for people so that they can see the possibilities. Because of a traditionally more clinical approach, a lot of parents really need to be helped to shift back into possibility thinking for their own children. And that's something we really try to communicate pretty deliberately. Also, you can't look at friendship facilitation in isolation from the inclusion issue at all, because in order for kids to have the opportunities to belong and feel they are part of things and to truly make friends, they need to be fully a part of what's happening in their general education classrooms and schools. In order for them to reach their highest potential in any part of their development, that's the foundation for it.

F.P.: How have things changed in the decade since you and Barbara Buswell wrote *Connecting Students*?

B.S.: At that time we really ran into some folks for whom the idea of kids actually being friends on a mutual basis with each other was totally in outer space. A lot of people were really focused at the time on a concept called peer tutoring as the answer for kids with disabilities having social connections. We thought very differently and we wanted to focus on real, authentic friendships and honest-to-goodness mutuality. This is not to say that peer tutoring is not a viable teaching technique in general education classrooms when used in situations where all students can at various times be both a tutor and a “tutee” for other students. But folks were thinking that peer tutoring was all that was possible for social relationships at that time and I think that has changed. It certainly hasn’t changed to my satisfaction. I think there are still a lot of schools and a lot of educators who embrace that other concept, who haven’t made that kind-of leap to be able to personalize this. And, of course, we have multiple examples now from our own lives, from our own children and from many, many folks who have wanted to make that leap to see that it truly is happening, it can happen, and it does happen. People with disabilities have so much to contribute to the lives of other people and to their communities as a whole and unless we believe in possibilities and provide opportunities and all three of those facilitation techniques then people aren’t going to be able to realize the kinds of gifted relationships that develop from these opportunities.

We believe that the only way that schools are going to be successful, that communities are going to be successful in general, is if people with disabilities are a part of that “whole” and a part of that “all” when we say “all kids should be part of their schools” and “all kids can learn” etc, etc. We really try to go in and say, “Schools need to be inclusive communities where there is a true sense of community and where everyone belongs and feels like they are a part of what’s happening.”

F.P.: What have been your experiences with your own son around these issues?

B.S.: Well, we advocated very strongly and persistently for my son, who is now 28 years old, to be fully included when he was in middle school and high school. We worked very hard on our long-term vision for him and knew that we wanted him to be valued in his community and wanted people to get to know him the

way that we know him, which is that he’s this very, very wonderful person who happens to have a disability. Some of the challenges we ran into, especially when he moved from middle school to high school, had to do with us wanting there to be some deliberate kinds of support provided around friendship facilitation. I’ll never forget the reaction of the special educators in that room who made it quite obvious that they didn’t see that as their realm of responsibility. So this was a big stretch and it was almost too big of a stretch for them. We persisted. We were very focused on our bottom line, which was that Rob was going to be included in the school and that we were going to work with them however we needed to ensure that he got the support that he needed. I did a lot of work with folks, sitting down with teachers and meeting with them and helping to adapt curriculums, and those kinds of things. Rob made friends in school in spite of the fact that the school staff really didn’t make a deliberate effort to ensure that that happened and I’m sure it could have been better for Rob had there been a more concerted effort and more of a commitment and actual belief in the possibilities. Because we felt like the kids...it wasn’t that they wouldn’t have included him in other activities, or gotten together with him on the week-ends or whatever, but there had not been good modeling for them that that was a possibility.... that there was almost a kind of a belief that Rob really needed to spend the week-ends with his parents—that he needed his parents close by when he wasn’t in school. So there were some hurdles that we really didn’t feel like we got over when he was in high school. But his school experience was not a bad one. It was still good and it was much better than it would have been if we had succumbed and put him back in mainly segregated classroom and social situations like the special education staff continued to recommend to us.

However, certainly once he got out of high school and he’s been out for almost 10 years now, he has friends. He’s such a party person. He’s on regular bowling league. He loves bowling. He loves basketball. He’s got one friend and they get together once a week and go to the YMCA and play basketball together. He loves sports activities. He has another friend who often gets tickets to the Denver Broncos games and he’ll invite him to go along. He really has a pretty full life. He lives in his own home now with support; he has a roommate who is not a person with a disability. He works now in a grocery store that’s still in the same

community where his school was. He wants a job in video production and has taken several college classes to develop his skills in that field.

F.P.: What have you done to help with friendship facilitation for Rob since he has been out of school?

B.S.: We are constantly seeking new opportunities for him to be out there and to be a part of things and build on what his interests are in order to find those kinds of opportunities. We work really hard at the positive interpretation piece. We have been directly involved in training any support staff that Rob has had and that's one of the things that we are very deliberate about is training these folks about this facilitation process and about the fact that, most likely, they are going to be most successful at doing their job if they put themselves totally in the background and if they are as unobtrusive as possible, only providing support when needed. When I used to work with teachers or paraprofessionals, I would tell them "You guys need to be the behind-the-scenes people. You need to find a way to help Rob or the students you support shine out there. And if he does need for someone to interpret his language for a while, until people understand him, then you certainly need to be there to do those kinds of things, but you also need to be cognizant of the fact that you can get in the way of those relationships happening if you are too much of a presence." So again, I think that we have tried very hard to be sure that all three of those elements are in place for Rob and some of that deliberateness has been at least in part what has made the difference for him. And of course the other part is that using those strategies really have helped Rob to shine out there and to put his best foot forward and to give people the opportunity to get to know what a wonderful person he is and how much fun he is.



Teaching Social Skills to Enrich the Lives of Children and Youth with Emotional and Behavioral Difficulties

By Megan M. McGlynn & Robert B. Rutherford

Being able to interact successfully with others is a key to many of the experiences that enrich life, such as having friendships, participating in recreational activities, or joining groups or clubs. For children and youth with emotional, behavioral, or mental health disorders, difficulties with social interactions are common; in fact, having difficulties in this area is often a key feature in the diagnosis of these disabilities. For young people who experience difficulty in building and maintaining positive interpersonal relationships with peers and adults, social skills training is often recommended as an intervention. This does not mean, however, that social skills training is always *effective*; on the contrary, the effects of social skills training on students with emotional and behavioral disorders tends to be quite weak. However, results from recent research provide some insight into the characteristics of effective social skills training programs. Applying this knowledge to the design and implementation of social skills training programs can increase the probability that the training will indeed result in students' gaining access to enriching interactions and activities.

What exactly are the skills that social skills training works to strengthen? Some examples are: dealing with anger appropriately, asking questions, accepting consequences for one's behavior, listening, following directions, successfully dealing with losing, making friends, compromising with peers, seeking attention properly, taking turns, and accepting "no" for an answer. While it may be relatively easy to teach a student to perform a given skill on command in a classroom setting, social skills training is not likely to be effective unless the skills "work" for the student in his or her daily life. Research supports the idea that new behaviors can be taught and learned through direct instructional techniques; however, many times the skills are taught in contrived settings (Gresham, 1998) and have little meaning or utility to the student outside of those settings.

A social skill which brings positive consequences to a student is a skill which he or she will be likely to repeat. Research has shown that “naturally occurring reinforcers,” such as praise, attention, and positive feedback are the most effective way to encourage new behaviors in different settings. It is therefore important that skills which are taught in social skills training are also reinforced in other settings. For example, students may learn at school that phrasing requests to adults in a respectful fashion leads to praise *and also* makes it more likely that the student will get what he or she asks for. If the same is true at home, there is a greater probability that the desired skill will become a part of the student’s behavioral repertoire.

A common pitfall with social skills training is teaching behaviors that will not be reinforced naturally and, therefore, will have little meaning outside of the teaching setting. For example, if a child’s attempts to make respectful requests tend to be ignored by adults or peers outside of the teaching setting—and if yelling or tantrums actually results in the child’s getting what he or she desires—there is little likelihood that the child will continue trying to make such requests. What is more, many times behaviors that are targeted for change in social skills training are behaviors that will make it easier for teachers to manage classrooms and are often taught and maintained only in that setting. An example of this may be the “skill” of raising your hand to speak. While this skill may be important in the classroom, it is rarely used in the natural environment. What is more useful for the student is to learn several appropriate strategies for starting and maintaining conversations and then to learn how best to match a particular strategy to a particular setting.

One of the most consistent and long-standing criticisms of social skills training programs is that the skills which students learn during the training are often not maintained or generalized—in other words, students do not use the skills in different settings with different people across time. Often, social skills training provides little or no opportunity for students to practice skills in a variety of settings. Goldstein, Glick, and Gibb’s (1998) practice of implementing “social skills homework” addresses this problem by assigning social skills activities for the students to practice in settings outside of the training setting. The student is taught the social skill, then expected to practice the skill independently and report back the outcome. From this

report, the student and coach then work together to generate new, appropriate strategies if the new skill was not successful. Another approach is one in which coaches accompany the students outside the training setting and help them apply the target skills in various contexts.

In a recent comprehensive review of research evidence on the effectiveness of social skills training, Gresham (1998) concluded that the social skills training programs studied did not seem to be particularly effective for students with emotional and behavioral disorders. Gresham (2001) cites several likely reasons for the weak effects of social skills training. Foremost among these reasons are that the skills tend to be taught in artificial situations and that the skills are often not reinforced in the student’s natural environment. Gresham also points out that research offers a fair amount of guidance regarding how to create social skills training interventions that are more likely to be effective. Among the recommendations which Gresham distills from relevant research are the following:

1. The most effective social skills training appears to include some combination of modeling of the desired skills, coaching in performance of the skills, and reinforcement for use of the skills.
2. Social skills training is more likely to be effective if it occurs in naturalistic settings—home, school, and community—and if it can capitalize on naturally occurring incidents (“teachable moments”) to teach or enhance a desired social skill.
3. Social skills training needs to be more frequent and intense than the current norms. One likely reason for the failure of the studied programs is that the amount of instruction—e.g. thirty hours spread over ten to twelve weeks—was not sufficient.
4. Social skills training may be more effective if it reaches a child at a younger age, preferably before age eight.

Social skills training which is matched to the particular needs and strengths of a given student is more likely to produce positive results. Most programs currently do not tailor training with regard to a student’s existing levels and areas of competency and challenge.

Some of the most current and promising social skills programs (Sugai, 1996; Project Achieve, <http://www.air.org/cecp/teams/greenhouses/projectachieve.htm>) include the entire school setting. These programs hold all students accountable for appropriate social behaviors rather than singling out students with behavioral difficulties. Another important facet of promising programs is their focus on promoting the use of appropriate or positive behaviors in a preventative manner. Research is clear that, in the long run, prevention is more effective than waiting for a problem to occur and then reacting to it (Scott & Nelson, 1999).

Positive, school-wide, behavioral programs promote desired student behaviors and communicate consistent, high, and positive behavioral expectations. Some of the components of positive behavioral interventions include the following circumstances (see: www.pbis.org):

- ◆ Behavior expectations are defined.
- ◆ Behavior expectations are taught where teachers model the expected behavior.
- ◆ Appropriate behaviors are acknowledged and students are reinforced for demonstrating these behaviors.
- ◆ Behavioral errors are corrected proactively, before the behaviors become more serious. This is so that the student, teachers, and administrators can all predict what happens next.
- ◆ Social skills program evaluations and adaptations are made by a team. Administrative support and involvement is strong.
- ◆ Individual student support systems are integrated with school-wide discipline programs.

In these programs, it is not just the students' responsibility to learn appropriate social skills, but also the responsibility of the adults who come to contact with them to model, support, and encourage desired social behaviors. Adults must examine their own role in interactions with students and work to establish situations in which the student can demonstrate, and be rewarded for, appropriate social skills. Unfortunately, many adults are unfamiliar with best practices in social skills training. They often unknowingly reinforce negative social behavior through hostile escalation in

an effort to "get tough" with students who do not meet behavioral expectations. Adults need to know that the focus of a good social skills training program is promoting the use of positive skills, rather than simply reacting to inappropriate social behaviors.

If interventions are designed with these issues in mind, it is likely that they will be effective in teaching social skills to students and thereby increasing their ability to tap into life's enriching activities both on the school campus and off.

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Summer Opportunities in Socialization: A School District Responds with an S.O.S for Students Making the Transition to Middle School

By Mary Jo Marshall

Warren and Tommy were 5th grade classmates making the transition to middle school. They both attended the Summer Opportunities in Socialization program produced by the Parkrose Autism Center in Portland, Oregon. Warren came as a “buddy.” Warren said about being invited to attend the program: “I was going to a different summer school but then I was invited to see the Center. It sounded fun. I got to see my friends and we got a field trip every day.” To Tommy, who has been diagnosed with autism, and to his family, the program was appealing not just because it offered a variety of fun recreational and educational activities, but also because the program offered a systematic education in social interactions.

I asked Tommy how he came to attend the program. “Fun stuff, entertaining. I still like being a silent person,” he admitted, even though he interacted more intensely and successfully in the summer program than in his classroom this past year.

“Yes, but we have a ‘Bowler Bashers’ team now. Tommy learned to join the group!” Warren added, speaking about the bowling team on which the two boys continue to play. Warren also valued what he had learned through the program, commenting, “After the summer I paid more attention to [being] a better friend.”

Parkrose School District Autism Center, based at Sacramento Elementary School, was started in January 2001. The Center was developed to provide a continuum of services to Parkrose students with autism. Student services range from weekly socialization groups to full, self-contained programs. The Center also provides staff and community members with teaching techniques and strategies for working with children with autism, as well as strategies for working with high functioning students with autism or Asperger’s Syndrome.

Parkrose had a sizeable elementary population of children with social communication challenges who were making the transition to middle school. Many were diagnosed with high functioning autism or Asperger’s Syndrome. In a good faith effort to meet the needs of all students, Parkrose developed the Summer Opportunities in Socialization program. A total of 11 students (typically developing “buddies” and students identified as having significant difficulties with social communication) attended for 5 weeks, 4 hours daily. The program attempted to provide a systematic teaching approach to learning the social communication skills that are so critical for success at the middle school level. The regular schools’ incidental social programming was not completely meeting the needs of this unique population of students.

The Summer Opportunities in Socialization summer school program focused on increasing appropriate communication skills. The exceptional quality of this program was evident in the natural summer environments used to practice the skills, as well as in the balance in attendance between typically developing school-aged peers and students with autism or related challenges. Activities were chosen for their unique sensory and communicative potential.

The program targeted the following social and communicative skills:

- ◆ Alternating topics of conversation
- ◆ Involvement in other’s interests
- ◆ Teasing (being or doing)
- ◆ Initiation (peer contact)
- ◆ Self-control
- ◆ Anxiety
- ◆ Sensory issues
- ◆ Rule systems
- ◆ Values in middle school
- ◆ Receiving information through facial expression
- ◆ Self-esteem
- ◆ Personal space
- ◆ Dealing with rejection.

Buddies were invited on the recommendation of the student with challenges and the regular classroom teacher. Staff, who were called coaches, monitored and encouraged appropriate social targets for the day. Coaches gave positive reinforcement tokens when teams exhibited target skills during activities.

The program also sought to help students with “centering,” a set of skills often slow to develop in children with autism. Centering involves receiving sensory information through sight, touch, hearing, and movement to better control and balance behavior. As a basis for centering, yoga, deep breathing, and relaxation training were practiced on an ongoing basis. Various other activities helped students practice centering while also working on other social skills. Swimming helped with complete sensory neural input. Bowling encouraged turn-taking and provided a focused team activity with limited distractions. Horseback riding was taught within a program specially designed to encourage cooperative care of the horses, including confidence building and social interaction. Sensory experiences in horseback riding include balance, mobility, and tactile opportunities. Trips to the local zoo and science museum taught appropriate community mobility by using public transportation. Finally, general and cooperative art activities (including paper maché, clay, multi-media drawing, and large sculpture building) provided opportunities for tactile, sensory, and visual integration.

The student and buddy teams earned points throughout the day by exhibiting target social skills. Tokens were used to redeem a special reward at the end of the summer. All students chose their own rewards through a novelty toy catalogue.

A typical day during the summer program began with a meeting to review the daily activity and to discuss, role-play, or cartoon target social communication skills for the day. (Comic book cartooning is an effective method of teaching social skills to children with disorders on the autistic spectrum. For information, visit <http://www.udel.edu/bkirby/asperger/socialcarolgray.html>). After this preparation, coaches and student teams departed for community activities. All teams met for lunch at a large table so discussion about the day’s events could take place. After lunch, everyone worked on a written and comic pictorial journal of the day’s activity, including a tally of the positive reinforcements for demonstration of the target social and communication objectives. Coaches guided students through this activity. Students also received tokens for after school team communications, such as phone calls or extra meetings. Students needed two hundred tokens to redeem their selected novelty item.

At the end of the summer, the kids took their journals home to share with their families. They remained in contact with each other until school started in September, when follow-up occurred weekly at school. When asked if they had any comments about summer school, they all responded, “We want to go again.”

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Empowering Kids to Dance to the Drummer Within: Youth Advancement Through Music & Art

By Mary Rossi

One two three, one two three, one two three...

“Nate” was in a groove, the ensemble was cookin’, and Miles Davis’ tune *All Blues* had never sounded better. Nate stayed with that simple beat, rode it out to the end, then finished in perfect time. The audience roared in appreciation, and Nate beamed from here to Sunday. Nothing unusual going on here... just a music

student keeping time, performing in front of his friends at high school graduation.

Nothing unusual, that is, except that Nate is a traumatized youth who was unable to count rhythmically or sit still for more than 5 minutes when he began lessons a year ago, a boy who almost constantly demanded negative attention. But then, unusual is the *norm* at YATMA—Youth Advancement Through Music & Art. YATMA was created to fill a primal need that is so unfulfilled in children today they're in our face and screaming at us: the need to find out who they are and develop as strong, healthy human beings with close, enduring relationships.

YATMA Philosophy

Creative growth is necessary for children to find out who they are, and when deprived of this they have shallow relationships with themselves and others. They are also unable to express and share their nature, which is essential to their happiness. We believe that the lack of opportunities for creative growth for youth is a major cause of the ills plaguing our society, and the lack of real community today is at once a cause and result of this.

"Creative growth is a necessary ingredient to producing good communities: it's the sharing of the human spirit that provides the cohesion."—Bill Rossi, Executive Director, YATMA.

At YATMA, our specific, long-term, creative mentoring/relational approach is the catalyst for personal growth. Simply put, we nourish our students' creative spirit and fan the flames until it becomes the source of inner strength. This then creates a spiritual orientation from which they can grow.

Heady stuff? Yes, but no. We're able to achieve real, significant success because our approach is specific and concrete and grounded in some of the basic, fundamental truths of life such as the one to which we referred above, that *children have an innate need to learn who they are and express (give and share) their spirit, which when filled can lead to deep, meaningful relationships with others*. It's not rocket science! It's basic and elemental, but in a culture that generally places a lot more emphasis on getting than on giving, our children are learning a way of being that is causing them pain.

