

# A Child and Youth Care Approach to Professional Development and Training

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## **Abstract**

Building upon the work of child and youth care leaders who have identified common themes involved in professional child and youth care practice, this article articulates a child and youth care approach to professional development and training, including the importance of relationships, a developmental/ecological approach, therapeutic activities, and an emphasis on practical applications. Recent developments in the child and youth care field and in the area of professional development and training are highlighted. These developments evaluate the importance of the role of professional development and training, challenging the field to increasingly promote professional standards and facilitate knowledge transfer from research to practice.

*“Good child and youth care isn’t brain surgery – it’s much more difficult. No educational courses, training programs or text books can give you what you need in order to be with, understand and guide a young person through the fear, pain, chaos and anger once these demons are at work. We are not dealing with theory and strategic intervention here. Being in relationship means that we have what it takes to remain open and responsive in conditions where most mortals and professionals quickly distance themselves, becoming ‘objective’, and look for the external ‘fix’.*  
Gerry Fewster (2004, p.3).

The preparation and ongoing development of child and youth care (CYC) professionals is an enormous challenge. This complex task cannot be left entirely to educators or professional development and training (PDT) practitioners. However, PDT practitioners, in partnership with others within the work space (e.g. learner, supervisor, administrator) have an increasingly important role in developing the art and science of effective CYC practice.

Within the U.S.A. during the last 20 years, there has been an increased awareness of the importance of PDT in child and youth serving fields. These fields have experienced significant legislative changes, increased diversity of families, the advent of managed care, increased privatization of child and youth services, increasingly complex social problems (e.g. homelessness, unemployment, poverty, child maltreatment, domestic violence, substance abuse), all coinciding with increased funding challenges. The need for a competent and caring workforce to deal with these complex challenges has never been greater.

However, national experts are increasingly concerned about the state of the child and youth serving workforce, emphasizing alarm regarding issues pertaining to personal preparation, recruitment and retention. Many refer to the current state as a workforce crisis (Krueger, 2007a; Krueger, 2007b; Mattingly and Thomas, 2006).

Research studies and government reports have documented that one of the most significant factors limiting child and youth care services is the availability of competent, well-prepared practitioners to staff programs (Annie E. Casey Foundation, 2003; Curry, McCarragher, & Delimann-Jenkins, 2005; Levine, 2005).

In the public sector, significant federal funding has been available from Title IV-E and IV-8 of the Social Security Act to help respond to these workforce needs. Millions of dollars are spent annually on professional development. Funding from socially conscious foundations has also

provided support for workforce development activities for child and youth serving professionals in the non-profit sector. Advancements have taken place in two emergent areas:

- conceptualization of a unified child and youth work profession, and
- development of the training and development field in human services areas including child and youth work.

Recent developments in the field of child and youth work include a widely agreed-upon definition of the field that defines practice across settings and fields, the development of competencies, continued development of the knowledge base (including a variety of child and youth work journals), establishment of a national certification process, professional associations and annual conferences, ethical standards of practice, international collaboration, and increased development in the child and youth work-specific education and training programs (Curry, Qaqish, Carpenter-Williams, Mattingly, Stuart & Thomas, 2009).

There have been similar developments in advancing the field of PDT in human services. The National Staff Development and Training Association (NSDTA), established in 1983, has guided the development of a broad definition of the PDT field in human services including competency areas within nine roles (administrative, support, communication specialist, educator/researcher, human resource planner, instructional media specialist, instructor/trainer, manager, organizational development specialist, and training program and curriculum designer). Other NSDTA developments include professional conferences, Code of Ethics, standards for training and development organizations, a developing body of knowledge (including a journal and conference proceedings), and a national certification process for training and development professionals currently being placed in two states (Curry, Lawler & Benotavicz, 2006).

As a result of these advancements, there is increased opportunity for PDT practitioners in CYC to positively influence the profession. Training and development has never had a more visible presence. Building upon the work of Krueger (2001), Garfat (2003) and others who have identified common themes involved in professional CYC practice, this article explores areas distinctive to a CYC approach to PDT including the importance of relationships, a developmental/ecological approach, activities, and an emphasis on practical applications.

