

Child and Youth Care Through a Constructive-developmental Lens

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Abstract

Previously, I have written about the discrepancy that exists between child and youth care as described in the literature, and child and youth care as it occurs in practice (Modlin, 2013). Instead of being a therapeutic environment, residential care can become quite the opposite. The pervasive frustration and anxiety that can be experienced by the staff, coupled with the entrenched emotional distress of the young people, often results in power struggles and 'counter-aggression' (Brendtro & Ness, 1983) between the staff and the young people

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Introduction

I have long been interested in the various ways in which child and youth care workers experience their roles, particularly with regard to their ability to cope with the demands of the job. While some practitioners appear able to adapt quite naturally to the challenges inherent in the role, others appear to lose pieces of their selves with each shift.

Previously, I have written about the discrepancy that exists between child and youth care as described in the literature, and child and youth care as it occurs in practice (Modlin, 2013). Instead of being a therapeutic environment, residential care can become quite the opposite. The pervasive frustration and anxiety that can be experienced by the staff, coupled with the entrenched emotional distress of the young people, often results in power struggles and 'counter-aggression' (Brendtro & Ness, 1983) between the staff and the young people. This dysfunctional interactional cycle can lead to punitive responses by the staff, including the misuse of physical restraint and seclusion (Raychaba, 1993), the laying of criminal charges by the police (Finlay, 2003; Gharabaghi, 2010), and/or scapegoating and victim blaming (Colton & Roberts, 2007), with the staff eventually demanding that particular young people (usually those in need of the most help) be removed from the home. Young people can be perceived by the staff as the enemy, who is

purposefully trying to hurt or frustrate them. This is evident in the following phrases, which can be commonly heard uttered by staff in group care environments:

- *I'm not here to take this abuse.*
- *I can't believe he did that after all I've done for him.*
- *We're not going to let him get away with that, are we?*
- *I don't get paid enough to put up with this crap.*
- *She's not appropriate for our home.*
- *I feel really stupid - he took advantage of our relationship and made me look like an idiot.*

This is such a common occurrence that it was once the topic of a keynote speech by Dr. Lorraine Fox (personal correspondence, May, 1998) at a national child and youth care conference, in which she likened the behavior to nurses complaining that the patients in a hospital were sick, blaming them for their illness, and refusing to work with them unless they got out of bed. While this is a somewhat humorous analogy, the actual ramifications of this phenomenon are not so humorous. Young people in residential care require responsive caregiving by practitioners attuned to their needs. When this does not occur, the residential environment, rather than being therapeutic, can become unhealthy, dysfunctional, and negatively impact the young peoples' development and future trajectory.

In a study examining the high percentage of young people in the child welfare system who end up in youth corrections, Finlay (2003) described group homes as “gateways to custody” (p. 16). Young people she interviewed described regularly being charged by residential staff for offenses ranging from theft and property damage to throwing ketchup at a houseparent. According to Anglin (2004),

‘perhaps more than any other dimension of the care work task, the ongoing challenge of dealing with such primary pain without unnecessarily inflicting secondary pain experiences on the residents through punitive or controlling reactions can be seen to be the central problematic for the carework staff;’ (p. 180).

Quite often, these types of reactions seem to be connected to the tendency of the staff to depersonalize the young people. Ward (1998, p. 272) has described this phenomenon as the ‘demonization and devaluing of young people who are not seen as fully human but rather as undeserving, bad or sad’. This is disturbingly portrayed in filmmaker Andre Cazabon’s documentary *Wards of the Crown* (2006) about the experiences of several young people in Canada who had transitioned out of care. All of the young people in the video had lived in group homes at some point in their lives, and not one of them could relay anything positive about these programs. A quote from one of the young people,

which has been used extensively in promotional materials for the video, says 'love is inappropriate in a group home'.