So how does YATMA help children and youth learn who they are and empower them to develop into healthy, happy, generous human beings? By creating deep, creative relationships. On the surface, YATMA looks like any high quality arts school with private and small class instruction in piano, bass, drum set, guitar, percussion, horns, composition and voice, dance, writing, drawing, painting, and sculpture. But our approach and curriculum have been developed to stimulate kids to such an extent that they are willing to transcend their difficulties and fears and really begin to express themselves and learn who they are. Time and time again, we see the most beautiful dance of all: the youth who is headed towards trouble slowly turning 180° and proceeding to walk in the opposite direction.

"His involvement [with YATMA] has helped him to mature and focus on the important things.... My son has literally turned his life around."—Mother of a YATMA bass player.

"My grandson has so much anger in him, but since he started with YATMA we've seen that playing the piano can actually change his feelings. It's such a good involvement for him."—Grandmother of a YATMA drum player.

"During my 21 years as a pediatrician I have never seen a youth program that turns around lives as well as this one does."—Dr. Eleanor Graham, Medical Director, Children and Teens Clinic, Harborview Medical Center, Seattle, WA.

In addition to our observations and those of our students and their parents, teachers, and social workers, we also have the results of an independent study to verify that YATMA works. During a year 2000 evaluation, the educational consulting firm, Education 21, out of Troy, New York, found the program to be "impressive" and stated: *"Students showed a statistically significant decrease in overall negative behaviors... and highly significant improvements in positive attitudes and behaviors.... The program is a persuasive intervention and has had a powerful and statistically significant impact on the students."*

YATMA History and Curriculum

YATMA was founded in Seattle, Washington in 1994 by Bill Rossi. A musician and teacher himself, Rossi taught himself music after traditional teaching

methods failed, and in the process he discovered how artistic exploration can open up the human spirit. His background as a non-linear learner played a large part in creating YATMA's unique method. YATMA classes take place at several locations in Seattle, including the Langston Hughes Cultural Arts Center and the Seattle Art Museum. In 1999, Rossi set up a new location in Albany, New York through a partnership with the Parsons Child and Family Center, a private non-profit organization. YATMA, also a non-profit organization, is funded through grants and individual donations.

Students in both Seattle and Albany are often referred to by teachers and mental health professionals, and YATMA accepts all students who are willing to commit to the program. Students typically spend 1–2 hours a week in a YATMA class, either in a one-on-one lesson with an instructor or in a small art class or ensemble. The cost is \$45 an hour; however, YATMA provides scholarships as funds permit.

The YATMA curriculum, which encompasses both traditional and technology-based arts, is multi-cultural and culturally relevant to our students, so it's exciting and stimulating to them. It's also progressive, so that each step of learning builds on and is interrelated with the previous one. As this progression becomes tangible for the students, we show them how they are personally assimilating what they are learning—in other words, we familiarize them with their own learning style. We then show them how to consciously apply this to other aspects of their lives. (Our story about "Steve," towards the end of this article, is a great example of what a difference this can make for kids).

"His confidence is soaring, he voices his own opinion, he's happier and more outgoing."—Mother of a 14-year-old piano player.

The YATMA Approach

The YATMA approach is both strength-based, (thereby promoting success), and relational, (providing modeling and ultimately a deep connection), and it enables teachers to reach youth who are typically hard to reach. YATMA teachers actually become the students' mentors and guides, and the healthy relationship that develops between them transfers far more than art to the children. It communicates the healthy human values that are present in the teachers we hire

and transfers the value of an active creative process. It awakens the children's innate desire to grow and learn as individuals and provides guidance for that growth.

"YATMA not only helped me in my musicianship, but also helped me in shaping me to who I am today. I have learned everything from leadership to friendship, from rhythm to melodies. I thank you so much."—18-year-old YATMA drummer, on her way to college after 3 years with YATMA.

The teaching approach itself is very experiential on everyone's part, and because it is unique, the best way to explain it is to describe a lesson. We'll take the example of a piano lesson. Imagine a student and teacher together at the piano. The teacher is 100% present with the student, concentrating fully on the music and sensitive to where the student is at that moment. If the teacher has trained in the YATMA approach for some time, he is so involved that he almost hears the music as the student hears it. He is listening, tapping, sometimes thrusting his hands at the keyboard next to the student's to express an articulation or a rhythm. The student begins to move with him, and for some time they are moving and playing together. It's at that moment that real learning begins. Not from the teacher showing, or explaining, or outlining the theory involved, but from the experience of doing together. The teacher is being creative and vulnerable, the experience is fresh and new and exciting for them both, and they are learning *together*. The teacher's sensitivity and spontaneous acceptance of the child's undefended expression of himself is what begins the healing process, and their sharing—of the experience, their enjoyment and their creative spirit—creates the relationship.

"You go with me.... you help me go where I want to go!"—YATMA 12-year-old writing student, comparing traditional education to his experience with his YATMA teacher.

The approach is also grounded in the fact that it takes time for children to become strong people. How much time depends upon how damaged they are in the first place and what environments surround them. A gifted child who lives in a relatively healthy environment will need less time; an at-risk child who lives in a negative environment might need many years. But over time, they become increasingly capable of thinking

independently and caring about a greater good—they become empowered.

“Being in a group of people [ensemble class] has shown me that lots of people have different ideas and that my idea isn’t always the best and isn’t always right. When a group plays together, you have to work with each other to make it happen. It helps me understand how to listen to people, even outside of YATMA in the other parts of my life.”

—16-year-old YATMA guitarist.

We’d like to tell you a story about another of our first students whom we will call John. It’s told by John’s teacher:

When John walked into the studio for his first lesson, his eyes were glazed, his head was down, he was depressed and dirty. His eyes couldn’t meet mine, and he didn’t speak. His mother had said he had some experience playing drums. We sat down at the drums, and I started communicating with him through musical ideas. Playing a rhythm, watching his response—generating enthusiasm and sharing it with him.

“I like that beat,” he finally said, and we moved into it and worked off of it. We were starting to make an acquaintance, beginning to find a common ground that could feed the enthusiasm. We began building on the rhythm, adding another part to it, seeing how the parts connect. By both agreeing to move forward into a new variation, we were in conversation. Because it felt the same to both of us, we were communicating a mutual feeling. We were creating a relationship.

I played something, he played something back. It made music. We were on a common ground. He began to talk with me, telling me what he liked. “The drums are neat.... I like those beats.” The next week, he told me, “I really want to play the bass.” His eyes were clearer that week.

In time, John raised his grade point average (GPA) from 1.5 to 2.9 and graduated from high school. He now has a full-time job that is fulfilling for him, and he continues to mature into a more self-responsible young adult. Like so many of our students, John was able to turn his life around because YATMA ignited

his spirit, filled some of his most basic needs, and gave him hope.

We would also like to tell you about “Steve,” one of YATMA’s first students. Diagnosed with ADHD (Attention Deficit Hyper Disorder), he had a GPA of 1.8 in 1995. He wandered the streets, experimented with drugs, spoke incoherently, and often hit himself on the head. He was a sophomore in high school. When he started studying piano at YATMA, Steve’s ADHD was most evident in his lack of focus and inability to keep time. *He was literally unable to tap his foot four times in a row.* Using our highly rhythmic and progressive curriculum, Steve’s teacher worked with him to focus and build his concentration.

Within one year Steve had increased his GPA to 3.5. In a letter to YATMA, Steve’s bandleader wrote: *“The most significant change has been with his attitude towards school. He has developed an incredible amount of discipline and focus towards his study.”* In addition to his weekly lesson, he also joined an ensemble with other youth who had been experiencing difficulty. They were performing after only 6 months. When he graduated from high school he obtained a full-time professional job and attended community college at night. No longer on scholarship at YATMA, he became a paying student. Last spring, he graduated from a major university with a GPA of over 3.5 and is now pursuing his masters degree. Perhaps most importantly, he actively participates in his community—including supporting YATMA—to ensure, he told us, that YATMA *“continues to offer kids what it gave me and never becomes just another arts program.”*

We’d like to end with one last story. One day we were presenting the YATMA program to a group of public school teachers. A YATMA student who attended that school was with us, and when asked about his experience he replied that his work with YATMA had given him something to do with his frustrations, had helped him focus, and that he thought his life was much more promising now. When he finished the librarian spoke up to say: *“Tony, around the same time you started your lessons, I noticed you started looking, well, taller, brighter, and more alive. Like you had a purpose. I wondered what had happened. Now I know.”*

We are currently working on documenting the YATMA model with the intention of publishing our

approach and curriculum and sharing the insights gained from years of working in collaboration with others. If you would like to know more about YATMA, please view our recently-updated website at www.yatma.org. or contact us at edu@yatma.org or 518-399-4863.

“The opportunities YATMA has given [my daughter] have contributed to her ability to maintain academic excellence, instill self discipline and develop confidence. This in the life of a child is formidable and a gift that will stay with her throughout her life.”— Mother of an 11-year-old girl who has studied with YATMA since early 1999.

Mary Rossi serves as YATMA’s Director of Development and Communications and finds her involvement in YATMA immensely satisfying. She is married to YATMA founder Bill Rossi.



Reading, Writing, Enrichment

By Julie Berry

My family’s life turned down new paths as a result of our son’s mental illness. Ways we used to spend leisure time didn’t work out any more. It was difficult for me as a mother who had taken her son to soccer, to piano lessons, and to Scouts to realize he wasn’t going to be comfortable in those activities any more. Hopes to join a church youth group or an after school club vanished for him. In fact, he made it clear he would get himself kicked out of groups if we tried to push the issue. Since he had managed to get himself kicked out of a therapy group already, we believed he would be true to his word.

My search for possible activities has led me back to some basic but meaningful and rewarding activities for both children and parents. Instead of joining an athletic booster club, my husband and I joined a parent support group for people dealing with kids like ours. We went to the group for information and guidance; it was a pleasant surprise to find camaraderie and friendship with people who understood what we were going through (see Julie Berry’s article on family support,

also in this issue). In a similar vein, reading and writing take on new meaning when they become enrichment and bonding activities for children with serious emotional and behavioral difficulties.

Reading Aloud

Reading aloud can bring two people together in ways that extend beyond simple physical proximity. Reading takes people away from their current situations and involves them in new settings with new problems to solve. Readers live vicariously through the characters as they experience courage, bravery, curiosity, friendship, and happiness. Role models abound within the pages of a good book.

Considering that it is often difficult to maintain close communication with children and youth with emotional and behavior difficulties, reading together can be even more beneficial for these children than for their more neurotypical counterparts. When a parent and child read aloud they have an opportunity to spend time together with minimal stress and confrontation. They are practicing peaceful coexistence while sharing a fun activity together. Children who don’t handle the stress of public situations or group classes can still find recreation and respite in having someone read to them. They can return to their books often, even if time and money are in short supply.

Adolescents can enjoy this activity just as much as younger children. They may find additional comfort in the memories it evokes of earlier, less complicated times in their lives if reading was a ritual as they were growing up. Many adolescents who have spent their school days in less-than-optimal special education settings have missed out on some of the good literature and great stories students read in general education classes. They can enjoy some of the same books outside of school as they build their vocabulary and cultural background.

Reading aloud together shouldn’t be viewed as an enrichment activity just for a parent and child. It is a great way for any person to spend quality time with another. Mentors, grandparents, friends, and volunteers can sit with a child or youth and read, building a bond of trust along with their journey together through a book.

At least in the beginning stages, books should be high interest, fast moving stories or intriguing nonfiction publications with lots of details and illustrations. Librarians and booksellers can help with book selection. A well-known reference book in this area, *The Read-Along Handbook* (<http://www.trelease-on-reading.com/rah.html>) by Jim Trelease, features lists of book titles as well as rationales about how, when, and why to read to children.

We have used reading as a tranquilizer in our house many times when our son with emotional difficulties has gotten himself so stirred up that he can't think his way through his situation. He will agree to sit and let himself be drawn into an adventure-filled chapter book while he gives himself time to settle down and distance himself from the episode. We have also added reading to the list of ways he can earn spending money because he finds it difficult to stay employed outside the home on a continuous basis. Though he initially sits beside me on the couch because I have offered to pay him \$5 an hour to listen to a book, he is soon making predictions about the outcome of the story or comments about a character.

Like the girl next door who escapes notice precisely because she is so familiar, reading is often overlooked as an enrichment activity. Closer inspection reveals reading to be an ideal enrichment activity not just for children and youth with emotional and behavioral difficulties, but for anyone.

Writing from the Heart

I am investigating a theory about the value of holding writing classes for children and youth with emotional and behavioral difficulties. At this point I cannot show enough data to prove my theory, but I can tell you what I have been doing with seven youth writers from the Dawn Project in Indianapolis.

As a fifth grade teacher, I have recently learned new ways to help students write about subjects close to their hearts, subjects that have meaning in their individual lives. As the mother of a youth with serious emotional and behavioral difficulties, I have some sense of how much frustration, anxiety, anger and other strong emotion seems to reside in the heads and hearts of many adolescents. In June 2001, I decided to

launch a writing project with youth from the Dawn Project.

During the summer I worked with a total of seven adolescent writers and the seven adults who brought them to the class (service coordinators in six cases, a mother in the other case), though all seven never showed up at the same time. Although the writers received more individualized attention when only one or two came to the class, all of them seemed to prefer classes with more than two students. All of the youth writers were in middle school or high school, and all of them seemed to enjoy having the adults write along with them.

I began by explaining that this class would probably not resemble writing they had done in school with lots of rules and formulas to follow. I asked them if they ever had thoughts and feelings that no one knew they had, opinions that no one had ever asked them to share, and ideas about all the things they had been through. Every young writer readily acknowledged having had such thoughts, feelings, opinions, and ideas. I told them this would be a chance to write about some of those things.

Students selected pens and writers' notebooks from a selection I put before them, and we all began writing. Occasionally I would suggest a topic if they didn't have something to write about. (Do you remember a favorite toy from your childhood? Do you remember a time when you were really happy? Or really angry?) Often the topics I suggested caused them to remember particular incidents. Their lives had been filled with incidents, and from the beginning they chose to write about things that had happened to them or feelings they had.

These students were much more eager to share what they had written, even when their topics involved painful emotions, than students in my regular classroom. Admittedly, the ones who came to the writing class came voluntarily while my students at school must write, but the sharing in the summer writing class became almost as important as the writing itself.

Our class met for an hour once a week. Sometimes the students still wanted to keep writing and sharing even though it was time for the class to end. Two of the students brought in writing they had done before

coming to the class. In both cases, they brought in things they had written during a time of crisis.

By the end of the summer I knew I had not fully explored the idea of having a writing class or writing club for youth with emotional and behavioral difficulties. I had read enough of their poignant reflections to know all of them had more to write. Several of them liked the idea of writing to let people know what it was like to walk in their shoes when it came to issues like therapy, school, and upheavals at home. This was important writing both for them and for the people who would read what they had written. I knew we needed to continue the writing.

I still have more questions than answers, but each Monday afternoon from 5:00 to 6:00 P.M., I take my bag of notebooks and fancy pens to a conference room at the Dawn Project offices. I write and confer with those who can make it to class. We are working to bring the group up to 10 or 12 youth who attend on a regular basis. I plan to listen to their ideas about whether we should make it more of a club than a class. I will help them revise and edit their pieces so many of them will be ready to publish.

My theory is that writing workshops can be important enrichment activities that bring rewards to the writers and better understanding to their audiences. I encourage others to experiment with writers' notebooks and classes where students can find the encouragement and mentoring they need to write from their hearts about things that are important to them.

Julie Berry teaches fifth grade at the Orchard School in Indianapolis, Indiana, and spends her volunteer time as president of Families Reaching for Rainbows, the Marion County, Indiana chapter of the Federation of Families for Children's Mental Health. At home, she and her husband, Ron, face the continuing challenge of helping their two teenage sons grow into the best men that they can possibly be. **E-mail:** jberry@kidwrap.org



Youth Poetry

I Don't Know Why

By Ryan Blount

Dedicated to Romond Slaughter, my boy Romond who was too young for the game.

I don't know why you had to run with the wrong crew.
I don't know why you made me, constantly made me,
think of you.

I don't know why you had to gang bang and deal drugs.

I hate to say it, but I have no love for thugs.

You always was like a best friend tom me.

You always was like a big brother to me.

But all I know, I'm glad there was a reason for what happened to you.

And

I'm glad you opened your eyes and started to see
Because you know main thugging ain't the way to be.

Stay cool.

Stay true.

And always love to the new you.

I don't know why you had to run with the wrong crew.

I don't know why you used to do the things that you used to do.

I don't know why you used to want to brag.

But I'm glad you know

Something for sure.

Violence Needs to Stop

By Ryan Blount

I sit and wonder how we can get peace on this earth.

All I know it's been opposite of that since my birth.

All the violence we have to experience each day.

It makes me wonder

if I can make a difference in any kind of way.

A year ago my friend got popped.

I really think the violence needs to be stopped.

It makes hearts feel alone when their loved one's gone.

I really think that violence is wrong.

It makes me feel sad when you go to a funeral home.

I can't believe people even make me have to write this poem.

It's bad that when I go home and I turn around,

All I hear is a gun shot sound.

As the earth turn s round and round,

More dead bodies are getting buried in the ground.
As I say again the violence needs to be stopped.
I'm sick and tired of souls being dropped.

My step dad Wayne fixed my bike for me

By Phillip Shepherd

My step dad Wayne fixed my bike for me. Normally this would have been just an everyday normal thing. I broke my bike by running over a stick. I have lied in the past about other broken bike incidents, but Wayne believed me this time. That really meant a lot to me. It's really hard for my step dad to forget about the past. Sometimes I wonder why he believes that I'm telling the truth, 'cause at first he wasn't going to believe me. I wonder what made him change his mind so quickly like that.

My step dad has really changed in the past year. He has changed in many ways. He's very forgiving. He stops and thinks about what he says, and he catches himself before saying something he knows would hurt me.

July 24, 2001

Dear Jeremy

George Andre Small Yarbrough

Dear Jeremy,
I wish that you could come back in my heart
I really miss you
Really bad
You are making me mad
Just come back and do your time
You had no right running
I told you when I got here
I haven't run in 6 or 7 years
And I won't be running
You made choices
And I'm here to say
You just turn yourself in
It is not helping you to keep running
What was you thinkin'?
I was helping you
Letting you wear my stuff
And giving you my snack
And this how you do Miss Pat and Mr. Billy?
And we just got done talking

About going home at the end of the month
Why was you mad?
Now you know what you done
Now I lost you and you lost me
And I'm mad
You did all your time
Now you're going to do it all over
And that's bad
So what do you want now?
A million dollars?
They tried everything to help you
But you took over
Now can't nobody help you
You are on your own
And I can't help you
Because I ain't got nowhere to go
But to R.T.C. and home
And going home for good
I'm sorry to say I can't help you
Because you running
But I'm sorry
I will still love you as a brother
But you are not right for doing these things
I don't know what to do with you, Jeremy,
By the way,
Come to me and I will turn you in
Well, meet me somewhere
And I will turn you in, Jeremy Stewart

July 8, 2001



Healing Through Action

By Bobbi Kidder

Healing through action. That's the bumper sticker you get if you're a Drama Therapist. The lexicon of the trade includes words like *process*, *personal integration*, and *potential*. Drama therapy is concerned with development of the whole person, physically, mentally, and emotionally, through the drama process. Whether clients are highly functioning, disabled, or in crisis, they work with drama therapists through creative enactments in a safe environment, experimenting with roles and generating possible solutions to problems.