## Relationships

As James Garbarino said – “Culture is everything, the rest are logistics” (J. Garbarino personal communication, October 29, 2009). Though talking about broad international child welfare issues at the time, Garbarino’s message has applications in CYC work and in human services PDT. The “culture” of both fields is relationships.

Decades of social science research and millennia of common understanding of human development and behavior tell us that humans thrive in communities and in relationships.

Recent anthropological findings suggest the differentiating factor between *Homo sapiens* and other hominids is the *Homo sapiens*’ superior capacity to form cooperative communities to assure their survival and continued development as a species (Lovejoy, 2009). Humans are altricial animals, dependent at birth on their mothers. Developing a close relationship with a mother or other caregiver is an urgent, and necessary, survival mechanism. In modern times these protective, close relationships are believed to be guided by innate, behavioral systems – the child’s attachment system and the parent’s caregiving system (Bowlby, 1988). Ideally, if a child is in danger and calls for help a parent or caregiver responds with positive, nurturing, and supportive behavior, contributing to a secure attachment system. Over time, protected children develop their own internal working models of the attachment system and are able to be responsive parents, friends, or romantic partners in their own adulthood.

In CYC work, the children needing our support are not likely to have received responsive caregiving. In fact, their care may have been frightening, abusive, or thoroughly absent. Maltreated children tend to have cautious views of others and be generally wary of human interaction, viewing adults as threatening and dangerous (Bugental, 1993). The negative representations maltreated children have of their parents or caregivers actually predict negative patterns of social behavior with other adults (Milan & Pinderhughes, 2000; Toth, Conchetti, Macfie & Emde, 1997). The relationship disruptions experienced by children in care should be a focal point of child and youth care work.

The relational model of CYC work (e.g. Garfat, 2008) is promising with its focus on creating a therapeutic context for children in care as well as emphasis on creating a supportive learning environment for the professionals providing care. We know from research with young children and day care providers (Goossens and van Lizendoorn, 1990) and young children and foster parents (Dozier & Rutter, 2008) that responsive care from professional caregivers predicts the development of secure

attachment relationships, similar to findings from biologically intact dyads. Conversely, in their research with foster mothers and maltreated children, Dozier and colleagues found that children in care are at high risk of developing disorganized attachments to foster mothers if foster mothers are not responsive and nurturing (Dozier, Stoval & Dozier, 2000). Foster children may have disruptive behaviors or poor emotional regulation, which can be interpreted by foster parents as rejecting of the foster parent or the foster family (Dozier et al., 2001; Hughes, 2004). In fact, foster parents' perceptions that foster children are attached to them or enjoy spending time with them may be an important contributor to foster placement stability (Walsh & Walsh, 1990).

In a relational CYC model the actual child-professional caregiver relationships may be the key to successful interventions with a child who has experienced severe early relationship disruptions. It is clear that a security enhancing parent or surrogate parent who can look beyond a child's disruptive behaviors and emotional volatility to a child's strengths and developmental needs may promote the development of a secure attachment orientation in a child (Dozier et al., 2001; Lawler, Shaver & Goodman, in-press). What is less clear is how those new secure relationships for a child predict later outcomes or representations of self and others (Dozier & Rutter, 2008).

Research with foster parents suggest that foster parents' own relationships and attachment histories and emotional commitments to the children in their care may be more critical to the quality of care or their relationships than their biological relatedness as 'kin or non-kin' (Dozier & Lindheim, 2006; Dozier et al., 2001; Lawler, 2008). It is reasonable to believe, therefore, that the CYC workers' own relationship histories and capacities to commit emotionally to interactions with a child would be critical components of therapeutic care.

In addition, research regarding the role of relationship in adult learning situations such as training, mentoring, and coaching of newly learned skills needs further development. For example, we need to examine how the relationship between the trainer and trainee are similar and different from the supervisor-supervisee relationship. What dynamics exist in programs where blended roles occur (e.g. when the supervisor is the trainer)? What obligations does a trainer have to an employee that is still on their probationary period? How can long-term supportive collegial relationships be developed through training? Can supportive relationships be developed through regional training with workers from other agencies or from other agencies via distance learning modalities? Emerging research

on adult, non-romantic, relationships (e.g. Milulincer & Shaver, 2007) should help us clarify theoretically how adult learning relationships help regulate both knowledge and emotions.