It is also quite common for practitioners to personalize the behaviors of the young people. Instead of viewing behavior as a reflection of and information about the young person, it is viewed as a personal affront to the staff. Swearing, lying, refusing to comply - these are all perceived as direct threats to the practitioner, and responded to in kind. I have participated in staff meetings, for example, where the primary topic of discussion, for hours on end, has been what to do about the young people's swearing. The focus is on controlling behaviours and this, quite often, seems to be about meeting the needs of the staff - not the needs of the young people (Raychaba, 1993).

Another common problem that exists in residential care is the tendency of some staff to over-identify with the young people, become over-involved, experience a loss of perspective (Eisikovits, 1997) and/or want to 'fix' them. This often goes hand-in-hand with difficulties setting limits and maintaining boundaries. Konopka, in 1954, described the ongoing tension in group care between all-out permissiveness and total control - both of which can be equally damaging - and the difficulties associated with helping front-line staff to maintain an appropriate balance between the two. These problems still exist today. I am aware of entire programs in which the staff do not set limits, and the young people are in full control of the program, the staff and all that transpires. This can easily contribute to programs - and the young people residing in them - becoming 'out-of-control'. Paradoxically, when the staff are unable to set limits and maintain some control over the environment, they become fixated on controlling the young people. In these types of situations, the staff commonly 'appear to be either unaware of their own role as directors of the overall production or incapable of doing much about it' (Eisikovits, 1997, p. 51). The young people are perceived as being responsible not only for their own behaviours, but the impact of these behaviours on the staff, which can result in overly punitive responses following overly permissive approaches.

It is often mentioned in the literature that residential child and youth care workers continue to be the least trained and educated among the helping professionals even though the job is perhaps the hardest and most complex (Raychaba, 1993; Ward, 1998). While this is certainly true to some extent - the job has the potential to be the most complex - in reality the job is only complex when the staff have the ability to work with this complexity. Otherwise, the job is simplified to the comfort level and capacity of the staff. This is where a lot of the problems can arise.

Developmental practice: Whose development are we focused on?

I have speculated that some of the practice problems in child and youth care may be related to the developmental capacity of practitioners (Modlin, 2013). Specifically, I am interested in examining the personal development of child and youth care workers through Robert Kegan's (1982, 1994) constructive-developmental theory of adult development. This theory considers the way in which an individual's beliefs construct the reality in which they live and the way these beliefs can develop and change over time (Kegan et al, 2001).

As individuals move through the life cycle, the balance between what they are subject to (embedded in) or can perceive as object (separate from self) continually undergoes a process of transformation into increasing complexity. Individuals are able to reflect on, take responsibility for and regulate that which is 'object' for them. They are unable to take such a wide perspective on that which is 'subject' for them (Kegan, 1994).

In Kegan's constructive-developmental theory, the individual is considered to be an active participant in his own growth (Popp & Portnow, 2001). Development occurs in a continuing cycle of movement depending on the psychosocial support available in the individual's environment, when there is a 'moderate challenge to the individuals' current way of knowing that requires the creation of a wholly new interpretive logic' (Popp & Portnow, 2001, p. 53).

Kegan refers to the psychosocial environment as a holding environment, which was originally conceptualized by Winnicott (1965) to describe the importance of the caregiver's physical and psychological holding in supporting an infant's development. According to Kegan (1982), holding does not just occur during infancy and it can include broader psychosocial contexts such as co-workers, classmates, and friends. We experience successive holding environments, and opportunities for continued development, throughout our lifetime and the nature of the holding environment directly impacts our development.

Development is not the same as the concept of life phases, nor is it simply the acquisition of knowledge or information (Kegan et al, 2001). Once an individual has experienced developmental growth, she has a new, more complex perspective on what was formerly subject (Strang & Kuhnert, 2009). The world is seen through new eyes. As articulated by Strang and Kuhnert (2009):

'In general, as individuals develop through the constructive-developmental stages, their self-definition changes from externally-defined to internally-defined, their interpersonal focus changes from self to others, and their understanding of the world changes from simple to complex (p. 422)'.