As a Registered Drama Therapist, I work in schools, retirement communities, with international projects, and communication workshops. The teen theatre troupe I have directed since 1988 recently took on the mantle of *private non-profit* and became *Southern Oregon Impact Theatre*. Our mission is to focus community attention on the strengths and assets young people need to successfully address pressing social issues through dramatic presentations and audience interaction. Our bumper sticker says, *imagine the possibilities*.

Each new troupe of Impact actors creates and performs scenes about issues most pressing to them. In our performances, actors often take suggestions on how to transform a particular scenario, sometimes even involving audience members in the transformation. Some sites ask our actors to do follow up workshops, bringing the issues presented in the performance alive in active learning. For example, if our performance has been about sexual harassment, the workshop will involve role-playing activities to recall what constitutes harassment followed by scene-building on topics such as “respect” and “valuing self and others.”

Impact actors typically range in age from 14 through 19 and become involved for many of the same reasons that I became a drama therapist. On her application to join the troupe, one actor cited her reason for wanting to be an Impact actor: “I know that drama can help and I want to help.” Troupe members usually perform with the troupe for two-four years.

The creative process within the troupe involves “set aside” days for retreats in addition to regularly scheduled rehearsals. Improvisation and timed writings are two methods we have for generating material for the scenes. Sometimes actors write their thoughts on a subject and I edit and combine ideas to produce a script. Recently, finding several former troupe members home for summer vacation, I hosted a “Creative Consultants” gathering. I offered writing prompts and facilitated a discussion on subjects including *accepting diversity, dealing with challenges, and holding on to hope*. The perspectives were well articulated and varied and everyone gave me permission to “gold mine” their ideas for Impact scripts. Generating fresh material is important to this work.

Mutual mentoring is what sprang to mind when our troupes began performing and conducting workshops in prisons and treatment centers. One project involved seven young women from our troupe and seven young women from inside a correctional facility who came together and formed a new troupe in a project called *Inside/Out*. We met every week for a two-hour session of processing, writing, and rehearsing. Troupe members corresponded between rehearsals and talked freely about what was going on in their lives. The script we generated combined original writing and improvisation. The writing was self-revelatory, focusing on the inside/out metaphor. A writing prompt at our first gathering called for responses to, “Inside and outside: what do these words mean to you?” The writers called out to be trusted, known.

A young woman from the “outside” troupe wrote:

*On the outside the inside is deep inside
And the outside of me might not tell you
What the inside knows.*

And from inside the facility, a similar response:

*If you see me inside, locked down and shut down
You won't see inside me at all.*

The *mutual mentoring* happened through shared strengths. The idea of “helping those girls in lock-down” quickly became a trivial notion, replaced by lessons learned and paradigms forever shifted. After the show, held inside the facility for selected members of the community and prison staff, we all had a chance to reflect on the prompt, “As I walk away from this...” From inside and outside the facility, there was agreement:

*As I walk away from this, I take with me a new outlook
on life
A better understanding of the women around me
And a better understanding of myself
My heart and mind will never forget the love and acceptance
I felt from these women.*

Impact also interacts with clients in a residential treatment center for adolescent boys. Drama games and warm-ups lead to improvisation of a deeper nature. Impact troupe members, usually a few years older than the residents, are role models in this setting. They help

direct the exercises and help the clients stay focused during role-play and other activities. They often say, after the challenges and victories, that it was in this venue they felt most needed. Even though our sessions are scheduled on a regular basis, “When are you coming back?” is always the question the clients ask at the end of each workshop. An eleven-year-old client took an Impact trouper aside and thanked him for a particular kind of acceptance: “You guys treat us like we’re cool. I never felt cool before.”

The Impact actor responded, “Once you know you’re cool, you’ll never go back.”

We all smiled at the story, and we knew the client would indeed “go back” to feeling like an uncool loser. As he tried to discover appropriate boundaries and behaviors, a consistent rhythm of achievement would be a long time coming. And yet, he had experienced success. The troupe *had* made an impact by helping one boy see himself differently.

I base my approach to drama therapy on *intention*. It is different from other types of acting and theatre because our primary intention is service. When Albert Einstein said, “Imagination is more important than knowledge,” I think he recognized that developing imagination creates a powerful tool. We serve our audiences by helping them develop that tool. We can use imagination to see ourselves differently, to find new options and get unstuck from behaviors that cripple our mobility. Rehearsing new behaviors through role-play, for example, may help someone *choose* an option other than rage. Between what happens and our response to it, there is a moment of choice; in that moment we find our potential for growth and movement. In my approach to drama therapy, I see us planting seeds of hope for our audience members and clients to recognize and utilize productive options.

In schools and community events, Impact performs scenes and monologues based on the personal experiences of the members. One Impact actor commented, “Once I wrote a monologue about a recent very painful experience in my life. When I performed it for the troupe, I couldn’t get all the way through it; I had to leave the room. I sat in the bathroom and cried for fifteen minutes. The next time, I got through it. Then I started performing it for audiences. It hurt less after

awhile and at some point in the season, I even figured out what I wanted to do about the whole thing.”

“It’s empowering,” one creative consultant wrote in a script she created for the troupe. “Sometimes we say, ‘I’d like to help, but I’m only one person.’ Just one person. One. One person plus one person plus one person equals a team, a troupe, a family... coming together to make a difference.”

The therapeutic use of drama means an intentional igniting of the creative flame. Once that flame is ignited, the world changes. There is a healing, through action, of old attitudes. “I can’t” is altered, making space for a wealth of possibilities.

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Respite Care for Children with Serious Emotional Disorders and their Families: A Way to Enrich Family Life

By Pauline Jivanjee & Jennifer Simpson

In surveys of the needs of families of children with serious emotional disorders, respite care is frequently identified as one of the most needed and least available services for families. While some families who have relatives and friends to provide care are able to get a break, respite care is not available in many communities. In contrast, caregivers who access respite care report that they are able to gain relief from caregiving responsibilities, take care of important needs, and have time for relaxation. Families have a variety of interests, activities, needs, and preferences for respite care, resulting in the need for an array of respite care options to be available to families. This article provides a review of the benefits of respite care for fami-

lies who have a child with a serious emotional disorder and examples of the range of respite care strategies that communities have developed to respond to the different needs and preferences of families.

From time to time, all families experience stress related to financial difficulties, work, family relationships, or the challenge of balancing work, family, and other responsibilities. Stress may be particularly severe for parents of children with serious emotional and behavioral disorders. Relationships with relatives, friends and neighbors may be strained due to misunderstanding of the child's behavioral disorder, work opportunities may be limited, and there are extra demands on time for mental health treatment and meetings with service providers. Stress associated with the continuing responsibilities and demands of caregiving may result in tiredness, depression, and health problems for parents. In addition, the presence of a child with a serious emotional disorder in the family may limit the time parents can spend with their other children and may constrain families' leisure activities. When families have access to respite care, they are able to take time to relax, re-energize, and enjoy a break from caregiving.

Support for the benefits of respite care has come primarily from research with families of children with developmental disabilities and chronic illnesses and from families caring for a relative with Alzheimer's disease. Respite care has been recognized as an important service for families of children with developmental disabilities since the 1970s, although respite services for these families continue to be fragmented (Singer & Irvin, 1991). For families of children with serious emotional disorders, respite services have been slow to develop. Families around the country who do not have relatives or friends to provide informal respite care have had difficulty finding respite services in their community. Since the advent of the Child and Adolescent Service System Program (CASSP), respite care has increasingly been seen as an element of the array of community-based services in the system of care in children's mental health, and featured in a small number of model programs.

Respite care is seen as providing benefits to all members of the family: Parents receive a break from caregiving, siblings of the child with a disability may have opportunities for more activities and interactions

with parents, and the child with a disability receives a positive social experience. Respite care is also conceptualized as a strategy to support families who are experiencing distress, thereby preventing the placement of children in out-of-home care, and avoiding family breakdown (Webb, 1990). Emergency respite care, provided through respite care centers and crisis nurseries, is designed to support parents through a crisis by reducing family stress and giving parents time to deal with concrete problems (Webb & Aldgate, 1991).

In a recent study of respite care services, families' reasons for using respite included a family emergency, the child was having a difficult time, the caregiver needed a break, and relaxation was needed for the caregiver (Boothroyd, Kuppinger, Evans, Armstrong, & Radigan, 1998). The families who used respite care services were found to have fewer relatives or friends available to provide respite compared to similar families who did not use respite services. The researchers concluded that respite care promotes wellness in parents, enables parents to better care for their children, and also provides opportunities for respite providers to model behaviors and teach children new skills (Boothroyd et al., 1998, p. 373).

When respite services are offered as a component of System of Care services in children's mental health, the diversity of families' needs requires a range of options from which families may choose. Within the two broad categories of respite services (in-home care and out-of-home care) there are variations depending on: the respite care setting (provider's home, foster home, group home, camp, or community recreational facility); whether respite is regular, planned or provided on an emergency basis; and whether respite care is overnight or only during the day. There are also variations depending on the type and level of training of respite providers, the kinds of activities planned for the child, and the payment system. Multiple types of respite care services are necessary to meet the range of children's and families' needs. The age and developmental needs of the child with a serious emotional disorder are considerations in decisions about whether the ideal type of respite care will be at home, in the respite provider's home, or at a group care facility or camp.

A national survey of parents' preferences in respite care showed that parents clearly preferred informal, individual relationships with family, friends, and

neighbors that have been trained as providers (Knoll & Bedford, 1989). Respite centers and day care providers ranked as the next most preferred option, followed by private homes, and finally respite services in institutional settings. Parents emphasized their desire to be active partners in the planning and implementation of programs and services. In another study, families with children with serious emotional disorders expressed a preference for in-home respite care (Evans, Armstrong, Dollard, Kuppinger, Huz, & Wood, 1993). For respite care services to be most effective in supporting families, they are ideally conceptualized as a part of the system of care array of services. While respite care may provide relief to families, families are likely to gain more benefits when respite is offered as part of a family-centered service plan that addresses the family's needs. Further, families may need financial support to pay for respite services.

The FUN Program in Ventura County, California is an example of an innovative respite care program for children with serious emotional disorders and their families (Linder, Luick, Stitch, & Stitch, 1999). This program offers families up to twenty hours per month of planned respite care paid for according to a sliding scale. Respite care provided by trained workers focuses on strengthening community child care systems and providing family-to-family support. Through connections with community programs, children and youth gain opportunities to participate in social and recreational activities such as Boys and Girls Club and YMCA activities, overnight campouts, and visits to local attractions of interest to kids.

There have been few well-designed studies of the outcomes of respite care for the families of children with serious emotional disorders. In one of the few controlled studies of the effectiveness of respite care for families with children with emotional and behavioral disorders, families who received an average of twenty-three hours per month of preplanned respite care reported fewer out-of-home placements, greater optimism about caring for their child at home, and reduced caregiving stress compared with similar families who were on a waiting list (Bruns & Burchard, 2000). In addition, the families reported that their children displayed fewer negative behaviors in the community. Greater use of respite services was associated with more positive outcomes, pointing to the

need to increase the intensity of respite services to impact some outcomes.

Recruitment, training, and payment for respite services are challenges to be faced in developing respite services. The Oklahoma Respite Resource Network is based on the philosophy that families are the experts on the care needs of their children and that parents and family members are the best trainers of their own respite providers (Percival, Kovach, Selvidge, & Bentley, 2001). By providing vouchers to pay for respite care, Oklahoma's Lifespan Respite program has enhanced the capacity of families to recruit their own respite providers in the community and to negotiate their own arrangements. Each family of a child (or adult) with a disability receives vouchers for \$300 or \$400, depending on family income, every three months to pay for respite care. In Tennessee, families of children with a serious emotional disorder who qualify for the state's Medicaid Waiver Program receive \$500 allowance per year to cover respite care expenses (www.trn.org).

For families unable to identify their own respite providers, Oklahoma and Tennessee each have a centralized database of respite providers who have completed the state's respite care training through a toll free telephone line or website (oasis@ouhsc.edu; www.trn.org). While Oklahoma's respite training is offered through several state level departments, Tennessee has a 40-hour respite care training program focused specifically on respite care for children with serious emotional disorders. Respite providers who wish to receive funding through the Tennessee Medicaid Waiver program must provide references, agree to undergo a criminal background check, and complete the training program. These states also invite recreational professionals, such as staff at Boys and Girls clubs and the YMCA, to participate in their training activities. The training provides a way for staff to increase their knowledge and skills for working with children and youth with serious emotional and behavioral disorders. The result is an increase in opportunities for youth with emotional disabilities to participate in community activities, thus gaining enrichment for the youth and respite for parents.

With the leadership of the National Respite Coalition and support of the ARCH National Respite Network and Resource Center, the concept of Lifespan Respite

has emerged recently as a key concept in respite care advocacy efforts both at the state level and nationally (Kagan, 2001; www.archrespite.org). Lifespan Respite is “a coordinated system of accessible, community-based respite care services for caregivers and individuals regardless of age, race, ethnicity, special need or situation.” As of September 2001, three states (Oregon, Nebraska, and Wisconsin) had passed Lifespan Respite Acts. Under this legislation, states are developing infrastructures for planning, providing, coordinating, and improving access for Lifespan Respite for families and individuals with disabilities (National Respite Coalition, 2000). Several other states are considering similar legislation or programs or have pilot programs. The 2000 National Family Caregiver Support Act establishes a family caregiver support system for individuals caring for older adults, and older caregivers caring for grandchildren or adult children with disabilities. At the national level, the National Family Caregiver Support Act justifies the need for a system of respite for caregiver support, and the National Respite Coalition is advocating for a single, coordinated federal program to support the development of Lifespan Respite Services nationwide (National Respite Coalition, 2000).

Other recent innovations in the arena of respite care are related to new intergenerational family support models. An example of intergenerational support is the Generations of Hope project in which foster families and senior citizens come together in an intergenerational residential development where there is mutual support and relief for all participants (Eheart & Power, 2001). Mentorship and family support programs in schools, day care facilities, and recreational programs around the country offer ways for children and youth to participate in enrichment opportunities and community activities (<http://www.ed.gov/pubs/LearnCenters/benefits.html>; www.afterschool.gov/cgi-bin/home.pl). These programs also have the added benefit of providing respite for parents and caregivers. Knowing that their children are safe, well cared for, and engaged in enriching activities, parents and caregivers are free to focus on their work, engage in other activities, or gain rest and relaxation.

Family stories:

(Names and some details have been changed to protect the privacy of families.)

Rachel is a single parent with two adopted children with special needs. The eldest, age 12, is diagnosed with attention deficit hyperactivity disorder and bipolar disorder. Rachel described her involvement with respite care services as follows:

We have tried babysitters in the past—neighborhood teenagers—and it has never worked out. It was overwhelming for them. There are times when he needs very firm limits and consistent limits... I've maybe used a babysitter five times over the last eight years, which isn't much.

After (the respite program coordinator) talked about the needs of my children, she recommended respite providers that had gone through the training. She tries to match caregivers and families based on personality, based on the needs of the child, but also based on what the child likes to do. If the child is very active, she tries to get an active provider... She took them skating. She played outside with them. They tossed a football and watched movies... It was an all-day event with both of them. To have both of them together can be challenging, but she did real well, and they liked her; they did well, too... It let me get out for a whole day.

I can go out to a movie or to dinner with a friend... Most recently, I went to a workshop I wanted to go to for myself. It was Friday night and all day Saturday. I went and I came home and the house was intact and everyone was intact. I felt relaxed. I came back refreshed... Some people might say it's a luxury and say it's not that important, but I would challenge them to spend 48 hours giving total care to a special needs child, and then they can see whether it's a luxury or a need. It's very important for us to have that time for ourselves. I really do rest. The anxiety level is gone. The stress level is gone. I don't worry if they're OK or whether they're going to have fun. I know they're going to be OK, and I know they're going to have fun.

Tracy and her husband are the parents of two boys: a nine-year-old with autism and a six-year-old with developmental disabilities. In response to her son's extreme anxiety, Tracy rarely left her older son during his first nine years, but recently began to use respite services paid for by her state:

I've been home for nine years, and my kids are used to me being there to do reading and hand-writing, so I've spent a lot of time over the years being a therapist and a mother... My child has never stayed in a day care... Any kind of added stress for the one with autism causes more problems with him.

With funds from the respite program in her state, Tracy pays her sister who has completed the required training to be a certified respite provider: "I can trust her. I know she's going to do what I ask her to do when I leave."

Tracy used respite care to visit her grandfather in the hospital and also started a college course:

(Respite) gives me time to go to school and do my homework... When she's there, my husband and I have go have a chat about what's going on at work, or what's happening in the family... If the child needs to stay in the home, the parent needs to feel relaxed about leaving them. If I have to feel upset about leaving them, it's not going to help me to have the respite care... It's helped my family tremendously. It helps the kids, the parents, everybody really.

Conclusion

This review of respite care literature and family perspectives makes it clear that families who are caring for children with a serious emotional disorder experience ongoing caregiving challenges that may be stressful and exhausting over time. All families need relief from daily responsibilities; and families with children with disabilities perhaps have a more intense need for relief. While many families are able to meet their needs for a break within their network of family, friends, and neighbors, this may not be possible for families who do not have a strong support system in their community. For these families, especially, respite care policies and programs may be of great interest. Families who

do not have access to existing respite care programs may be able to come together with other families to trade respite services or to develop their own respite network in collaboration with local family support networks and family organizations.

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Support Groups Can Become Social Groups, Too

By Julie Berry

Being able to connect is a vital part of any human relationship and is something people do on a daily basis in order to live in harmony with others. Humans are social creatures, and they derive great joy and benefits from interaction with others. Thus, the idea

of families getting together with other families appears to be simple and far from novel at first glance, but for families who have found themselves operating outside of traditional parenting and social circles, the opportunity to get together with other families may be a significant source of support, enrichment, and enjoyment. Despite the sometimes monumental barriers to the formation and maintenance of such groups, they may become a needed lifeline to folks who often feel as though they are drowning. Such is the nature of affinity groups. They share a common experience, perspective, and focus.

Family-run support groups that welcome people who are raising children and youth with emotional and behavioral difficulties can provide a haven for family members who want to relax and spend a little time in the company of like-minded people. Although a support group meeting may not sound at all like a source of relaxation or a haven from stress, closer inspection reveals several socializing and affirming influences at work.

Being in the company of other people who face similar parenting challenges brings a degree of relaxation in and of itself. Families are heartened by the realization that here, at last, are other people who have a shared understanding of the kind of meltdowns and explosive episodes taking place in their home. Here are others who have experienced similar frustrations, tensions, exasperation, and desperation. Here are others who can recognize and savor the impact of a tiny turn-around in their children or a step in the right direction in family life.