Though research has yet to fully delineate the details on how relationships influence CYC and human services PDT, we know relationships form the fundamental material of both practices. Therefore, all CYC programs and any human services classroom should be well-served by shaping cultures with emotionally and intellectually responsive relationships that forward development and learning.

### **Promoting Professional Development**

Just as promoting child and youth development within the life space is a central feature of CYC work, a developmental/ecological perspective can be employed when planning for CYC personnel preparation and ongoing improvement. A CYC approach to PDT would consider the context(s) in which professional development occurs. For example, a growing concern among training and development professionals in a variety of fields is that learning in training often does not transfer effectively to the job (Curry, McCarragher & Dellman-Jenkins, 2005). Factors within the workspace/milieu (e.g. organization/supervisor support) before, during and after formal training are often cited as having a positive or negative effect on transfer of training and worker performance (Curry & Caplan, 1996; Curry, 2001; Glisson & Hemmelgarn, 1998); McCracken & Wilson, 2009). Effective PDT programs plan for implementation of training within the culture of child and youth care settings (Curry, Caplan & Knuppel, 1994; Holden et al., 2010).

### **A Developmental Perspective in CYC PDT**

An international study involving 775 CYC workers exemplifies the diversity that exists within the CYC field (Curry, Eckles, Stuart & Qaqish, 2010; Curry et al., 2009). The participant ages ranged from 18 to 76 years (14% ages 25 or less; 15% age 50 or higher; 71% between 25 and 50). The diversity in age that exists in the CYC field suggests that PDT professionals should be aware of adult developmental needs associated with different stages of life and associated implications for PDT. For example, young adults may be focusing on issues of identity as an individual and professional, striving for a better understanding of themselves (Erikson, 1950; Havinghurst, 1972). Leaders in the CYC field

have known for many years that age-related developmental needs such as a search for self-understanding have implications for CYC PDT (Mayer, 1963; Soblesky, 1976; VanderVen, 1979; Rozentals, Piper & Whipple, 1974) stress the importance of a worker being aware of one's own position on the developmental continuum.

Research pertaining to the development of competence from novice to expert in various fields of practice has helped to inform the articulation of several developmental models relevant to CYC (Anderson, 1985; Chi, Feltovich & Glasser, 1981; Rieman & Chi, 1989). Various models of CYC worker and even trainer development have been articulated in the CYC literature (Curry & Rybicki, 1995; Garfat, 2001; Hills, 1989; Phelan, undated; VanderVen, 1979). The reader is referred to Garfat (2001) for a comprehensive review of several of these developmental models as well as a framework for understanding CYC worker development in context: emphasizing the important role of interactional relationships (e.g. worker and youth).

### **PDT Implications of a Developmental Learning Approach (Levels of Competence)**

The levels of competence developmental learning model can be a useful framework for conceptualizing much of what we know about the progression of the learning process from novice to expert in the field (Curry, 2001; Holden & Curry, 2008). A developmental learning approach is consistent with how Garfat & Anglin (1996) describe the importance of integrating education and training to promote "child and youth care learning" in the classroom and on the job. This process involves competence and meta-competence (the ability to reflect upon, monitor and guide one's practice). Progression through the levels involves varying rates of time, as well as, individual and PDT activity. The Pennsylvania Child Welfare Training Program (2001) has adapted the model for areas such as human diversity training and describes the levels as listed in parentheses. A brief description of each level and PDT implications follows:

- unconscious incompetence (awareness)
- conscious incompetence (recognition)
- conscious competence (introduction of Skills)
- Unconscious competence (Reinforcement and Extension of Skills)

- Conscious unconscious competence (High integration with ability to teach others).