One reason people like affinity groups is because they find support, acceptance, and understanding for themselves when they spend time in the company of others who share a common experience. People who like to fish enjoy swapping stories with others who like to fish. Photographers enjoy discussing F-stops and shutter speeds with other photographers. It stands to reason that people who are raising challenging children enjoy sharing experiences and perspectives with others who understand what that means on a daily basis and in the contexts of their lives. The line between club and affinity group loses much of its distinction when compared against the benefits of being in a club. At a basic level, the joys and benefits are much the same in both. Viewed from this “normalizing” perspective,

family-run support groups take on importance as places for enjoyment and socialization as well as places to gather information and get therapeutic support. They become almost like a club.

As support groups network with other groups and family members travel to trainings and conferences together, informal conversation in the car or around the dinner table naturally touch on family interests and values. Family members get a chance to spend some needed time away from the problems at home. What they learn at conferences will remind them that they are not alone. Simply having a meal in a restaurant without having to worry about other peoples' behavior is a treat for some parents!

The family-run support group may be one of the few quasi-social organizations left open to many families. Families with emotionally-troubled children often have been marginalized by society. For example, many of our families have been asked not to bring their problematic children to Sunday school any more. Most of our kids are not at the top of other kids' birthday party lists. Some of our kids have even been kicked out of therapy groups. As parents, we are well aware of the many ways and forms of exclusion our children suffer. They are excluded from field trips, school clubs, and special events at school. We, family members, have been excluded ourselves because our children's behavior does not conform to society's norm.

The result of this exclusion is that we begin to withdraw from optional social situations because the risk of rejection outweighs the potential benefits of socializing. It is easier to stay home with our children in a structured and controlled environment where no one is stigmatized or exposed to the additional hurts inherent in being shunned or being excluded.

In order for family support groups to provide enrichment, the groups must be genuinely parent-run and parent-driven. Despite their academic credentials, unless they are family members, professionals lack the background and expertise to both know and help. Indeed, their very presence at such a group may inhibit the free exchange of conversation and social support. People may not feel free to express themselves honestly because they may perceive that the professional is assessing and meeting them, not as fellow humans, but as patients or subjects. Unfortunately, these feelings

are based on nasty realities. Every family that reaches the point of accessing professional help for a child with emotional and behavior difficulties has been scrutinized and dictated to by professionals. Unfortunately, despite all we have learned about the biological basis of emotional disturbances, there is still a tendency among some professionals to blame families or give up on the client when professional expertise doesn't render a lasting solution to the problems. Families' experience with those professionals, as well as with court and school officials, has made them wary of being themselves in front of people who might judge them or further add to their already heavy burdens.

Although in most instances professionals should exclude themselves from the actual support group meetings, they can do several things to facilitate the meetings. Professionals are the ones who have best access to the families who might enjoy the benefits of being in the support group. Despite the constraints of confidentiality, professionals can partner with existing support group members to put a family member in direct contact with a prospective group member. They can circulate flyers and brochures among their clients and colleagues. Professionals can help a group secure funding to access a place to meet and to pay for childcare providers. Professionals have access to networking information that is not readily available to family members, so they are more likely to know about organizations like the Federation of Families for Children's Mental Health, local advocacy groups, attorneys who can help with applications to gain not-for-profit status or articles of incorporation, and businesses that specialize in communications for such organizations.

The ability to meet and have childcare provided is another important element of these support groups. Although this discussion of family support group meetings has been geared toward enrichment and relaxation for the adult family members, their children also benefit from programming that is concurrent with the adult meeting. Thoughtfully structured childcare provides safety and interesting activities. Thus, everyone has something to look forward to on meeting nights.

Support groups can learn from each other on structuring the process and content of the adult experience, as well as the children's experience. They can assist

each other in the process of “normalization” as inclusion rather than exclusion. Families Reaching for Rainbows, an Indianapolis-based chapter of the Federation of Families for Children’s Mental Health, rents an indoor municipal swimming pool for its December meeting. Members, caregivers, and related professionals are invited to bring their families for pizza and an energetic evening of swimming and water slides during a time of year that is characterized by social get-togethers. Last year, one of the pool employees commented that it was one of the best-behaved groups of children they had ever hosted!

Though research may still be developing on the socialization and enrichment aspects of family support groups, there is much anecdotal evidence to underscore their value. Time and again, parents have said, “This group has helped me more than anything,” or “I don’t know how I would have made it through this without support from all of you.” Families who feel like that are then ready to turn around and invest themselves in advocacy and support for other families. They are energized by the empowering effects of feeling included, of being accepted, and of being understood. These effects provide what is necessary for them to go beyond their own situations and advocate for others.

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Suppers at South

By Sheryl Hogan

Social isolation is common among families of children or youth that have emotional or behavioral challenges. Families who are socially isolated report higher stress and fewer sources of support, while for children, social isolation can lead to fewer opportunities for

developing positive social skills, increased behavior problems, and a strong fear of failure. Community life can suffer too when people with disabilities become socially isolated, as this may cause communities to grow increasingly intolerant of people whose behavior or appearance is atypical. *Suppers at South* was developed as a means of reducing social isolation for families of children or youth with emotional or behavioral challenges. *Suppers* works by gathering over 20 families together each month at South Eugene High School. The families share a communal meal and then break out into groups to take part in different recreational activities. The goal of the program is to give parents a well-deserved break while providing an opportunity for children to have fun.

Suppers at South was developed by a system of care resource coordinator in conjunction with several parents of teens with emotional and behavioral problems in an effort to help other parents of children with similar challenges. *Suppers* serves all youth from 0–20 years old years old, although the program specializes in serving children ages 5–12. *Suppers* includes entire families of children with emotional and behavioral challenges, including parents and siblings. The sole criterion for a family to join is to have a child with an emotional, behavioral, or mental health disorder. *Suppers* recruits families by distributing flyers to community centers and local mental health, juvenile justice, child welfare, and educational programs. Many other families learn about *Suppers* from friends who have already participated.

One of the primary goals of *Suppers at South* is to reduce the isolation of families of children with mental, behavioral, and emotional challenges. Factors that contribute to family isolation include: (1) bad experiences with community activities, (2) perceived or actual public intolerance, (3) embarrassment that atypical behaviors will be noticed, or (4) fear that the child cannot be successful with regular activities. These factors do have a real foundation. Kids with emotional or behavioral challenges often do not have friends in their neighborhood because they are different. They may not be able to get involved with a team sport because they go to a special school or because their school’s athletic program does not have the capacity or desire to deal with challenging behaviors. Families may hesitate to take their emotionally or behaviorally disordered child to the swimming pool or

another public venue because people notice the behaviors and even give inappropriate and unsolicited advice. Family isolation is a societal issue that directly correlates to the loss of community (Jacobs, 1961). To combat this isolation, *Suppers at South* targets three areas: the family system, the educational system, and the community system.

On a familial level, parents need to have a way to receive support from people who care and understand. They need friends who can help the entire family get out and do things that are fun. They need people who point out the good things in their lives. Parents need an opportunity to have personal time. Above all they need to have a sense of humor and not let things get them down.

Suppers at South creates an informal family support network that allows parents to have a break while their children have fun in a way that does not disturb their parents' time. After the communal dinner, parents and youth meet in separate groups. The parents' group uses the first few meetings of the school year to plan activities for the rest of the year. Parent activities range from relaxation and recreation to educational meetings about resources and advocacy. Recreational activities have included therapeutic massage, aikido breathing exercises, bingo nights, and craft activities such as painting mugs and making vinaigrette bottles. Educational meetings have hosted guests such as the directors of the Eugene and Springfield school districts, local therapists, and representatives from local advocacy organizations.

As parents are engaged in their activities, their children gather in the school's cafeteria to have their own fun. The children's activities are supervised by a combination of professional, paraprofessional, and student volunteer staff, some of whom also eat dinner with the families. After the meal, students and *Suppers* staff arrange the cafeteria into at least three distinct zones using environmental design strategies. Each zone contains a different activity, usually one each for crafts, games, and physical recreation. The games section includes K'Nex, playdough, chess, origami, and many other activities. Each area is overseen by a paraprofessional. Student volunteers either work within a specific area or move about the room. Some kids latch on to a specific student and stick with him or her throughout the evening.

Suppers at South has a no eject, no reject policy; kids are not asked to leave because of challenging behaviors. In addition, because of the structure of the children's activities, children and families involved often experience a change in their own perceptions. Their fear of failure around participating in community activities is challenged by the success the children experience with *Suppers at South*.

On an educational level, future professionals need to learn ways to help reduce the parent blame that helps to reinforce family isolation (Early & Poertner, 1993), and treatment goals need to include more normative activities. With this in mind, positive reinforcement has become the cornerstone of *Suppers at South* success. The underlying idea is that children (and adults) are more likely to have positive behaviors if others focus on strengths and describe what they *want* to see rather than what they *do not* want to see. Children with emotional and behavioral challenges receive a lot of negative attention—at school, at home, and in the community. Positive reinforcement is a means of showing children what they are doing *right*.

The professional, paraprofessional, and student volunteers at *Suppers* all receive training regarding the use of positive reinforcement strategies. The Center for Family Development has been instrumental in this process. At *Suppers*, we point out even the littlest things. For example, our reinforcement includes saying, "Thank you for waiting your turn. Thank you for sharing. You are an incredible artist. You are great at solving puzzles. Thank you for helping. Thanks for being nice to your brother," and so on. Another strategy we use is to describe what we want to see. For instance, our staff would say, "Please stand on the floor," rather than, "Don't stand on the table." To further reward positive behaviors, we hand out poker chips that are cashed in for prizes at the end of the evening. The cash-in process is also a wonderful way to transition at the end of the evening, particularly for those who have difficulty moving from one activity to the next.

Community involvement plays an integral role in *Suppers at South*. South Eugene High School donates the use of facilities. Both the South Fork catering and Child Development programs at South Eugene High School play a large role in planning and preparing each monthly event. These dedicated students volunteer

their time to plan each month's activities and ensure their success. The local *Boys and Girls Club* serves as the nonprofit umbrella for the grant that funds *Suppers at South*. The *Boys and Girls Club* offers free scholarships to *Suppers at South* families, waiving their annual \$15 fee. Members of the *Boys and Girls Club* also come to *Suppers at South* to learn how to work with children with emotional and behavioral challenges. Beyond our key partners, many other community members are also involved. Employees from *Home Depot* have shown children how to put together birdhouses. Local celebrities have paid visits to entertain. Area businesses continue to donate food and activity coupons, as well as craft supplies and other materials. The professionals who donate their time to the parents' group both share and learn information.

It is important to note that in the partnership process, volunteers and donors gain much more than a tax write off, school credits, or even the sense of a job well done—they learn about the challenges families face when children have emotional or behavioral disorders. It is through that informal education that we hope to impact how community members relate to and include children with special needs in the future.

Communities who wish to truly honor diversity need to encourage and support efforts to raise awareness about the challenges faced by families of children with emotional and behavioral disorders (Adams & Nelson, 1995). This is important not only for child-serving professionals, but for members of the general public as well. Through community education and partnerships, we can pave the way for our children to be included in community activities, so they will be able to play on a local baseball team or even have the opportunity to do something they have not been able to try due to lack of funding related to the added cost of care. *Suppers at South* is one example of an effort to engage the community and educational system in combating family isolation and ending the stigmas attached to children with emotional and behavioral disorders.

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The Dance of Life: Incorporating Disabled Children into the life of the Spiritual Community

By Saroya M. King

In September 1998, as a new pastor in Columbus, Ohio, I grew familiar with my parish in the usual ways. I visited with my parishioners, visited the shut-in and the hospitalized, and preached on Sundays. I usually went home and rested afterward, preparing for the week of pastoral care and concerns. It was in that month that my ministry was challenged by a need that presented itself in a most surprising and interesting way. I received a phone call from a woman who lived in the community, looking for a church to attend with her son. I warmly welcomed her to attend my church and said, "We'll look for you on Sunday." Her voice

grew somber. “My son Timmy doesn’t sit still for long, and he sometimes yells out loud.” I tried to reassure her. “Timmy won’t be doing anything unusual, as this is an African American Church and that’s rather normal.” She laughed, and then began to cry. “My son is handicapped—he couldn’t sit still if he tried. He has cerebral palsy and is in a wheelchair.” I again welcomed her and looked for her on Sunday. They never came.

I realized after that incident I failed to meet the needs of that woman and her son. Oh sure, I could offer the church, its programming, its choirs and the building, but that was it. What those two persons needed was love that was unconditional, and a different way to express it. It then occurred to me that we weren’t doing a good job at that. Primarily, the building was the first assault—no power doors and no accessibility ramp. The bathrooms were downstairs with no elevator to access them. And worse yet, the parishioners kept their physically challenged loved ones at home. Subliminally, they felt that the physically challenged needed to be outside of the church as well.

The one thing I learned at seminary came as a sentence: “The only thing one can do with a mistake is correct it.” Invariably the correction came through the meeting of trustees, financiers, and a general contractor to change the “mistakes” of the building. The church was renovated to include power doors and ramps, with accessible bathrooms. Changing the “mistakes” of the hearts and minds of people proved to be more challenging.

Clair United Methodist Church got its chance to correct its mistake by incorporating itself in an MR/DD (mental retardation/developmental disability) program at a neighborhood school. The administrator thoughtfully solicited the church to come into the school and volunteer. As the pastor, I signed up and volunteered, and some of my parishioners followed. But there were some healthy skeptics who said, “Why should we do this? Couldn’t we get sued if something happened to those children? We aren’t prepared to deal with children with those kinds of problems!” I volunteered, and was enriched by the reception of the staff and students alike. They shared with me their challenges of being in a wheelchair, having problems reading and writing, and generally gaining acceptance from strangers and the community. I suddenly remembered

Timmy and his mom. I realized that this was an opportunity to correct another “mistake.”

I began having a special ministry for my new found friends. I asked the choir director to start a new choir for the children at the school called Halos. The children performed on the second Sundays of the month and signed as well as sung songs. The Halos also performed at school functions. Their greatest achievement was a performance at the School District’s “Safe Neighborhood Night.” The Halos also read the Scriptures on Sunday morning and did some sign language. The healthy skeptics became fewer and fewer until there was a genuine spirit of love for these children that was evident. It took the church two and a half years to correct a mistake, but I believe that its correction was priceless. Clair’s involvement with an MR/DD program was a blessing that dropped into its lap. The spiritual community should not hope that this is the only way to minister to disabled children and their families. The spiritual community should be aware that it has been a place of separation by virtue of an inaccessible building or by inaccessible people. Both are clear signs of woeful negligence to persons of worth in the sight of God. The spiritual community should be ready and willing to correct its mistakes. It will be wonderfully blessed in doing so.

The spiritual community has great opportunities for mission and ministry in schools and community service programs. Volunteers are needed and greatly appreciated. When the efforts of social advocacy, government agencies, and private humanitarian entities seem less workable, the spiritual community has an obligation of time, resources, and manpower to create meaningful experiences and programming for challenged persons. There is always someone who can do the job and is willing.

My greatest achievement as a pastor came at a Communion service when the children from the school came and participated. As Communion was served, a child in a wheelchair was wheeled by a parishioner to the front. As I gave the child communion, she kissed me and said, “Thank you for letting me belong here.” As tears streamed down my face, I realized we all belong.

It is the responsibility of the spiritual community to make sure that happens.

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Spirituality and Mental Health: A Native American Perspective

By Terry Cross

While specific teachings and beliefs vary amongst Indian Peoples, there is an almost universal belief in the importance of spirituality and the influence of spiritual forces in the balance of one's life.

It is said that we are spirits on a human journey. In this journey, health and well-being are a result of the complex interplay between the physical world (i.e., our bodies), our mental processes (our thoughts and emotions), our environment (our family, culture, etc.), and the spiritual forces outside of us and the spiritual learned practices that become part of us. This perspective is sometimes referred to as the relational world view.

For the purpose of this article, I define spirituality broadly. It is more than religion. It is the power of the human spirit. It is the complex and often conflicting nature of spiritual teachings, a sense of purpose and being, a sense of future, a sense of a higher power guiding and shaping our existence. It is a sense of seeking understanding of the mystery of human existence. It includes religion and religious teachings from every conceivable point of view. This world view, in which well-being is balanced between mind, body, spirit, and context, teaches that these elements of life have equal weight; achieving balance among these various functions is in essence the objective of our human existence. To be well is to have these things in balance. From this perspective, it is not enough to understand mental health simply from a biochemical, personality, or an emotional functioning point of view.

Abraham Maslow's hierarchy of need, for example, examines need from the perspective of the individual,

placing food at the bottom of the hierarchy and self-actualization at the top. For the system of Native thought, where spirituality is a cornerstone of existence, this hierarchy seems devoid of acknowledgment of the spiritual need of individuals. As an Indian social work professional, I have translated Maslow's hierarchy, converting it from a pyramid shape to a set of concentric circles. Spirituality is placed in the middle, with relationships around that core. Next are food, water, safety and security, identity, esteem, and self-actualization. In this scheme, if one maintains a proper relationship with one's creator, one will eat. If one maintains proper relationships with Creator and family, one will be safe, have identity, and self-actualize. Having this element at the core means that mental health is dependant, in many ways, on the nature of the spirit realm. Mental well-being depends heavily on spiritual practices, teachings, the interplay between spiritual events, and influences interacting with the rest of our human experience. For example, in the mind/body connection we know that the power of the mind can influence the body and that brain chemistry can influence the body. If one factors in spirituality (i.e., spiritual beliefs, experiences, disciplines, practices), it follows that the spirit influences thought, and thus influences body chemistry. In like manner, chemical alteration of the body will alter states of mind as well as stimulate or hinder spiritual experience.

The social context that we live in provides us with teachings or institutionalized theories about the nature of the spirit. It also provides structure, in the form of formal religions, to exercise these beliefs. Formal religions provide a community of similar beliefs and a context for religious practice. Ritual and ceremony have developed in all cultures as methods for maximizing the value of the spiritual forces recognized in nature or human experience.

In broader American culture there is a tendency to split the different aspects of the human experience. For example, society compartmentalizes spirituality as organized religion, the body as a biochemical organism, the mind as personality, and intellect and the environment as a set of social, political, and economic theories and systems. In contrast, most American Indian teachings describe these realms as totally integrated and inseparable in their influence on the human experience.

Spiritual influences on mental health can be described in four different categories: learned positive, learned negative, innate positive, and innate negative. The learned positive are those spiritual practices, rituals, and ceremonies ranging from prayer and meditation to vision quests and healing ceremonies. The learned negative ranges from the use of negative spiritual practices such as curses, what are commonly referred to as sins (those human frailties that are often referred to as the things that people should not do, such as jealousy, covetousness, or disrespect of elders). Innate positive influences are those spiritual forces that bring positive influences into our lives. Different peoples understand these positive forces differently. Some regard them as good luck, good fortune or divine intervention, while others regard them as angelic forces, spirit helpers, or grace. Some understand these influences as the random occurrences; others understand them as the prescribed divine intervention of an all-powerful being. Similarly, the innate negative influences on human existence can be understood as bad luck, the influence of mischievous spirits, or the actions of power spiritual beings. Various religious and cultural teachings about these forces have historically shaped how we respond to these forces. From the relational worldview perspective, it does not matter how we view the place of these forces in our lives or whether we treat them as elements of chance or as directed forces. The just are. Our elders would teach that such forces require our constant and careful attention.

Western psychology has historically ignored this realm and discounting its important influence on human behavior. Worse than neglect, psychology has in fact *pathologized* religious beliefs and has often categorized beliefs and spiritual phenomena as dysfunctional. This approach is part of a Western paradigm that regards scientific thought, intellectual process, and observation of physical phenomena as superior to the experience and influence of the spiritual.

Only recently have the fields of psychology, social work, and psychiatry, in the Western model, begun to embrace the power and function of spirituality as an important factor in the mental well-being of children and families. American Indian communities have long known and embraced the influence of the spiritual and have had to struggle in a world focused on biochemistry and Western models of psychology. Ritual, cere-

mony, and spiritual interventions have only recently gained legitimacy as valid mental health treatment approaches. We now know that such approaches are effective. We can even measure their impact by observing changes in brain chemistry and coding resulting behavior using Western research and evaluation models.

For example, we know that prayer and meditation change brainwaves and promote calm and focus. We know that children that are taught the traditional stories of their culture are better able to develop values and a sense of purpose and to maintain a sense of direction. Without cultural teachings children experience a sense of loss and a lack of future orientation. Such a lack of future orientation is a precursor to high-risk behavior. We have long known the power of positive thinking and the influence of visualization on the capacity of the human body and mind to heal itself. We have come to recognize in the therapeutic process the importance of reframing human experience in ways that help individuals gain a sense of mastery over the traumatic or debilitating events in their lives. Spiritual practices are key elements to the reframing that can lead to healing. We also know that many human emotions are anchored in the body through complex biochemical interactions that have laid down patterns in the brain and neurological systems of the body. We know that physical experiences and the use of music, dance, and drumming can influence and even reprogram these very same neurological pathways.

From a Western point of view, learning how to make the greatest use of cultural practices to promote healing and mental health of children and families is in its infancy. Using the Native American perspective of balance (i.e., the inclusion of the spiritual as a prime element of mental well-being) does not diminish the role of the physical biochemical process, nor does it diminish the roles of social learning, personality development, or ego function on human behavior. Additionally, it does not diminish the role of system and environment in understanding human behavior. It simply adds and integrates, in a meaningful way, all four areas of human experience and relies on the complex interplay among these four elements to understand and to promote mental wellness. The human organism is designed to thrive. We sometime confuse harmony, balance, and wellness with perfection. Being in harmony does not mean we have everything

together in each of the four realms. We may have family problems, health problems, or biochemical imbalances that bring trouble. Wellness does not necessarily come from healing isolated aspects within each of these areas of functioning, but can stem from a harmonious adjustment allowing the best experience that one might have, despite the limitations of real life. Spirituality plays a tremendous role in bringing about this harmony among the various quadrants of our existence. It is the role of faith. Whether we practice that spirituality in a formal religious framework or in the form of traditional beliefs systems is irrelevant. When we recognize the human being as a spiritual being, we can begin to respect and value the spiritual nature of human existence and spirituality's role in the achievement and maintenance of mental health.

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Community Service Participation as Enrichment: Rationale, Outcomes, and Best Practices

By Elizabeth Caplan & Kathryn Schutte

At the 2001 World Scholar Athlete's Games held this summer in Providence, Rhode Island, Steven Culbertson, the Chief Executive Officer of Youth Service America, reported that the number of youth volunteering in the United States is at an all-time high and that this number is growing rapidly. Nationally, sixty million youth—close to three out of four American youth—volunteer an average of three hours per week. In 1999, 18,000 youth were honored through the President's Student Service Awards program. These youth completed a total of 1,864,340 hours of community service (Culbertson, 1999). Increasingly, youth are guided towards volunteer opportunities by formal

programs. Service is used widely as a strategy by youth development programs, and service learning programs have become commonplace in schools. There has also been an increase in the number of after school, summer, and international service programs in which youth can participate (Youth Service America, 2000).

With growing levels of attention focused on service learning, youth are often viewed as the torchbearers of a brighter future. From Americorps volunteers working in child care centers to a local middle school classroom's nature conservation project, the role and fulfillment of community service by youth underlies many contemporary views on what forms the basis of a healthy society. While the rhetoric and expectations surrounding youth service may at times be overblown, there is growing research evidence that the benefits from involving youth in service are real.

What is more, there is early and growing evidence that well-conceived service opportunities can yield these benefits for a population more often associated with needing, rather than performing services: youth with emotional or behavioral challenges. Indeed, it has been suggested that successful experience in service is especially crucial, valuable, and beneficial in the lives of children who face challenges and risk factors in their lives (Brendtro, Brokenleg, & Van Bockern, 1990). Service activities offer a "developmental opportunity that draws upon youths' preexisting strengths and their desire to be meaningfully involved in society" (Youniss & Yates, 1997, p. 14).

Why Service Learning?

According to the National Youth Development and Information Center (www.nydic.org), youth development is a process which prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them to become socially, morally, emotionally, physically, and cognitively competent. Positive youth development addresses the broader developmental needs of youth, in contrast to deficit-based models that focus solely on youth problems.

One avenue of positive youth development is through opportunities to participate meaningfully in the community. Perceiving oneself and being perceived by

others as a valuable member of a group promotes social and emotional well-being (Bandura, 1977). The conception of youth as community servant not only represents a radical departure from focusing on the deficits of youth, but it also extends the philosophy of building on strengths. In this model of “enrichment reciprocity” youth are enriched through enriching others.

Opportunities to participate in the community also provide important impetus to young people’s moral development. Above the basic needs of food, shelter, and security, children need to feel needed by their peers, family, and community. As children grow, their sphere of concern expands beyond their own immediate needs to the needs of others. We can understand this as a progression of caring. First, children learn to care for their caregiver, then for a sibling or peer, and then perhaps for extended family members or classmates. For this sort of positive moral development to continue and deepen, children need to be confirmed and supported in acting out of their concern for others. This is particularly important when outside influences attack these very values and make it difficult for youth to discover and embrace their self-worth (Canada, 1998).

Outcomes Associated with Service

Theories of individual and community resilience highlight how community service simultaneously develops, supports, and integrates individuals and community institutions (Benson, 1995). When projects are well implemented (see “best practices,” below), the way is opened for a variety of possible benefits. Planning to provide well-designed service opportunities brings community groups and organizations together. Successfully participating in service ties young people to the community and to nurturing adults who are involved and efficacious. Youth value and enjoy their participation in service learning projects. Finally, communities benefit directly from the service contributions of youth.

The positive outcomes for youth that stem from participation in service learning have been the focus of a fair amount of empirical investigation. Research has shown that participation in service can increase youth’s self-esteem, moral reasoning and identity development (Giles & Eyler, 1994; Hamilton & Fenzel,

1988; Root, 1997). Evidence also links youth participation in service with decreases in negative behaviors such as drug use, violence and teen sex (Giles & Eyler, 1994; O’Donnell, et al., 1999), or with lowered risk factors associated with such negative behaviors (McNamara, 2000). What is more, certain types of service—most notably volunteer tutoring—have been shown to have a positive impact on educational achievement (Hedin, 1987).

Recent research has begun to address the question of whether or not these benefits can successfully be extended to youth with emotional and behavioral challenges. The nature of their disabilities—including deficits in social skills, difficulty in cooperative group activities, and high needs for predictability and structure—may make it difficult to structure successful participation in service activities.

Muscott (2000) searched the literature for research on outcomes associated with service learning programs involving students with emotional or behavioral disorders. He was able to locate information about 11 programs, and these programs involved children and adolescents from inclusive settings to residential treatment programs. In discussing the findings from program evaluations, Muscott points out that, while the evaluation methods tended to be “less than rigorous,” there is still reason for cautious optimism. Most of the programs offered only anecdotal evidence of success; however, Muscott notes that the anecdotal information nonetheless provided consistent evidence that students benefited from their participation. In particular, students and their teachers “were extremely satisfied with these programs... and felt empowered by the experience of providing service...to members of the community.” A small subset of the studies also reported positive results using more rigorous evaluation methods. In concluding his review, Muscott points out that the type of evidence available from these studies is consistent with what was available in the “early research” (of the late 1980’s and early 1990’s!) on the outcomes of service participation for non-disabled youth.

Best Practices in Service Learning

There is currently a strong consensus on what constitutes best practice in the design of service learning programs. This consensus traces its roots to 1989,

when The Principles of Good Practice for Combining Service and Learning were issued at the Wingspread Conference (<http://www.johnsonfdn.org/library/foundpub/history/incubator.html>). This list of principles was the product of a two-year process which brought together experienced practitioners from more than 75 organizations and drew on their combined wisdom and experience. These principles have been widely accepted by practitioners in the field, and what is more, there is empirical evidence supporting the idea that programs that put the principles into practice achieve stronger results for program participants (see Muscott, 2000, for a review). The principles, taken here from Honnet and Poulen (1989), describe an effective service program as one which:

1. Engages people in responsible and challenging actions for the common good.
2. Provides structured opportunities for people to reflect critically on their service.
3. Articulates clear service and learning goals for everyone involved.
4. Allows for those with needs to define those needs.
5. Clarifies the responsibilities of each person and organization involved.
6. Matches service providers and service needs through a process that recognizes changing circumstances.
7. Expects genuine, active, and sustained organizational commitment.
8. Includes training, supervision, monitoring, support, recognition, and evaluation to meet service and learning goals.
9. Insures that the time commitment for service and learning is flexible, appropriate, and in the best interests of all involved.
10. Is committed to program participation by and with diverse populations.

Beyond the program level, communities as a whole must become active if they expect to stimulate and support the provision of sufficient numbers of quality service learning opportunities. At the community level, best practices in support of a community-wide, strengths-based approach to youth development include:

- ◆ Mobilizing diverse community groups
- ◆ Establishing and promoting youth serving organizations in the community
- ◆ Viewing youth as resources
- ◆ Developing partnerships with youth where youth voice is counted in decision-making
- ◆ Unleashing the caring potential of all the residents and organizations so that public resources can be focused on areas of greatest needs
- ◆ Promoting full inclusion of all youth in civic engagement
- ◆ Supporting and respecting youth-directed vision-building and goal-setting
- ◆ Partnering with faith-based communities that have developed expertise in outreach and service to youth within all strata of the community (adapted from Benson, (1995) and Zoerink, Magafas & Pawelko (1997))

Youth Millenium in Birmingham, Alabama is an example of a service learning program which was designed for youth with emotional and behavioral disorders and which adheres to many of the best practices outlined above. This is a unique program with a goal of “increasing youth leadership, resiliency and socially adaptive behaviors in the home, school, and community environments.” It was formed for adolescents ages 13–19 that receive mental health services. As a group, the youth develop leadership skills, work to overcome their own difficulties, participate in community service activities, and socialize. A description of their community service activities are featured in a companion article in this issue (See page 44).

Another strategy for positive youth development is giving young people the opportunity to serve in leadership capacities in partnership with adults. For example, inviting youth to sit on community and organizational boards, with a voting voice, is a powerful way to teach these youth where their potentials lie. At the same time, the adults who work with the young people are provided with invaluable opportunities to learn from the youth perspective. For youth who are experiencing emotional and behavioral challenges, this sort of experience—contributing positively to their community and gaining the respect of adults—can be particularly empowering.

For example, Emily currently serves as a youth representative on the advisory board of the Technical Assistance Partnership for Child and Family Mental Health. This board consists of professionals and family members who want to improve systems of care for children and youth with serious emotional and behavioral challenges. When interviewed about this experience, Emily described how being involved in her community and being an advisory board member have had a positive influence on her life. She has attended a number of conferences alongside professionals, policy makers, family members, and other youth receiving mental health services. Interactions with other youth have enabled her to form special relationships, allowing her to share her experiences and learn from other youth in similar circumstances. Her experiences have given her the confidence to educate her peers about what mental health is and what it means to have a mental illness. "I explain to them that just because someone has a mental illness does not make him or her a bad person. They just need a little extra help." Emily summarized her gains: "The things I have learned are countless and will stay with me through everything I do for the rest of my life." Emily's aspirations to become a lawyer and a politician are fueled by the needs she sees for more individuals with her experiences serving in these roles.

Resources

Below is a list of several web-based resources that focus on youth service and youth development. Several were mentioned in the article, while others contain information on how youth can participate in service activities. Further online youth resources are available on the Research and Training Center's Youth Resources web page: <http://www.rtc.pdx.edu/pgYouthResources.shtml>

Step by Step is a young person's guide to positive community change. This workbook is produced by the Search Institute and is written by youth and youth workers and provides examples for youth who are working to implement community change. The workbook will help young people identify neighborhood/community issues, brainstorm possibilities for change, and recruit adults to work with them to develop and implement community change plans. The Search Institute is an independent, nonprofit, nonsectarian organization whose mission is to advance the well-

being of adolescents and children by generating knowledge and promoting its application. To find out more about this workbook and the Search Institute visit their website: <http://www.search-institute.org/catalog/New/stepbystep.html>

Roots and Shoots. Begun by Jane Goodall and one group of students in East Africa, Roots and Shoots has grown to over 1,000 registered groups in 50 countries throughout the world. The purpose of Roots and Shoots is to enable young people of all ages to coordinate and participate in local projects that promote care and concern for the environment, animals, and human communities. By participating in these activities these young people are becoming more aware of how their actions affect their local community and the environment as a whole. Clubs participate in a variety of activities such as picking up trash along their local beach, visiting endangered species at the local zoo, beginning a recycling program, or volunteering at a local homeless shelter or soup kitchen. More information about this program can be found at: http://www.janegoodall.org/rs/rs_history.html

The Youth Service America (YSA). The Youth Service America is a resource center as well as a network of 200+ organizations committed to increasing the quantity and quality of service opportunities for young people to serve locally, nationally, or globally. YSA believes that a strong youth service movement will create healthy communities, and foster citizenship, knowledge, and the personal development of young people. They provide a number of services. Along with the Campus Outreach Opportunity League started and continues to coordinate and promote the annual the National Youth Service Day, they help to administer the President's Student Service Awards, they offer training to affiliates, and they offer a service website, www.SERVE.net.org. This website offers people interested in volunteering a database from which they can learn of volunteering opportunities that YSA affiliates post of the page. Visit their website, www.ysa.org, for more information.

Youth as Resources (YAR). Youth as Resources is a community-based program that provides small grants to youth who design and carry out service projects that address social problems and contribute to significant community change. YAR programs are governed by local boards of youth and adults responsible for grant-

making. YAR believe that when youth get involved in service projects and participate as board members they begin to feel a sense of connection, civic responsibility, and self-worth as they see their own ideas and actions create positive change in social conditions. Activities that youth have participated in are creating hotlines, counseling groups, and resource materials for teens, painting murals to beautify school grounds and rejuvenating abandoned, helping foster children get adopted and find permanent homes, and setting up libraries and study centers in urban neighborhoods. For more information, visit their website, www.yar.org.

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Youth Millennium

By Chalonda Smith

Youth Millennium is a group of at-risk young people with mental health challenges who have come together to support each other, build their capacities, and make a positive difference through service in their community. The teenage members of *Youth Millennium* have acted on their commitment to service by volunteering in the Jefferson County community, particularly in the City of Birmingham.

Youth Millennium was established in 1999 for adolescents ages 13 to 19 who are receiving services through a federal grant given to Alabama under the Center for Mental Health Services' Comprehensive Community Mental Health Services for Children and their Families program. The Jefferson County Community Partnership (JCCP) provides a comprehensive system of care for at-risk adolescents and their families from sites located at two Birmingham City Schools, two Jefferson County alternative schools, juvenile court, and child welfare.

The members of *Youth Millennium* defined their own mission statement:

To function as a core group of young individuals coming together to: overcome our problems, reach our goals and sustain progress, develop our leadership skills, help others in our community, socialize with each other and meet different people, come up with new ideas, and have fun! We will accomplish this mission by conveying respect and ensuring confidentiality among all our members.

In building the idea of service into the mission statement, the youth recognized their capacity to provide value in the community and to put into practice the social and leadership skills which they were developing through their participation in the group. Adults who worked with the young people saw the group as filling a community need for opportunities for positive youth development. Ongoing formal training in social skills, leadership, and cultural diversity help prepare participating youth to design and undertake successful service projects.

Youth Millennium recruits from adolescents within the JCCP/ COPE (Children Overcoming Problems Everyday) program who have made significant progress in managing their mental health symptoms, who have leadership capabilities, and who have an interest in giving back to their community. After the first year, the members of *Youth Millennium* went beyond socializing and having fun. By the time group members made their first visit to the Patrician Assisted Living Facility in December 1999, it was apparent that they were ready to take on a greater commitment to service in the upcoming years. During the next year, the group made great strides. The core group recruited new members and received leadership and cultural diversity training to strengthen the group. *Youth Millennium* also committed to several social additional service projects. For Christmas 2000, the group raised money from a doughnut sale and purchased Christmas presents for a family with AIDS. The Youth Millennium vice-president, Alex Grissett, said of his experience with service:

It gives me a sense of self respect knowing that I could make a difference in someone else's life.... We [*Youth Millennium*] are often looked at as troubled kids, so when people in the community see us doing something positive it gives them a better perspective of us.

The group provides community service to several organizations on a monthly and quarterly basis. *Youth Millennium* works with the Patrician Assisted Living Facility, Habitat for Humanity, and Jesse's Place (a shelter for abused women and children). The group has learned that they enjoy the visits as much as the residents from the assisted living facility:

There's one older gentleman who sits and plays checkers with the group and talks to them.... He has a lot of personality, and when they arrive at the facility the group runs to get in line to play him in a game of checkers, even though no one has been able to beat him at the game.—Cheryl Wiggins, a youth advisor.

"It makes me feel good," says Danielle Thompson, *Youth Millennium* treasurer. Danielle was hesitant at first about visiting the facility, but says her views have changed and that she is happy to see the residents smile when the group visits. The group agreed that doing things to enrich the lives of others allows them

to learn responsibility while also making people feel better.

By the end of 2001, *Youth Millennium* will have donated food, clothing, time, and money to several community organizations in Jefferson County. The group will be able to accomplish these service projects by raising money from car washes, doughnut sales, and charity events such as a 70s party and a Halloween party. The group has been recognized by the community for their efforts toward enriching the lives of others. The group's most memorable recognition was being invited to see Tiger Woods by the Mayor of Birmingham's Division of Youth Service.

Youth Millennium continues to experience growing pains, but through hard work and commitment to their mission, members in *Youth Millennium* have discovered that they are capable of overcoming obstacles, taking risks, developing leadership, and enriching the lives of others.