### **Unconscious incompetence (awareness)**

In addition to not performing adequately in a competency area, a worker in this first stage is not aware of his/her lack of competence. As a result, a worker may not realize the importance of training in the competency area (e.g. understanding diversity of cultural norms, teaching independent living skills). A goal in this stage is to promote learning readiness by increasing awareness of the need for learning. Providing information on training competencies can be one way to help workers become more aware. Engaging workers to shadow highly competent workers in a competency area is another strategy.

Sometimes increasing awareness of related but potentially less threatening concepts such as learning style can be a way to transition these participants toward a greater readiness to increase their awareness. For example, a trainer could ask the participants to hold their hands in the air and make a circle with their finger and thumb. The trainer would then ask the participants to watch him/her and then ask the participants to place the circle on their chin (while at the same time the trainer demonstrates but places the circle on her/his cheek). The trainer could then ask the participants to look around the room and see who placed the circle on the cheek or chin. A discussion could then emerge regarding the possibility of the diversity of learning style in the room, visual, auditory, etc. A second and perhaps more powerful learning point is that many of the participants were probably unaware of the differences until asked to see where others placed the circle. Many of us are unaware of the differences in how we perceive and process information and interact with the world around us. The circle to cheek gesture can later be used with the training or with follow-up learning as a non-defensive visual reminder of the many things we have learned but of which we may not be aware (e.g. CYC jargon, expectations about marriage and family, bias, favoritism).

### **Conscious incompetence (recognition)**

Workers in this stage are not yet competent in a CYC competency area. However, these workers are aware of their knowledge, attitude, or skill limitations. They may be motivated to increase competence in order to improve performance or attain other goals. Workers in this stage are most appropriate candidates for training or some other educational/developmental/remedial intervention. Clarification of learning

goals, roles, rules and interpersonal expectations is an important task of this stage. Developing a learning contract between supervisor, worker, trainer, or other experts is appropriate. Helping a worker identify how to apply learning can occur even prior to training. There are a variety of sources of information that can be included in a learning and application plan.

### **Conscious competence (introduction of new skills)**

At this level a worker may be described as having “emerging competence”. S/he has the knowledge and skill to perform a task, but the performance doesn’t happen “automatically”. The worker may have to be reminded or cued by the supervisor or competent colleague to utilize the knowledge and/or skill already stored in long-term memory. Also, whenever the worker performs the skill, it may not be “fluid”. The worker may have to consciously “think” about it while performing. Since short-term conscious memory can contain a limited amount of information the worker may have to rely on external supports (e.g. notes or cues from supervisor).

In this stage, a worker may apply learning without competently considering the context (e.g. not adapting a social skills training curriculum to the current needs expressed by the youth). As one transitions to the next stage, however, the worker begins to become “context conscious” (Hills, 1989). The worker begins to recognize that certain situations require specific actions or reactions based upon the needs of the youth at the moment (transitioning from use of isolated information to “if, then” procedures. In addition, s/he begins to recognize the underlying patterns/structure of behavior rather than responding to surface features. For example, a youth that is talking with another youth while independent living skills training information is being presented may be actively processing and sharing learning rather than being disrespectful as the surface behavior may indicate. A worker becomes more aware of the importance of “doing with” youth and “doing together” (Garfat, 2001). With practice, performance steps consolidate and begin to require less active short-term memory, characteristic of the next stage.

Strategies for promoting learning in this stage (conscious competence) focus on providing opportunities for practice, correctional feedback, and practice during and after the training. PDT practitioners should identify CYC-youth interactional situations so that skills can be practiced in the training and work environments. It is important to provide prompts, cues, and learning and application aides (in the workshop and work space) until a skill is fluidly performed with little conscious effort.

When a skill is not yet learned to a level of automaticity, a worker's performance may temporarily be less effective when applying a new skill than prior to training (Rackham, 1979). Without support, the tendency may be to resort back to previous strategies. A PDT practitioner should facilitate success by providing the additional needed supports. This typically involves support, guidance and reinforcement in the application setting.

### **Unconscious competence (reinforcement and extension of skills)**

In this stage a competency is learned to a level where it can be performed relatively "automatically". Steps to successful performance in a competency area are consolidated and now appear as a fluid, "effortless" activity. Interactions with others appear to be in rhythm with the surrounding milieu. The worker uses little active, short-term memory while conducting the skill. (S/he no longer has to "think" about the skill while performing. Therefore, more short-term memory is available and the worker can consciously focus on other activities such as self-monitoring. The worker can become increasingly more context conscious.

Ironically, one of the characteristics of this stage is that a competency is learned so well that the worker is no longer "mindful" of the process of how the activity is conducted (the worker doesn't have to be). The worker may intuitively recognize underlying patterns/structures of behavior and respond accordingly. However, s/he may not be able to articulate the "why" and "how" of his/her performance.

Workers at this stage should be encouraged to continue their competent performance, prompted to continue to self-monitor their learning and performance, and reminded that learning and development is an ongoing process. Revisiting training is still appropriate to help them learn in greater depth and better conceptualize their practices. These workers can also be used as role models and coaches for less experienced workers. Trying out these new roles may prompt them to continue to reflect upon, conceptualize and articulate competent practice, helping them to move toward the next level.

### **Conscious Unconscious Competence (high integration with ability to teach others)**

Workers at this stage cannot only perform at a proficient level, but are able to conceptualize and articulate the processes involved in competent performance. These workers may be described as "reflective practitioners" who can also communicate effective practice principles, strategies, and techniques to others. Supervisors and PDT practitioners should be

functioning at this level in most CYC competency areas in order to most effectively perform their educational supervisory and PDT functions.

With self-reflection and help from others (e.g. supervisor, trainer, coach or colleague), the worker recognizes the underlying structure to certain situations rather than just the surface features. Workers in the previous stage have an intuitive grasp, but cannot competently conceptualize and articulate these abstract concepts to others. In this stage, they are able to perform proficiently as well as conceptually understand and monitor the performance process. For example, a worker's understanding of parallel process can be useful in communicating this understanding to other colleagues in training, an important skill for supervisors and PDT practitioners.

Workers in this stage have a high level of proficiency in the competency area as well as competent metacognitive skills. They are able to proficiently monitor their performance (learning and application). Metacognitive skills (meta-competence) facilitates the movement from level one (unconscious incompetence) to level five (conscious unconscious competence). At this level, workers can competently reflect upon their performance (in the moment while interacting with youth or later in supervision or consultation with a colleague). They recognize the limitations of their knowledge and skill and the need for continual learning. They are simultaneously functioning in levels 2 & 5. These CYC workers make good candidates for sharing knowledge. They should be encouraged to teach, train, and publish professionally.

Before moving to the next section that further elaborates on techniques to promote learning and development within the CYC milieu, one should recognize that developmental thinking can be applied to CYC supervisor and trainer development as well. For example, one of the reasons why some supervisors fail to competently perform their educational supervisory role is that they may have been promoted to supervisor while functioning in level four (unconscious competence) in most competency areas. Partly as a result of their inability to conceptualize and articulate CYC practice, they may over-rely on telling workers what to do rather than teaching.

### **Using Case Studies, Storytelling, Activities and the Milieu in Training**

Instrumental tools and techniques of child and youth care work include forming attachments to build relationship (Maier, 1987), learning together through activities (VanderVen, 1985, 2000, 2008), and group work (Brendtro, Ness & Mitchell, 2005). In *The Other 23 Hours: Child Care Work*

*with Emotionally Disturbed Children in a Therapeutic Milieu*, Trieschman, Whitaker & Brendtro (1969) hypothesized that everyday life experiences could be intentionally organized to change how children negotiate their social environment with increasingly healthy behavior. The youth work milieu provides a “culture of childhood” in which daily activities serve as the medium in which children can safely test the limits necessary for productive discipline, reach out and accomplish goals through natural consequences, and form the identity for whom they will become (VanderVen, 2003). Through individual and group activities, youth workers utilize relationships to help children and youth develop social skills and gain the competencies necessary to succeed in life.

In the same way relationships and activities are fundamental to the CYC professional field, organizing the report of the progress of a child in the form of a case study is central to the work. *Critical Incidents in Child Care: A Case Book*, Beker (1972) laid out the first comprehensive look at how we plan and guide the relationships that are formed to facilitate change with the child. Through case study we track and report these behaviors. Beker recognized that relationships and activities come together in the milieu to provide “opportunity experiences” that are best understood through the case analysis of daily life interventions and outcomes. Even today, many youth work programs have “daily and monthly team meetings”, “case conferences”, and “circle ups” in which relationships and activities are adapted and adjusted to the developmental level of the youth within the group.