Chalonda Smith, BSW, MS is the Youth Coordinator for the Jefferson County Community Partnership. Ms Smith has been an advocate for children's mental health when she started employment with Jefferson-Blount-St. Clair Mental Health Authority's Children Services in 1997. Ms. Smith participated in the development of Surgeon General's agenda on Children's Mental Health in Washington, DC. Ms. Smith, the founder of Project S.H.A.P.E. (Supporting & Helping Adolescent Parents through Education) continues to write grants to fund this home for unwed teenage mothers in Jefferson County.
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Padres Abriendo Puertas

By Betzaida Castro

Padres Abriendo Puertas, Inc., es una organización de base comunitaria, que fue fundada en el 1991, por un grupo de padres y madres Latinos con hijos/as con impedimentos o necesidades especiales, que abogan por los derechos de sus hijos/as en el sistema educativo. Su propósito es eliminar las barreras y exclusión dentro del sistema, para obtener mejores oportunidades educacionales e inclusión en el sistema escolar de Hartford. Hoy día tenemos capítulos de PAP en Hart-

ford, Waterbury, New Haven, y Lower Fairfield, donde proveemos servicios a unas 2000 familias hispanas. En cada uno de estos lugares, la organización esta en el proceso de establecer en grupo de asesoramiento compuesto por padres y un centro de recursos de información para padres que tienen niños/as con impedimento.

La misión de PAP es garantizar los derechos humanos, civiles y educativos, así como la inclusión total en la comunidad, de estos niños Latinos con impedimentos, salud mental y sus familiares. Estamos guiados por la participación del grupo de padres de la comunidad, el cuál se toman las decisiones de acuerdo a la misión de nuestra organización. Nuestras metas son proveerles las herramientas necesarias, para que tomen una posición de liderazgo en la comunidad, y sean los defensores de los derechos de sus hijos/as y puedan abogar para que el sistema de educación ofrezca los servicios de acuerdo a las necesidades especiales de cada niño/a.

Uno de los programas mas exitosos de PAP es el Programa de Desarrollo y Liderato para Jóvenes (YELP), la meta de este programa es el desarrollar las destrezas de liderato de jóvenes Latinos, para que aboguen por sus derecho tanto en el sistema escolar como en la comunidad. Este programa fue auspiciado por el Concilio para Personas con Impedimentos (DDC), y actualmente esta siendo auspiciado por la ciudad de Hartford. Este programa es para estudiantes con y sin impedimentos de escuela intermedia y superior.

Durante el programa, los estudiantes tienen la oportunidad de participar en talleres de auto-estima, el diario vivir, derechos de educación especial, laboratorios de computadoras, y los diferentes recursos que hay en la comunidad para jóvenes con impedimentos. Este grupo de jóvenes participaron en viajes de excursión, supervisados, al Museo de Historias Naturales en Nueva York, El Parque Estatal de los Dinosaurios en Rocky Hill, CT. y otros. Los estudiantes de YELP han estado desarrollando un boletín informativo acerca de las actividades del programa YELP, salud educación especial, servicios para la familia y mucho más. Este año celebraron la 2da. Feria de Estudiantes, en la ciudad de Hartford. Un total de 60 jóvenes con y sin impedimentos de escuela intermedia y superior tuvieron la oportunidad de participar en esta feria. Fue un evento de en día, en la cuál se ofrecieron clínicas de deportes, artes, comida, música y diferentes talleres,

como por ejemplo: del Departamento de Rehabilitación Vocacional.

Parents Opening Doors

By Betzaida Castro

Parents Opening Doors (Padres Abriendo Puertas) is a community-based, grass roots organization composed of Latino parents of children, youth, and adults with disabilities. We were started in 1991 by a group of Latino parents of children with disabilities who were concerned about barriers and exclusion of their children from educational opportunities in the Hartford, Connecticut school system. We are a state-wide organization with local programs in Hartford, Waterbury, New Haven, and Lower Fairfield County. In each of these settings, we are in the process of establishing local parent advisory groups and local Latino Disabilities Resource Centers.

The mission of PAP is to ensure the human, civil, and educational rights and total community inclusion of Latino children and families with disabilities and mental health challenges. We are guided by the grass-roots participation and decision-making at all levels of the organizations. Our major goals are to empower parents, youth, and adults to achieve positions of leadership in their community in order to become self-advocates and to advocate for system change in their local schools and in their community.

One of the most successful programs of PAP is the Youth Empowerment Leadership Program (YELP), the goals of which are to enhance the empowerment and leadership skills of Latino youth in order to self-advocate for system change, which will in turn enhance inclusion and independence in all areas of their lives. This program was sponsor for the DDC Council (Developmental Disabilities Council), and after two years it became to be an After School Program sponsored by the city of Hartford. This program is for students with and without disabilities from middle and high schools between the ages of 12 and 18.

During the YELP program, students have the opportunity to participate in workshops on self-esteem, life skills, values, special education rights, computer labs,

and using community resources available for people with disabilities. In addition, students participate in field trips, such as going to the Natural History Museum in New York or the Dinosaur State Park in Rocky Hill, Connecticut, among others.

YELP students participated in developing a newsletter with information about the YELP program activities, such as health, special education, services for the family, and much more. This year, with the participation of 60 youth, we celebrated the 2nd Annual Students Fair held in a recreation park in the city of Hartford. It was a one-day event where students participated at workshops with the Bureau of Vocational Rehabilitation Services. They had the opportunity to meet other students and to have fun doing sports, arts and crafts, food, music, and many more activities.

*As a program coordinator for the PAP After School Program, **Betzaida Castro's** role is to integrate students with disabilities and students without disabilities in recreational and educational activities. One of her greatest satisfactions was watching the participants advocate for themselves by creating their own newsletter.*

Child Care: Inclusion as Enrichment

By Eileen M. Brennan, Elizabeth Caplan, Shane Ama, and Olivia Warfield

Families of children with emotional or behavioral challenges have labored for years to have their children included in neighborhood schools and classrooms, and continue to struggle to have their children accepted by local child care facilities. Child care can provide a safe, enriching, and supportive context for the social and emotional well being of all children; it is a prime environment for meeting some of the "irreducible needs" they have (Brazelton & Greenspan, 2000).

In a high quality child care arrangement, the worlds of children expand beyond the family and neighborhood. Children and youth develop cognitive skills, patterns of social interaction, and the ability to regulate their

own behavior and feelings. Not only do child care arrangements that include children with emotional or behavioral challenges with typically developing children enjoy more positive child centered outcomes, but they also tend to use more appropriate curricula and collaborate with parents more effectively (Erwin, 1996). Appropriate child care arrangements make it possible for parents to work, and to lead lives with less stress and role overload (Rosenzweig, Brennan, & Ogilvie, in press; Harvey, 1998). Consultants available to the child care program may also work to engage and support family members who may be overwhelmed by their many responsibilities (Knitzer, 1995).

But one only has to ask a parent who has hunted for an arrangement to know the quality of child care is grossly uneven, and many care providers are wary of including children who are not typically developing. In a 1997 study, Arthur Emlen found that children with emotional or behavioral challenges were 20 times more likely to be asked to leave child care arrangements than typically developing children. These children may display aggressive or defiant outward behavior, have great difficulty forming social relationships, or display inappropriate behaviors or feelings in everyday situations (Zigler & Hall, 2000).

The Importance of Quality Care

Through information gathered in the field, our research team found that there were quality programs and family care arrangements that successfully included children with emotional or behavioral challenges in child care settings (Brennan, Rosenzweig, Ogilvie, Wuest, & Ward, 2001). We became convinced that the key to successful inclusion was a constellation of provider and setting characteristics, most notably quality of child care services.

Much has been written in both popular and academic literature about the quality of child care arrangements (Phillips & Howes, 1987). Some of the most consistent findings in the social sciences are related to the effects child care has on the cognitive and language development of children. "Intensive, high-quality, center-based interventions that provide learning experiences directly to the young child have a positive effect on early learning, cognitive and language development, and school achievement" (Shonkoff & Phillips, 2000, p. 311).

A National Institute of Child Health and Human Development (NICHD) study (2000) has also reported that high-quality care in more typical center-based care starting in the second year of life may be especially beneficial for cognitive development. High quality of care has also been found to be related to positive results for nearly every outcome associated with social and emotional development in early childhood (NICHD, in press).

Shonkoff and Phillips (2000) wrote about the growing body of evidence linking quality care to positive, child-centered outcomes:

In sum, the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science. While child care of poor quality is associated with poorer developmental outcomes, high-quality care is associated with outcomes that all parents want to see in their children, ranging from cooperation with adults to the ability to initiate and sustain positive exchanges with peers, to early competence in math and reading. (p. 313)

The Models of Inclusion in Child Care Study

Responding to the need for research regarding models of inclusion in child care, the Research and Training Center on Family Support and Children's Mental Health is in the process of conducting a series of studies aimed at guiding the design and implementation of inclusive child care policies and programs. As a first step in the research, state child care administrators, child care resource and referral agencies, and family organizations were sent a request to nominate programs that successfully included children with emotional or behavioral challenges in child care; this resulted in nominations of 104 programs across the United States. Thirty-four of the nominated programs participated in a survey designed to learn more about their challenges and strategies for inclusion. We were particularly interested in four key areas:

1. The types of services these programs offered
2. The needs of the families they served.
3. The inclusion strategies they employed.
4. The barriers they reported facing.

5. Their view of the role of families in their programs.

Results of the Survey

Program Characteristics. Data collected from the 34 nominated programs were given by 23 directors of child care centers, one family day care provider, and 10 heads of child care support programs. The support programs provided such services as resources and referrals, technical assistance, provider training, and mental health consultation. Several of the programs provided a blend of direct care of children and support services. In all but three of the center programs, families paid for child care. Only 3 of the 10 programs providing support services collected fees from families. Twenty-two of the programs were located in urban areas, 10 were in suburban communities, and 2 served rural locations.

Over half of the programs provided child care in traditional centers, only 11% provided in home care, and 11% had family day care services. Some child care providers served families in uncommon time frames: summer (37%), vacation (11%), before/after school (30%), and drop-in (15%). All but 7% of the programs served children three years of age or younger; however only six programs served children over the age of 12. Fully 44% of the programs endorsed that they provided early childhood education. Nine of the programs were targeted to serve families of children with emotional or behavioral disorders as their primary clients, while 16 of the programs had families of children with special needs as their primary clients. Only 6 of the respondents mentioned that they served ethnically diverse families, but nearly all programs rendered services to families with low income. In terms of family and child care supports, 10 programs indicated that they had specialized resource and referral services, 10 programs also gave technical assistance, 9 engaged in inclusion or mental health consultation, and 6 considered themselves as providers of early intervention services.

From the brief qualitative answers provided in the survey, we saw that programs and providers began serving families of children with emotional or behavioral challenges in a variety of ways. Some started out providing services to a comprehensive community, and began to see more and more children needing

special supports in child care settings. These model programs reached out for assistance and training to have the children have a successful child care experience. Other programs were designed to meet the special needs of families having children with developmental or physical challenges and developed expertise in serving children with emotional or behavioral problems. Finally, a few programs were designed just to serve families of children with emotional or behavioral challenges from the outset; some included typically developing children in the same class settings.

Family Needs. The programs served families with needs for child care due to employment, training or educational commitments of the parents. Frequently unusual and extended schedules made the provision of appropriate services a challenge. Funding to help these families purchase appropriate care for their children has been problematic in some settings.

Inclusion Strategies. Some of the strategies care providers reported using to include children with emotional or behavioral challenges in their programs were: referring children for assessment or mental health intervention; using paid mental health consultants; working with the child's own therapist; engaging social workers to provide family support; intensive staff training on children's mental health; communication with parents about the child's medication; and, the development of innovative and adaptive care strategies.

Individualized care and behavioral plans were emphasized by several settings, who also used such strategies as providing settings with reduced stimulation, concentrating on positive aspects of the child's behavior, and working with the families to develop consistent strategies or techniques to be used at home and the care facility.

Additionally, several programs emphasized the importance of a reduced staff/child ratio so that there would be staff support for children experiencing problems; some centers have applied for and received special funding for these efforts. Small classrooms were also mentioned as a strategy to maintain children with behavioral challenges in care.

The family support programs mentioned several other promising strategies for inclusion: providing centers

and family day care with services of behavioral and educational consultants to help them deal with difficult behaviors; arranging for funding to increase personnel and decrease staff/child ratios; providing home visits and coordination with parents; funding mental health services for children of families whose insurance would not cover them; and offering staff development around mental health issues.

Inclusion Issues. Numerous issues accompanying the inclusion of children with emotional or behavioral challenges in care were identified by the respondents. Stigmatization was frequently mentioned as a problem for these children, with parents of other child care participants expressing concern for their children's safety. The children's behaviors were also identified as an issue due to the physical and emotional demands that they made on staff members, and the safety concerns that they raised for self, staff, and other children.

Several respondents also indicated staff members that were overwhelmed, inexperienced, underpaid, and undertrained as a critical issue. The lack of trained child clinical specialists was also recognized as a barrier to inclusion, as well as insufficient funding to support the interventive services that were needed.

The child care directors also observed that the numbers of children exhibiting social, emotional, and behavioral needs were increasing, the hours that they were in care were being extended, and the demands on parents' time were unrelenting, all adding to the challenges of caregivers.

One support program noted that children were "disenrolled" at the first sign of behavioral issues in some care settings, and that little attention was being given to prevention efforts. In fact, one training program administrator stated that requests for technical assistance in supporting children in care settings often come too late. Finally, the time commitment and organization of collaboration and communication with parents and other professionals were identified by two of the care providers as a critical issue.

Family Participation. Although nearly all programs and providers reported that they were involved with families, a minority of the programs evidenced a high level of family participation. Those programs that had the most intense family engagement carved out key

roles for families, as integral parts of intervention teams, as volunteers within the care program, as members of parent advisory boards, as participants in parent meetings, or as paraprofessional parent coaches.

Communication with parents was mentioned by respondents as critical for the successful inclusion of the child in the care setting. Parents were counted on for information about "the child's previous development and behavior, precipitating events or stresses, techniques or strategies that have been previously attempted" and their success. A few program directors discussed the need for parent training, and registered concern about lack of parent engagement. However, the majority stated that they saw parent participation as paramount, although some reported that language and cultural barriers were obstacles that needed to be surmounted. In the words of one administrator: "It is especially important to form alliances with those families who have children with significant emotional/behavioral issues so that we can work together to help these children succeed."

Current Research on Model Programs

The next step in discovering the key features of child care programs that successfully include families having children with emotional or behavioral challenges has been to conduct intensive studies of programs that represent a variety of services and settings. Researchers are in the process of interviewing the directors, staff members, and family members of the programs, conducting site visits at five of the centers, and observing children in visited sites.

Our research team and advisory committee has selected the following centers to visit:

- ◆ Broken Arrow Club House, in Broken Arrow, OK
- ◆ Fraser School in Bloomington, MN
- ◆ The Family Service Center of Morganton, NC
- ◆ Little Angels Child Care Center in Milwaukie, OR
- ◆ St. Benedict's Special Children's Center in Kansas City, KS

Other programs are participating in the intensive director, staff, and family member interviews:

- ◆ Kinder Haus Day Care Center/Kinder Tots of Morgantown, WV
- ◆ McCambridge Center Day Care in Columbia, MO

- ◆ River Valley Child Development Services in Huntington, WV
- ◆ Wayzata Home Base, in Wayzata, MN

The preliminary results have convinced our research team of the importance of dedicated leadership for successful inclusion, the necessity of a staff committed to serving all children regardless of their challenges, and the key role of quality services and family support in these successful programs. The inclusive programs have strong ties to resources in their local communities and state governments, and make extensive use of expert children's mental health consultants (Donahue, Falk, & Provet, 2000). Staff and administrators form enduring relationships with each other, and with each individual child. The children are cared for in homelike settings with carefully structured environments, and are known and respected as individuals. Typically developing peers have learned how to respond to a wide range of behaviors and have formed friendships with those children facing special challenges. Families feel culturally supported, and at home with these care providers who have created a haven for their children.

For an example of the dedication evidenced by the program directors and staff members, read "Making It Work at the Broken Arrow Clubhouse," by Linda Ranson, on page 51.

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Making It Work at the Broken Arrow Clubhouse

By Linda Ranson

It was seven o'clock on a Friday evening, and no one had come to pick up Michael. The police had to be called, and while we were waiting for them to arrive many thoughts passed through my mind. I thought about Michael's first day at the Broken Arrow Clubhouse and how out of control he had tried to be. He had come to us with the diagnoses of Attachment Disorder and Attention Deficit Hyperactive Disorder. We had taken one look at this beautiful child and our hearts had melted immediately. Unbeknownst to us,

he would become one of our most challenging children and one of our greatest success stories.

Michael was three years old and one of the smartest little boys to ever enter our doors. Because he had been asked to leave several child care programs, his mom was apprehensive about trying yet another child care program. At the insistence of her counselor, she had called us. At the first meeting between myself and the mother, I had explained to her that one of the first things we do with each child is begin the process of building relationships. I told her that she would have to trust us and support us in every way. Her help was needed, and she was to prepare her son to come to his new school by talking about his new school, his teachers, and how he would always be safe at school. I already knew from visiting with the therapist that we would have to work on not only bonding with Michael, but also with the mother. Our work was cut out for us. As their car drove into the parking lot on that first morning, the fight between mom and child began. As I watched from my office window, I smiled to myself, took a deep breath, and began our journey with Michael.

Down through the years we have had many children like Michael come to us. Repeatedly we are asked, "Why do you continue to take these children?" and "How do you maintain your staff?" People also ask about the expense of hiring counselors and special needs teachers to work in child care. The answer to the first two questions is really quite simple. It's called PASSION! My staff and I are passionate about our lives' work. As for hiring special needs staff, there is nothing special about our staff except they are willing to learn, willing to change, willing to let go of their style of teaching, and willing to trust the experts. We support each other. When we loose it or mess up, we laugh and say, "Oops, I blew it!" and life goes on. We model nurturing. We respect each child's feelings, learning styles, talents, skills, culture, and personality. We build a trust level between the staff and the children in care. In essence, the key component to accommodating children with challenging behaviors is to establish a relationship with each and every child.

As for what happened to Michael? Space will not allow me to go into detail, except to say that we had to turn him over to the police and he was placed in a shelter. You may be asking yourself how this could be a

success story? It is a success story because for three and half years we were allowed to nurture and love this child. My staff and I bonded with a child that had not bonded before. We planted nurturing and tenderness in the limbic system of his brain. No one can take that away. It will always and forever be stored in the unconscious part of his brain. Someday, when he needs to be able to nurture and develop tender feelings, it will be there. He probably won't remember us individually, but we know that we will always be with him. This is making it work because this is success.

Linda Ranson is director of the Broken Arrow Club House.



Alternative Strategies for Success: The Real Meaning of Alternative Education

By Mindy F. Schuman

“Donnell,” a fifth grader, was expelled from his elementary school in November 2000 after bringing a weapon to school. His parents had been incarcerated until September 2000, and he had lived with several different family members. According to his IEP (Individualized Education Plan), Donnell was reading on a .5 grade level. He had been identified as learning disabled in October 2000. According to the principal at his school, Donnell was unmotivated and angry. Following the expulsion, Donnell entered the Upton Alternative Elementary School in the Baltimore City Public School System. Both of his parents brought him in to the school. They, clearly, were worried about their son's lack of success in school. Donnell was unenthusiastic about coming to school and added little to the discussion. In June, Donnell walked across the stage in his fifth grade graduation. His reading level was nearly 4th grade. He felt ready for middle school. And...he swam in the Chesapeake Bay.