Case studies chronicle how and why children and youth are developing life skills and competencies through the milieu, and are part of both a written and oral tradition. In a field that is just now older than fifty years, we have only recently begun to fully write things down for the purposes of teaching and transfer of learning. Many would acknowledge that Mark Krueger was among the first to illustrate the basic routines of child and youth care work by interweaving stories of activities and relationships that served as an exemplar for a range of milieu-based interventions, Krueger (1984, 1990, 1998).

Effective CYC PDT practitioners are good story tellers; using stories to engage the audience and teach content in a way that skills and strategies can easily be remembered when they need to be delivered down the line. In child and youth care training, these stories are essential as they respect the culture of the professional field and hand down the lessons learned from one generation of workers to the next. For example, for most of his professional life, Henry Maier always told the story of teaching a child

to ride a bike and had his training audience role play this experience to get the full impact for what it means to bring relationship, trust, autonomy together in one milieu event (Maier, 1987). Mark Krueger has many stories of playing basketball that illustrate the “rhythm and presence” necessary to form and guide caring relationships (Krueger, 1990).

Through the stories we tell in child and youth care we remember what worked, share how we changed when a strategy did not work, and set a baseline over time for the way in which we match relationships and activities to youth with different needs. Normative practice in a CYC approach to training incorporates the stories of the trainer and the participants as a central method of promoting and assessing a worker’s application of learning on the job. Core competencies for child and youth work =- professionalism, cultural and human diversity, applied human development, relationship and communication, and developmental practice methods (Mattingly, et.al, 2002) – emphasize a developmental approach to change over time by organizing and guiding the activities of the milieu. Unlike teaching in a school which is often ordered by the progression of a set curriculum or therapy that is bound in a one-to-one clinical exchange behind closed doors, youth workers and youth cook, play, travel, do chores, hobbies, engage in the community and so forth as a means to an end, utilizing the situational experiences that may come to teach life lessons, counsel, and heal.

Optimally, a CYC approach to training balances a sit and learn pedagogy with an action orientation. For many years, one of the authors (A.S.M.) taught how to run a good group by standing in front of a room to deliver the steps of group process, watching videos of professional group work leaders, and role playing. While one could contend that this approach fulfilled the requirements, it failed to respect the full spirit of youth work. Moving forward, it dawned on him and his colleagues that they should do some classroom time with materials and interactive role-play, but shift the bulk of the training to real-time coaching experiences. Together, they ran groups with the youth in every unit. This “hands-on” learning experience carried home the true gist of what it means to *form, storm, and norm* (Tuckman, 1965).

While every youth work training cannot be orchestrated directly in the milieu, child and youth care training role models “hands-on” interactions. Karen VanderVen is legendary for adding what she calls “activity festivals” to every training in which some relatively unstructured time is set aside for the group to do what is being talked about; to informally reinforce formal learning. She often begins by asking the workers, “What games did you

play as a child? What did these games say about relationships when you were growing up?” And then she passes around basic supplies such as crayons, paper and glue and encourages the workers to make a toy or play a game that then becomes the teaching opportunity to process by conversation the key points and strategies of the training.

In one agency, every year, one of the authors (A.S.M.) did training at holiday time to prepare the workers for the post- traumatic stress that many children feel in dysfunctional families, coping more with emotional and economic survival than any joys of gift giving and celebration. Holiday time is often replete with depression and all sorts of anxious behaviors around expectation and disappointment. To some extent presenting data, theories and case strategies in training did prepare the workers, but it often generated as much fearful anticipation in the workers as it did any new knowledge with which to proactively cope with the needs of the milieu. Instead, he and his colleagues used the VanderVen approach, and while they trained the content, they also put out for the workers the supplies needed to make ornaments and holiday decorations. The workers drew stories of their own holiday experiences into the shared symbolic and illustrative activities. They were then much better ready to cope with their own feelings and draw from their own experiences in meeting the challenges of the milieu.

The new Basic Course in Child and Youth Care, a forty hour “hands-on” training to support teaching core competencies and encourage youth worker certification serves as an exemplar (Eckles, 2005). Developmental activities are interwoven through each training unit to teach team work and turn-taking, effective relationship and communication, and how to have fun and take responsibility. As part of the training, the youth workers are encouraged to role model in their learning the same value propositions and commitments they make to providing activities in the milieu for the purposes of change in the children and transformation in the youth peer group.

A CYC approach to PDT asks: In what ways does the training move from knowledge to application by telling the developmental story of the relationships in the milieu? How does the training role model the interactive activities instrumental to making strong healthy relationships that build social competency? In this way we honor not only the traditions of the field but train in the pedagogical style in which we deliver the actual work: relationships, activities, and group work.

### **Needs of Child and Youth Care Workers for Direct Application of**

## Training Information

Like parents going to a mandated parenting class, kinship foster grandparents going to training to learn how to manage their drug exposed grandchildren, and foster parents trying to “re-parent” wounded children, CYC workers have limited tolerance for pontifications about how things should be, or philosophical musings about human nature. The stress of direct care, the “in your face” nature of the results of abuse and neglect, and the immediate need to address symptomatic behavior, causes each learner to attend training events hoping to learn something they can take back to the unit/group home/shelter *tonight*. They do not have the luxury of pondering concepts and theories that, while interesting, do not have “take home” value. Writing about our work, Jodi Clark (2003, p.6) notes that while she does not want to “exclude theoretical orientations”, she needs to “link them to the core of his/her being”.

This need for training that is practical with direct application contributes to a number of dynamics in a training room that challenge professional trainers. The minute a CYC worker smells “b.s.” they check out, mentally, if not physically. “B.S.” is defined as any information they do not consider to have direct relevance to what they faced this morning and expect to face on their next shift. Training must communicate intimate knowledge of the clients and of the harm that has been done to them plays out in the treatment environment. The state of our work does not allow us to give definitive “answers” or solutions to many of the pressing problems that come into the training room. Our work, it seems, continues to be much more an “art” than a science. Those who attempt to approach the care of troubled, traumatized, defiant, vulnerable children, presenting client service as *only* science lose credibility quickly. Scientific principles don’t vary, but human nature and human situations do. Therefore, CYC workers need the kind of information that can be applied “variously”, to different kids in different situations -sound therapeutic principles that underlie application, but that also demand innovation and creativity.

Workers in CYC want a manual for the mind, but there isn’t one and there can never be one. This creates a “stress” between trainer and learners, as the trainer attempts to transmit enough information to be useful in making decisions, but that cannot be used to make a specific decision for a specific someone. The result of this tension can be seen in anger, frustration, and complaints that the training is “useless”. How can we find a model that makes immediate sense to participants and that they will find useful?

Differences in approaches to our work can be used to help participants in the training room talk about the inevitable conflicts that arise in teamwork, and with the clients, and how the way we handle disagreements between various trainees or between participants and the trainer can help model effective strategies for confronting differences in the workplace. Conflicts in the classroom model the struggle to maintain positive relationships in the workplace as we confront and work through the variety of ideas and convictions about how to respond to young people.

As with any art, there is a wide variance of opinion about what is good. There is no agreement about how to approach many of the challenging situations that confront direct care workers. Do we touch them, or not touch them? Do we tell them we love them, or hope that can “intuit” from our behavior with them that we do? Should we restrain them? Is restraint “therapeutic” or a “treatment failure”? Do we design a one program fits all milieu, or do we ask CYC workers to memorize and implement an individualized treatment plan for each client? How do we meet the challenge for direct, practical application of training when people in the field do not agree with each other at all? How can we assist CYC workers as they seek their own answers for an approach to their work that “fits” for them, and that is effective?