Jerome, a fourth grader, was expelled from his school for bringing a weapon. He explained that he brought

the weapon because his friends told him to bring it. Jerome came to the Upton Alternative Elementary School in January. Despite his taller than average height and large physique, Jerome was easily intimidated. He was a slow reader with little confidence, but on par with his grade level. He was not identified as disabled, but clearly he suffered from some anxiety and sub-clinical depression. In April, Jerome returned to his home school. He had become a leader among his peers and a role model in dealing with frustrating experiences. He had renewed confidence. The other students, according to his principal, could see the change.

Jacob, a second grader, was expelled from school for bringing a baseball bat to school in order “to hurt people.” He said that he was tired of being picked on and was going to take care of it. He was placed in the Upton Alternative Elementary School in February. Jacob had severe articulation and language problems. He recognized few letters and did not know any letter sounds. As soon as an academic task was placed before him, Jacob cried or lashed out. If his teacher showed any attention to another student, Jacob ran from the room and threw himself on the floor, screaming. By June, Jacob was reading at a primer level. He was able to participate in some cooperative learning, and socially, he fit in with the group. During a community conference about a fight that took place as the students arrived at school, Jacob said, “This [fight] is affecting me because I am missing my reading time.”

What were the elements of the Upton Alternative Elementary School that allowed these children, identified as having the most severe behavioral problems in their respective schools, to flourish both academically and socially? Could these children's needs have been met within the regular school program?

Alternative Education entered the law as part of the revised special education law, IDEA '97. Many school systems responded to a perceived increase in school violence and drug possession with the adoption of “zero tolerance” policies. These policies result in significant increases in suspension and expulsion in an attempt to protect the safety of all students and to maintain an environment conducive to learning. However, the expulsion policies are in direct opposition to the concept of free and appropriate public education, also guaranteed in IDEA. The provision of the *Interim*

Alternative Educational Setting (IAES) grants schools the right to treat students with disabilities the same as students without disabilities with respect to their removal from a school without parent permission (Bear, Quinn, & Burkholder, 2001). This right is restricted to the possession of weapons, sale or solicitation of a controlled substance, and the threat of serious harm to themselves or others.

IAESs are designed to be temporary placements for disabled students. Students are expected, within approximately 45 calendar days, to return to their previous school placement or a new “more appropriate” placement. They are not designed to meet the long-term educational or emotional needs of the students. Some alternative placements are designed only to house disabled students who have been expelled (because of zero-tolerance policies or their own dangerous behavior) until they can, legally, be returned to their home schools. However, some programs set goals to change the direction of the student’s approach to school, to increase the student’s tolerance for frustration, or to develop coping strategies designed to help the student avoid the issues that brought the student to the alternative setting prior to returning them to comprehensive schools. Forty-five days may be inadequate for these purposes. In some cases, longer placements are possible, such as when the student’s behavior is deemed not to be a manifestation of his or her disability. In this case, a hearing officer authorizes another 45-day placement. Another instance is when the IEP Team changes the placement to an alternative school.

Although the identified reasons for removing a student from school are always behavioral, the underlying reasons for the behavior can be varied. Some students have identified emotional disabilities, some have conduct problems, and still others are academically frustrated. The intervention strategies for the students must be in line with the functions of the behavior (Batsche & Knoff, 1995). Curriculum-based assessment, functional behavioral assessment, and observation provide the dynamic data that generates hypotheses from which strategic interventions are best derived.

There are many factors related to students’ acting out behavior in school. Some of these factors are correlational; that is, they increase the student’s risk for

problems. These include poverty, lack of parental supervision, parental substance use and abuse, and exposure to violence. However, although these factors are associated with higher incidences of poor school performance and acting out behavior, they are not causative. Students with similar backgrounds are also successful in many schools. Additionally, these factors are inaccessible to the teacher, school psychologist, or school counselor who are trying to help the student. The causative factor for many of these students is academic frustration, something that is within the teacher’s ability to intervene. Some of the frustration is perceived rather than real. However, in practice, perceived self-efficacy concerning academic success is critical to achievement (Schultz, 2000).

Academic success has many underpinnings, including background knowledge, curriculum/student matching, instruction, family support, community involvement, and student factors (learning styles, ability, processing deficits, etc.). Students spend the majority of their waking hours in the classroom. Frustration can stem from their inability to complete the required tasks, their perception that they are incapable of completing the task, their difficulty in sustaining attention, and, perhaps most of all, their inability to escape. Adults have a variety of coping strategies when they are frustrated. In several workshops, when asked to describe what they do when a task becomes frustrating for them, teachers quickly responded that they walk away, curse, get a snack, take a drink, or just give up for a few days. Any of these strategies could result in suspension or other disciplinary action if used in a classroom setting by a student. In fact, students have virtually no ability to escape frustration that is not provided by a teacher.

At Upton Elementary Alternative School, all of these factors were considered at the inception. An Alternative Elementary Task Force met in December 1999. The task force was comprised of administrators of elementary schools, teachers, school psychologists, social workers, counselors, the coordinator of safe and drug-free schools, and the chief of school police. Brainstorming, examination of the literature, and discussions with other school systems that maintained elementary alternative schools led to the submission of a grant proposal to the state board of education. The grant was approved; however, at \$75,000, it only funded one teaching position and some supplies. Alliance with

the Home and Hospital School (Upton), which had been responsible for home-schooling suspended and expelled students, resulted in the transfer of two additional teachers. Books and other academic materials were redeemed from schools that had been taken over by a private company. Rewards, snacks, and other materials were purchased with money from the grant.

Students were assigned to the Upton Alternative Elementary School following one of two events: a second or third long-term suspension or an expulsion. The suspensions were generally for fighting with other students. The expulsions were for bringing weapons (knives, guns, box cutters) to school. Of the 20 students served at Upton during the 2000–2001 academic year, 18 brought weapons to school. The students were between the ages of 7 and 11, and all but one were boys. The one girl did not remain in the program because of severe emotional and behavioral problems that required significant special education intervention. Fifteen of the students had IEPs labeling them as learning disabled or emotionally disturbed. In only one case was the behavior leading to the suspension considered a manifestation of the disability. The suspension services and the head of home and hospital teaching decided whether the student was appropriate for the program.

When the students arrived at Upton, they completed curriculum-based reading and math assessments. The students were then placed in instructional-level groups with teachers who were best suited for those particular students. In addition to receiving instructions geared to meet the students' needs academically, behavioral plans were developed, thus setting standards for individual and group behavior. Students earned points for beginning tasks, following directions, using socially acceptable language, and interacting appropriately with others. In addition, each student had an individual goal developed in collaboration between the teacher and the student. These goals included such behaviors as "leaving street behavior on the street," "asking for help," and "minding your own business." The most important thing that each teacher did in the first few weeks was to determine what behavior each student used to escape frustration and what each student's frustration looked like. In some cases, the student simply shut down, sat quietly, and did nothing. In other instances of frustration, students picked up their

chairs and threw them across the room. Still others ripped up the work they had begun.

When students became frustrated, they were encouraged to leave the task and take a "time-out," ask for help, or express how they felt, as long as they did not hurt others. Additionally, tasks were broken into smaller segments so teachers could maintain the attention of the students. If students wanted to sit on the floor or move their desk into another room, they were encouraged to find the strategy that best allowed them to cope with their frustration and move beyond it.

Students began to believe that they could be successful. The more they believed in their ability, the more they learned.

The increase in self-efficacy demonstrated by the students was the result of several interventions. First, students were assessed so that their instructional level could be determined. The instructional level provides optimal learning conditions within the classroom. It is built on prior knowledge; allows for high rates of on-task activity, task completion, and comprehension; represents a fluid and dynamic concept which changes as performance changes; and insures systematic measurement of the student's performance. Secondly, background knowledge was enhanced through field trips, discussion, and books that were read to the students. Prior knowledge can account for more variation in reading performance than either IQ or measured reading achievement (Johnson & Pearson, 1993). Finally, students were allowed to find their own approaches to the material. Sometimes it was better for them to listen to stories that were being read by others in order to understand information within the passage, and sometimes it better for them to do the reading themselves.

Parents and guardians played an important role in changing students' attitudes about school. The parents of the students sent to Upton were accustomed to being contacted by the school only when their children were in trouble. When the students first came to Upton, parents were wary and asked questions concerning suspension and other incidents. They voiced concern about telephone calls to their jobs and having to take time away from work to come to school. There were times when parents were asked to come to school to remove their children or to meet with teachers regarding disruptive behavior. However, most calls and notes

home involved comments about progress. One student had a tantrum because he did not earn a reward that another classmate was given. He walked out of class and ran outside kicking and screaming. The teacher had to restrain the student so that he did not get hurt or run away. The school police were notified, as were the parents. Finally, the student calmed down and was able to return to the classroom. He completed the task on which he had been working prior to the incident and was able to play a game for the last fifteen minutes of the day. A call was made to his father to report on how positive it was that the student had been able to recover and to encourage the father to praise his son. The father said that he was stunned that the follow-up call had been made at all and that his son had been given the opportunity to return to class.

The parents were also invited to a luncheon to hear their students read a series of inspiring passages and to sing as a choir. The students were very excited as the time approached for the parents to arrive. They had rehearsed every day for three weeks. Initially, some of the students refused to participate. Were they being oppositional? No, these students had never participated in an activity of this type. Some of them were afraid that they would make mistakes or be embarrassed. Rather than push the students, or threaten them with bad grades or other reprisals, the teachers simply told the students that practicing was going to help them with their skills. There was no requirement that they “perform.” When the parents arrived, every student participated, with smiles that the parents had never seen in school before. Parents cried and said that they had never come to school for any other reason other than the “inappropriate behavior” of their children.

The experience at Upton Alternative Elementary School could have been replicated in other settings. The key ingredients were (1) dynamic assessment of the students prior to beginning either academic or behavioral interventions, (2) flexible and patient educators who were more interested in the process of learning than in a particular structure, and (3) empathy for parents and students and the baggage that interferes, for many of them, with the freedom to grow. Success will be determined after these students are truly successful in the mainstream.

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Who Am I? Why Family Really Matters

By Barbara Boisvert, Gina Brimmer, Kevin Campbell, Don Koenig, John Rose, and Mary Stone-Smith

The most enriching environment for children is one in which they are loved and cared about no matter what. Too often children's mental health and welfare workers meet children and youth who have journeyed from foster home to foster home, from hospital to residential program, and in and out of juvenile detention facilities. As they travel through various homes and institutions, their identities become lost and confused; they become displaced children without a family, home or neighborhood. Pursuits for kinship placements become dead ends because there may be a lack of information regarding the location or investment of family members. Often the initial tragedies in their lives are compounded by repeated perceptions that no one cares, and that there is nowhere to go that is safe, permanent, and accepting. In short, a variety of

conditions may lead children to believe that there is no way out, which can result in suicide, drug use and delinquency. Both the children and their care providers feel frustrated and helpless to break the cycle.

At Catholic Community Services of Western Washington Family Preservation (CCS) we believe that children need their families and families need their children. We serve children who are unable to live successfully at home, at school or in the community, and who are considered “failures” of the many systems that have served them. As we provide wrap-around and therapeutic foster care services, we strive to enrich children’s lives through rigorous family searches to reconnect children and youth with their families in whatever form possible. We are seeing powerful positive results in the lives of these children as they are introduced to people who have inherent connections to them, including grandmothers, grandfathers, aunts, uncles, even second cousins or members of their tribe. Young people are gaining a sense of true belonging, of meaning and value, while families are regaining dignity and hope through meeting the needs of their children. Of equal importance we are seeing sustainable behavioral and placement successes. The experience of reuniting with family for many youth has a calming impact that results in significant reduction in distress and disruptive behaviors. Thus, these living situations and relationships that are enduring and truly unconditional for children and youth are successful for those who had been thought to be unable to live in a home or outside of institutions.

Scope of the Problem

According to US census information, there were 71.5 million children under age 18 in 1996. The good news is that over 98% of children were living with family or extended family in 1996. However, the National Center for Policy Analysis (2001) reports that over 600,000 children were in foster care that same year.

Foster care too often becomes a long-term solution rather than a temporary placement. Some research reports that 10 percent of children remain in care for longer than 7.4 years, one quarter are in foster care for 4.3 or more years, and those who are adopted spend an average of four to six years in care (Bandow, 1999). Many children in foster care experience disruption, chaos and rejection through multiple placements.

According to the National Center for Policy Analysis (2001), twenty-three percent of children in foster care will have two placements, 20 percent will have 3 – 5 placements, and seven percent will have more than seven placements.

Adoptions are also not as permanent for some children as we would hope. Adoption offers many children a stable home environment. However, children who are older or who carry emotional disorders experience less permanence and success in these placements. Ten to twelve percent of adoptions of children aged three and older do not continue. For children aged six through twelve, 9.7% of adoptions fail, and for adoptions of children of ages 12 to 18, 13.5% fail (Barth & Berry, 1988). Of children at all ages with special needs who are adopted, 14.3% of those arrangements fail (Groze, 1986).

Children facing behavioral challenges may also be placed in institutional settings including hospitals and residential treatment facilities. According to the U.S. Surgeon General’s Report on Mental Health (1999), residential treatment centers are highly restrictive, costly, and are not always proven to be effective in treating children with mental health problems. The Report on Mental Health also lists concerns related to this form of care, including “failure to learn behavior needed in the community,” and “difficulty reentering the family or even abandonment by the family.”

Family Story

Charlie is a 12-year-old African American boy who was addicted to cocaine at birth. Charlie was immediately placed in foster care as his relatives were not deemed appropriate placement options for him. After living in 10 foster homes Charlie was placed in the home of a single African American woman when he was eight years old. Charlie’s foster mother, Serena, was consistent with meeting Charlie’s special needs, and has remained committed to him since he came to live with her four years ago. Serena has ensured that Charlie attend appointments with his physician, psychiatrist, therapist, and speech therapist. She has assisted him with his schoolwork, resulting in significant improvement in his performance. Serena considered adopting Charlie, but has been hesitant because her father’s health has been deteriorating over the past few years. Serena anticipated that he would need to live

with her so that she could assist him and prevent his need for nursing home care.

Serena was aware that it would be very difficult to adequately provide for Charlie and care for her father. As Serena's attention was diverted to her father, Charlie began having more difficulty controlling anger outbursts at home, at school, and in other places in the community. He threw objects, hit and kicked others, and ran into traffic. He was at risk for encounters with law enforcement and for child protection moving him to another home or to residential care. All who knew Charlie were aware that he would be less successful if removed from this home, as he had not succeeded in foster care previous to placement with Serena. Their bond was significant, and her long-term commitment was a key factor in his success to date. Charlie was referred for wraparound services to provide supports in the home to allow Charlie to grow up with Serena.

Upon receiving the referral, CCS worked with Serena and Charlie's caseworker to develop a team. The care coordinator encouraged Serena to identify a few individuals who care about her and who might consider offering ideas about how to help her family. The therapist and psychiatrist were invited to participate in planning for Charlie's care, with the anticipation of including school personnel in the fall. The coordinator also discussed the option of pursuing Charlie's natural family to seek additional support for him. Team members reported that Charlie had no known family, though they were enthusiastic about CCS looking for kinship options for him. According to child protection records, his mother was an addict when Charlie was born, and there was no information about his father.

In searching through old child protection records, the care coordinator located Charlie's natural grandmother in a rural community in Georgia. Upon hearing about Charlie, his grandmother was very excited about knowing that her grandchild was safe and cared for. She explained that his mother was in an isolation cell in the local jail. No contact was allowed unless by minister or by attorney. The care coordinator contacted a local attorney, and asked that she convey a message to Charlie's mother that he is alive and well, and that she might be of help to him. Charlie's mother wrote Charlie a letter telling him that she thought about him every day, and that she loved him.

Charlie's natural family lived a very rural life, with many family members living close to one another in a small community. His aunt was a licensed foster care provider, and his grandmother had provided childcare through a licensed day care facility for years. Upon learning of their interest in Charlie and the family connections with the community through church activities and the childcare system, the team felt comfortable with Charlie developing relationships with his extended family.

The care coordinator accompanied Charlie to Georgia to meet his extended family. The entire community was aware of his arrival, and greeted him with excitement. He immediately befriended an uncle, and felt comfortable in this new environment. Charlie poured over family albums with his relatives, and learned about his heritage of African American ancestors who had lived in the South with great courage.

Following his visit to Georgia, Charlie's grandmother came to Washington to see where Charlie lived, and to meet his foster mother. They developed an immediate friendship. She met with the local team and gained their confidence as a potential support for Charlie. Although Charlie felt good about his visit to Georgia, he did not want to leave his foster mother, and was not ready to move so far away. All parties agreed that Washington was his home, and that all efforts should be made to keep him at home while developing his relationship with other adults who sincerely cared about him.

The care coordinator worked with the two teams—one local and one including the extended family in Georgia. The local team focused on the immediate family needs, adding supervision supports including respite provided by Serena's sister who had been worried about her father and did not know how to help. The team helped Charlie identify activities that he enjoyed and developed plans for Serena's close friends and CCS staff to assist with taking him to community events and activities. Meanwhile, the larger team looked at long-term options for Charlie and his foster mother regarding supports for her needs and his. These options included concurrent plans that offered alternative family placements in Georgia and locally for Charlie. The team considered two scenarios and planned for each in anticipation that one might be

more effective or appealing than others when complete:

- ◆ Charlie's extended family identifying one of their homes in which he could live while having holidays and other planned visits with Serena.
- ◆ Charlie's grandmother or other family member moving to Washington to live in Serena's home and offer support to both Serena and Charlie.

Charlie continues to live with Serena while making regular trips to develop relationships with his extended family in order to allow for the success of whichever option best suits the family's strengths and needs.

Family Search, Reunification and Support Strategies

Consistent with wraparound practice, our approach to working with children begins with identifying the underlying strengths and needs of the child and family. We have learned that unmet needs for children in crisis often revolve around being separated from key family members, or from families experiencing isolation and lack of support as they face financial and other social challenges while attempting to provide for their children. Our experience is that problematic behaviors arising in foster home settings often stem from a child's longing for his or her parents. In our exploration of unmet needs and resources we then focus on identifying family members who can possibly offer the child and/or family support, assistance, and even placement opportunities. For some children, parents or grandparents are identified as resources. In other situations, an aunt or cousin may become a key resource that provides support to the child or family. Exploration of resources then focuses on identifying as many relatives as possible that could ultimately result in meaningful family involvement with a child in need.

Family Search. In the search for family supports, the most valuable source of information is often the child. Children are able to tell us names and general locations of family members who have known and cared about them. Other family members (even those who are not able to have contact with the child) can provide critical information about who else can help. A search may also involve researching child welfare records. Initial

child protection records typically will have contact names and numbers for other family members who have long since been disconnected from the child's life. An ancestry chart is compiled for both the maternal and paternal family. Once a family member is located, the initial call focuses on gathering information about the strengths of the family member, information about other family members and finally, carefully providing information about the strengths and general needs of the child. The information collected is recorded, analyzed and follow up face to face contact is planned to further develop a supportive connection.