One answer is to adopt a “relational” model, as many parents have learned to do. Parents with three children figure out early on that they cannot treat all their children the same, as they do not respond the same to parental interventions. If we lose this approach to relationships, that is, acknowledging the uniqueness of each individual – from the nursery to the nursing home – we risk losing our effectiveness. With this in mind, even though it is common “training wisdom” that training should be delivered in a variety of modes, it may be even more important that trainers be specific about the basic principles that provide the underpinning for all training. What is the principle and how does it translate in the workplace with challenging children and youth?

Providing training to direct service workers provides the opportunity to use almost everything that happens in the training room as an opportunity for learning. There is probably not another professional arena where opportunities for parallel process present themselves regularly, and without having to contrive such learning. A participant walking into the training 10 minutes late, even with a great excuse, gives us the chance to talk about penalties that are leveled on even very troubled youth for lateness, and how their “excuses” (i.e. personal explanations) are not accepted. Parallel process learning usually begins within the first few minutes, and continues

throughout the day as participants begin balking at training assignments and activities. The opportunity for learning will be very much hampered if the trainer does not approach these situations within the context of a respectful, congenial relationship with the learner. The modeling of relational interventions in the training session provide a view of how one confronts problems and also provides the opportunity for CYC workers to experience how the intervention feels on a very personal level.

Parallel process learning is also greatly enhanced by the very content of training. In order to improve knowledge and skill in working with young people bearing the very visible wounds of abuse and neglect, the content necessarily “hits home” for many staff. It is fairly well accepted that many folks drawn to work with hurt and vulnerable children and teens are drawn to the work due to similarities in their own childhood histories. Thus, a trainer does not have the luxury of staying “in role” as an impartial, somewhat disconnected, lesson giver. At any moment a discussion of sexual or physical trauma, domestic violence, substance abuse, emotional abuse or neglect can “trigger” a learner who will experience flashbacks and/or difficult emotional responses to the material. Approaching training situations from a “relational model”, being a real person and not a speech giver, will be crucial in navigating what sometimes becomes difficult learning terrain.

A relational approach facilitates application of important principles since all staff have relationships apart from work and therefore already have experience adjusting various relationships to particular people in their lives. No one expects all of their friends to participate in their favorite hobby. All staff experience different interactional styles with various friends and relatives based on who they are. This personal experience away from the work setting can help them evaluate whether a program is being respectful of individual differences in clients, and also help them to understand why some clients may not respond to a particular intervention that was very successful with another client. To borrow from a classic tune, they already know that it’s “different strokes for different folks” and thus can use that experience to acquire the skills of flexibility in interactions and individual focus in treatment planning.

## **Discussion**

We have attempted to articulate some key elements defining a child and youth care approach to professional development and training. Although we emphasized the importance and increased visibility of PDT,

the development of its knowledge base in human service areas such as child and youth work is still in the early stages. Experts can say with very little certainty what training interventions, under what circumstances, at what cost, will produce what desired effects. Furthermore, in tight budget times – the current economic climate-training budgets are often the first to be cut. Little attention can be focused on issues such as transfer of learning, professional relationships in training and training evaluation when programs are struggling to find ways to provide the most basic training. The tendency is to focus only on what is mandated by monitoring agencies.

Within the U.S.A. many would question whether child and youth care work is a profession. The majority of CYC workers are not members of state and/or national professional associations and are most likely unaware of existing state certification programs or the national certification available from the Child and Youth Care Certification Board. The rich history, evolving knowledge base, and international scope of CYC work remain unknown to most in the field.

These factors elevate the importance and increase the challenge for PDT practitioners to promote the standards of the profession and facilitate knowledge transfer from research to practice. The need to promote the knowledge base of PDT is also present. For example, what can research tell us about the process of processes of development from a novice CYC worker to highly skilled/expert practitioners? What relationship factors are involved in these developmental processes? How can we best prepare and support workers to “understand and guide a young person through fear, pain, chaos and anger”? The Child and Youth Care Certification Board, in collaboration with Kent State University, recently established a research institute (International Institute for Human Service Workforce Research and Development) focusing on the PDT area. In collaboration with its international Advisory Board, the Institute can provide a platform for ongoing research and development of the international CYC PDT knowledge base. Articulating key elements of a CYC approach to professional development and training is another foundational step in building the knowledge.

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