Family Meeting. The initial meetings between a child and family who have been disconnected focus on informal conversations that establish a sense of belonging and identity for the child. Often family members tell stories about the family and the child. In most cases this is a natural process that needs little facilitation by the coordinator. Follow-up meetings begin to reflect a child and family team meeting style in which the family becomes increasingly responsible for brainstorming and developing possible options to meet the child's needs.

Planning for Multiple Scenarios. The focus of team planning is to create multiple contingencies that maximize the potential for successful living for the child and family. As in the family story, the team identified two possible options for Charlie and his mother. Each option is pursued concurrently to ensure that the planning will lead to a successful outcome in the least amount of time possible.

Outcomes

These stabilization efforts have improved outcomes for establishing sustainable placements and reducing risk levels for children and youth served. We have followed outcomes for children served by our Family Access to Stabilization Team (FAST) in which services are provided intensively for up to three months to respond to children and youth exhibiting high risk behaviors. Problems these youth encounter include multiple suicide attempts, assaults with weapons, drug use, and running away for extended periods of time. Of two hundred forty-eight youth served in one year, all were in dangerous circumstances upon referral, were experiencing homelessness or were at risk of admission to a psychiatric hospital or long term

residential treatment to keep them safe. Many spent time in juvenile detention facilities, foster homes, and residential treatment facilities, and were not succeeding with current mental health and child welfare service supports.

FAST provided intensive services to these youth for an average of 50 days. Upon discharge from FAST, 79% of the youth were living at home or with relatives with 21% living in therapeutic foster care or independent living settings. Ninety-one percent of the youth were referred for, or continued in traditional mental health service support upon discharge. Ten percent receive intensive wraparound support to families. As sustainable placement options are realized for children, risk factors that brought them into intensive services lessen.

Summary

Every child deserves to have a sense of self. In our efforts to provide treatment and services, we often inadvertently disconnect a child from a critical part of self—family. Assisting a child in gaining a sense of belonging, heritage, and security provides enrichment that exists far beyond the involvement of any service system in the child's life. Building family connections allows the opportunity for relationships that are sustainable, and for potential solutions to emotional and behavioral needs, which can include placement needs for a child who is served by mental health and child welfare systems. Concurrent planning with extended family is also critical to create flexibility in responding to the needs of a child and family to maximize success and reduce the length and number of out-of-home placements. The children we serve will have many challenges to face throughout their lives. It is our hope that they also have lasting relationships with people who are there to call, to stay with, or to write, people who care about them, no matter what. Who better than family?

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What an Honor... One Youth in Transition

By Mary Rumbaugh

It seems that the biggest challenge in doing this thing called “wraparound” with youth and their families is this: how to facilitate a transition from a reliance on formal supports, such as paid mentoring and therapeutic services, to more informal or natural supports, such as a family friend that enjoys spending time with a youth on a consistent basis. It takes teamwork and flexible, out-of-the-box thinking to address the multi-faceted needs of youth so as to make this transition successful.

The Clackamas Partnership Program has the honor of working with youth with serious emotional disorders who have received help from traditional systems and who require customized services to support transition to an independent young adult life. The following story, about a young woman named “Megan,” describes one such situation.

When Megan was 16, she had just completed an acute hospital stay and was in the process of returning to a foster family. The foster family was committed to her, but Megan was uncertain whether she would be able to remain in their home. There was a significant need to support her and the family in maintaining this placement. The wraparound care coordinator organized a child and family team, which consisted of Megan, the foster family, a child welfare caseworker, Megan's therapist, the care coordinator, and a contracted behavioral skills specialist (a mentor).

The child welfare caseworker and the mentor began with the stabilization phase. They arrived in the home every morning at 7:00 A.M. to help Megan get ready for school. In the process, they served as role models for the family, demonstrating how successful results would occur when Megan's needs and strengths were supported. The mentor provided additional support in the home every afternoon for the first two weeks, but the visits soon decreased to three times a week. Within three weeks, Megan was back into a routine, and the intensive services were decreased. The plan had proven successful.

The behavioral skills specialist provided home- and community-based services for approximately 5–8 hours per week for one year. During this time, Megan transferred to a more therapeutically-based school, and she continued to show great progress. In the past year, Megan has been involved in Tae Kwon Do classes and a church youth group. She is currently part of the Youth Leadership Council, which is becoming very active in our local community. The transition to these more natural supports occurred easily because of Megan's strengths and because of the commitment from the foster family to support and build on those strengths.

As Megan's care coordinator, it has been an honor for me to be part of her team and to see both her progress and her potential. Through a grant from the Center for Mental Health Services and local contributions from Clackamas County Mental Health and community partner agencies, a System of Care is being built in Clackamas County, Oregon that will sustain this approach to supporting youth with mental health challenges and their families. By using a strength-based, youth-focused, and family-focused approach, and by incorporating more natural and informal

activities into this young woman's life, both she and the family have benefited. By the end of 2001, Megan will have fully transitioned back into public high school. She will continue to be an active participant in the Youth Leadership Council, and she hopes to be able to run track this spring. The formal supports will continue to decrease as time goes on, with the eventual goal that natural supports will outnumber formal ones. There is still work to be done, but if the last year is any indication of what is to come, we are truly on the road to success.

Mary Rumbaugh, Care Coordinator, Clackamas Partnership. For more information contact Carrie Conte, Intensive Services Supervisor or Michael Taylor Project Director at 503-722-6900

Identifying Community Supports: Some Informal Anecdotes

By Mary Grealish

Melody, 12, has been in a group home for almost two years. During that time, she has been on what is called "eyesight supervision" in a number of residential environments. This means that it is Melody's responsibility to make sure that she is always within the immediate view of at least one staff member. Melody is African American, the only person of color in the entire area. She is a veteran of removal, and ultimately, estrangement from her original family as well as a failed adoption. She has watched other children visit their families and return home. No one has visited Melody except her social worker, who visits about once every six weeks. Melody clearly needs a friend. A volunteer helper who realized this need tried to define exactly what sort of person the young girl needed. The "recipe": Melody would best benefit from knowing an African American woman, at least 35 years old, who had a history of interest in civil rights, justice and a value for families. Since her rights had been violated repeatedly (no other child had ever been kept on "eyesight supervision" longer than a day or two), a friend who had a legal background could be helpful.

Adding those criteria together, the volunteer asked herself, “where might I find a middle-aged African American woman with an interest in civil rights and who has a legal background?” Her answer—the Urban League (your answer, based on resources in your community, is probably different). With some trepidation, the volunteer called the Urban League and described the situation and Melody’s needs. It wasn’t an easy phone call to make. After all, the volunteer was ordering a human being like most people order a sandwich. Despite that, the lady who took the call from the volunteer recognized the effort behind it and helped the volunteer find a suitable resource. The woman who first became her friend eventually adopted Melody: a 38 year-old African American woman who was a paralegal and a big wheel in the local NAACP. Melody now has aunts, uncles, grandparents, godparents and a mother who loves her above all else. These resources didn’t appear out of nowhere by happy coincidence. Melody has a family because someone thought strategically and acted to produce a real result.

I also volunteer on a number of wraparound teams. I’m always thinking about informal supports. For example, a big tree fell in our front lawn on a Sunday. After inquiring what to do, since the fallen tree blocked the entire street, I called the police. When the police officer showed up, he put flares all around it and called Public Works. While waiting for the truck, I got the officer to agree to let a kid who needs to behave legally come and wash police cars a couple of times a week. When the Public Works guys showed up, I got them to sponsor two sisters in their environmental interests. I kept talking and they kept sawing. I ended up with informal supports for three kids AND they removed the tree for free. It was a good day in wraparound. I have a NASCAR fan—teenage boy—learning about cause and effect and learning to make safe choices by studying the lives of the Petty and Earnhardt families. It’s working great. A kid who struggles with schizophrenia is now hanging out at a music store, supervised by the store owner. The young man does odd jobs in exchange for guitar and drum lessons, but his big preference is to jam with other local musicians. He goes there every afternoon and stays until his single, working mom picks him up after work. Result: no more troubles with the law.

This is how informal resources (mentors, sponsors, parent coaches, and numerous other support people) are identified.

Mary Grealish is the president of *Community Partners, Inc. (CPI)*, www.wraparoundsolutions.com, a firm that provides training and technical assistance to providers and recipients of community based services that are family-driven, collaborative, unconditional and individualized. CPI produces wraparound training materials—including a new video—which can be purchased from their website.

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Foster Parents: Mentors, Teachers, Care and Recreation Specialists

By Tricia Hernandez

Mentors, Teachers, Care and Recreation Specialists. Ed and Elsie Salmi and their daughter, Lisa, have played all of those roles as parents and grandparents to the many members of their biological family and to many more foster children who have been placed in their care over the past several years. They provide much more than room and board; they have made significant impacts on the lives of the children in their care. As therapeutic foster care parents with the Georgia Parent Support Network (GPSN), they serve as key members on each child’s wraparound care team. They advocate, provide loving care, and teach living, social, and academic skills. The relationship between the Salmis and GPSN is a mutually fulfilling one. The Salmis communicate with agency staff regularly, drive many miles to participate in planning or reunification meetings, and provide their expertise from years of experience to agency staff.

The Salmis’ impact on the lives of children with emotional disturbances and behavioral differences is clear when speaking with Samuel and Jonathan, who currently live with them. Jonathan has been in foster care for six years with both birth family and non-birth family foster parents, but he has spent the last few months with the Salmis. He notes that a large difference

between his life with the Salmis and his life in the past is the amount of time the Salmi family spends teaching him new skills and playing with him. Jonathan will excitedly report all of the things he has learned since living with the family, including cooking, reading, helping others, managing anger, and speaking more clearly. He says, “Lisa and Elsie work on reading with me and speaking English, [while Ed] shows me about the garden and looks out for me.” According to Jonathan, “Lisa is my mentor because she understands, corrects me, and shows me about trucks and stuff.” Jonathan says he has changed “a lot because I don’t fight and know when to walk away.” For fun, Jonathan plays basketball, football, Nintendo, and he goes swimming with Samuel, Ed, and Lisa. The impact is clear—Jonathan is a healthy, loving kid who states, “I am proud of where I am.”

A much shyer Samuel echoes Jonathan’s feelings about his life. Samuel says that living with the Salmis is the first time he has been away from his birth family. He has lived with the family for the past year. According to Samuel, he has learned how to “be good, not to lie, and read.” His foster family helped him find his first job outside of the home at Georgia Diversified. Samuel is now “happy because it feels good to work,” and Elsie is helping him save his money. He hopes to buy a guitar one day. The Salmis provide fun activities for Samuel including basketball, baseball, and kickball. Samuel also enjoys helping Lisa feed the horse and work on cars. According to Samuel, Ed is his role model because “he works in the garden, is nice and respectful, and helps people.”

Georgia Parent Support Network relies heavily on the team members like the Salmis who work on a daily basis to enrich the lives of children. The variety of skill-enhancing activities and the hands-on approach taken by therapeutic foster families, birth family members, and community team members assists in ensuring that many children, including Jonathan and Samuel, will grow up to reach their goals and fulfill their dreams.

Tricia Hernandez, M.S. is the Director of Operations with the Georgia Parent Support Network. She has been working with children with emotional disturbances and behavioral differences and their families for the past six years.



And Doggy Too

By Joyce Vance

Recently, we had a situation in which a single mother with three children discovered that she had terminal brain cancer and realized that in the near future she would no longer be able to provide care for her children. Because the mother had only one local person willing to assist her, she asked her service coordinator to help her plan for her children’s future. The service coordinator helped the mother look at all of her options, and ultimately, the mother decided to contact a long-time friend who lived in Oregon, on the other side of the country. The friend agreed to assist the mother with her family and to take care of the children when the mother was no longer able to fulfill the role. The friend agreed to fly in and accompany the mother and her children back to Oregon on the train and bus.

The service coordinator had helped the family make arrangements for the move, but the mother had to be hospitalized prior to her friend’s arrival. To avoid placing the children in state custody, the therapist and the service coordinator arranged for respite by placing the three children in the Walker House until the friend could arrive to take custody. The service coordinator made travel arrangements and took care of the paperwork and support services. The friend was able to leave with the children on a train, but unfortunately, the mother was still hospitalized.

When the mother was released from the hospital, she needed much assistance in coordinating her affairs in order to join her children. The mother did not want to leave the family pet behind, as there was no option for the dog but to go to the animal shelter. The service coordinator was able, with much effort, to secure permission for the dog to ride on the bus as a service dog with the mother. The service coordinator had to locate a muzzle for the dog, get papers for the dog, and arrange transportation for the mother and the dog to the bus station. The service coordinator spent extra hours seeing that the mother had meals and was taking medication to make sure that she would be able to take the trip. The coordinator further helped the mother to sell furniture, ship family treasures, and pack needed items for travel. This service coordinator went above and beyond the call of duty to assure that

the children would continue in the custody of their mother and that the family would remain together in the future.

Epilogue: Mother and doggy arrived safely after four days on the bus. The family was reunited. The service coordinator received a call and a card of thanks from the mother. The service coordinator received the Outstanding Service Coordinator Award of the Year for the state of Kentucky at the SANI/SED Conference.



An Example of the Power of Mentoring and Wraparound

By Scott Hunter

“Tara’s” life had been in turmoil for most of her childhood. Growing up in a low-income household, Tara survived despite the lack of resources and outside support for her family. What’s more, Tara’s mother faced mental health challenges. This caused erratic and sometimes violent behavior, which Tara could not understand. Tara’s mother was reluctant to accept help from public agencies, so although help was sought for Tara and her family, it never came in her younger years. As Tara recalls, “When the people came from the agencies to inspect our house, my Mom would force us to clean and make sure we had a full refrigerator. She said we would get in trouble if we didn’t.”

As Tara got older, it was evident that she too would face her own mental health issues. She started receiving mental health services at age 10. The dynamics between mother and daughter did not improve. “Mom saw me as a little girl she had to take care of because I had so many problems, even though I was capable of more than she would allow. When I was a freshman in high school, my mom picked me up in this flimsy nightgown and carried me outside to my bus because I woke up late. She picked me up! I was the size I am now!”

Tara was introduced to Project RENEW in June of 1997, when she was 16 years old. Project RENEW

was established to provide comprehensive career and education services to youth transitioning from high school to work. Among the values that guide the services offered by Project RENEW are self-determination, unconditional care, the cultivation of natural supports, and lifelong education. The Project utilizes several key strategies including personal future planning, flexible education services, mentoring, and wrap-around.

When Project staff member Gail Cormier first met Tara, she found a quiet, withdrawn, young woman. “I just wouldn’t say anything because I was afraid I would get in trouble. Besides, my mother always spoke for me anyway. It was like I was a person with thoughts but no way to get them out.” Soon after their meeting, Tara sat down with her newly formed wrap-around team to begin her personal future planning. Tara describes working with her wraparound team as a collaborative process: “Everybody puts in their two cents worth, and we come out with a plan.” With support, Tara articulated her history, dreams, and fears. As a result of this process, Tara had set goals for herself, such as finishing high school, working in a laundry or daycare, and living independently of her mother.

For three years, Tara and her wraparound team worked hard to keep Tara in school and support her progress towards her high school diploma even as she coped with family difficulties and her own mental health challenges. The team’s work continued, not just in scheduled meetings, but also through constant communication among team members on a weekly and sometimes daily basis. Team members were committed to supporting Tara creatively and as flexible as possible, recognizing that wraparound can only be effective if the process is continuously nurtured and the team is constantly vigilant.

At age nineteen, one year after moving out of her mother’s home, the difficulties in Tara’s life came to a head. Tara’s goal of attaining a high school diploma was jeopardized when administrators suggested that she consider withdrawing from her alternative school due to continuing behavioral difficulties. Tara’s living situation was also deteriorating. Tara had difficulty supporting herself and became more influenced and controlled by the “friends” with whom she was living. These “friends” began collecting Tara’s entire monthly

income for living expenses and forced her to clean house and care for several children at her roommates' whim. Under the influence of her roommates, Tara began to abuse drugs and alcohol, but the worst came when she was involuntarily involved in prostitution to her friends' benefit. Tara realized that she could not be successful at school or in any of her life goals in her current living situation, but felt she had no other options. She was also reluctant to disclose the full extent of her difficulties to her support team because she felt a responsibility to care as best she could for the young children who were a part of the household. "I wasn't afraid to leave because of what could happen to me, I was afraid of what would happen to the children living there with me gone."

Fortunately, Tara's wraparound team was able to mobilize as soon as the details of Tara's situation became clear. Tara's team included RENEW staff, a mental health counselor, a school district case manager, a school counselor, a vocational rehabilitation counselor, and—most importantly in this situation—a mentor. The communication between the team members was constant at this point in Tara's life. RENEW acted as the central communication point, receiving and delivering information on a daily basis. The team worked feverishly to find a housing option that would work for Tara. Tara's mentor responded to Tara's most pressing need by putting a solution on the table; she offered to have Tara move into her home with her family while Tara completed high school.

Because she had a longstanding relationship with her mentor, Tara jumped on the offer. Arrangements were made for her safe evacuation, and Tara was moved out of her friends' [how about "roommates"?] home within an hour of making the decision. All team members contributed support in the following weeks, doing all they could to ensure a successful transition. The mental health center offered additional clinical support, as well as support to the mentor's family. The school was aware of the transition and worked closely with Tara through her school day. Project RENEW used *flex funds* (funds used to support youth in a flexi-

ble manner) to help Tara decorate her room to make it her own living space.

Tara earned money to contribute to the household and received the family's support throughout the school year. She learned to budget and felt good about having money to spend on the things she wanted. One evening in late spring, Tara's entire wraparound team was in attendance in the school gymnasium to see her graduate. Tara attributes the success of her high school graduation and the transition from two unhealthy living situations to having wraparound in her life. Through the efforts of several people representing the worlds of education, work, mental health, housing, and healthcare, a young woman reached her goals. "I told them what I wanted and they used their individual authority to do what I could not do."

Project RENEW is a program of the Alliance For Community Supports. It has offices in Manchester and Littleton, New Hampshire. Their mission is to assist youth to achieve success in their personal lives. Career and educational specialists incorporate the values of self-determination, natural supports, and mentoring into their daily work, while supporting progress toward goals set forth through personal future planning. The program strongly embraces the wraparound process and facilitates teams to create effective solutions for youth. Being recognized as a best practice by the National and Federal Alliance for the Education and Treatment of Children and the National Transition Alliance for Youth with Disabilities, Project RENEW has statistics available for anyone interested in the documentation of its successes. For more information on Project RENEW, call us at 603-628-7681.

Scott Hunter is Tara's current Career and Education Casemanager. Scott has worked at The Alliance for Community Supports/ Project RENEW since 1999. Currently he coordinates several new initiatives to improve the lives of young persons in the New Hampshire area.