Meaning-making systems

The concept of meaning-making, as articulated by Kegan (1982, 1994), is about simultaneous epistemological and ontological activity; it is about knowing and being. Kegan's meaning-making systems start at birth and go all the way through the life span. The meaning systems pertaining to adulthood are: Instrumental, Socialized, Self-Authoring and Inter-individual. Two of these - Socialized and Self-authoring - are the two systems most commonly found in adulthood and will therefore be the focus of this discussion.

Within the Socialized meaning system, individuals have developed the capacity to internalize, and identify with, the values and beliefs of their social surround and experience empathy for others. The individual has developed the capacity for abstract thinking, to think about thinking to reflect upon his needs, wishes and interests and to have an internal dialogue about himself (Kegan, 1982, 1994).

The limitation of this meaning-making system is that individuals are unable to separate their own sense of self from the values, beliefs and judgments of significant others and they view the world through their relationships (Kegan, 1982, 1994). Individuals with a Socialized way of knowing need a clear sense of what is expected of them by others and feel a strong obligation to meet those expectations.

Within the Self-Authoring system individuals develop an autonomous self. This new self has an internal value system and principles that guide decision-making, and the individual is no longer subject to their significant relationships in the same way (Strang & Kuhnert, 2009).

A person with the Self-Authoring meaning system orients to his or her own internal authority and then sets that in relation to the context(s) in which he or she resides or wants to reside. The goals set by someone with this way of knowing reflect his or her own values, standards, agenda, and are conceived out of an understanding and experience of him or herself in relation to the social and political and environmental worlds he or she moves among (Popp & Portnow, 2001, p.58).

The fit between meaning-making capacity and the demands placed upon us

To clarify the concept of the fit between an individual's meaning-making capacity and the demands placed upon them, Kegan (1994) compares the difference between the capacity of the Socialized meaning-making system and the capacity of the Self-Authoring system to the difference between the capacity to drive a car with an automatic transmission and the capacity to drive a car with a standard transmission. He says:

‘we cannot pretend that these capacities are merely noncomparable differences or nonrelatable expressions of human diversity (such as gender, learning style, or sexual orientation). The fact is, there *is* a normative relation between the two drivers. One is better than the other in one quite circumstantial way: All stick-shift drivers can also drive automatic cars, but not all automatic drivers can necessarily drive stick-shift cars. Stick-shift drivers are not better people, they aren't even necessarily better drivers, but they can definitely drive certain kinds of cars that many automatic drivers cannot drive, and the opposite cannot be said. More precisely, stick-shift drivers are themselves able to take responsibility for an important feature in a car's operation - changing gears - over which drivers of automatics do not exercise responsibility....The fact that the driver of an automatic who is unable to shift the gears himself is dependent on some aspect of the bigger context in which he is operating to perform this action really doesn't matter at all so long as there are always plenty of automatic cars around and they work well... On the other hand, should the world *not* consist primarily of automatic cars, should the world be one in which, more and more, the very act of driving is assumed to consist of manually shifting the gears on one's own, *then* the characteristic of only being able to drive automatic cars, which before meant nothing, would be of extraordinary significance.... It should be made clear that the difference between the two kinds of drivers is not that their cars perform

differently. Both kinds of cars have to go through frequent gear changes. The difference is in who or what does the gear changing (p. 101)'.

What does constructive-developmental theory have to do with residential care?

To continue this analogy, if a residential program has only stick-shift cars, and newly hired employees can only drive automatic cars, then the environment itself must provide some external mechanisms to help automatic drivers shift the gears - at least until they are able to do this themselves. In child and youth care, this would take the form of appropriate supports and challenges necessary to help practitioners successfully fulfill their professional responsibilities.

While the fields of education, leadership and management have recognized the benefits of interpreting the experiences of professionals through a constructive-developmental lens, there is no literature linking Kegan's (1992, 1984) constructive-developmental theory with child and youth care practice. Very few studies have looked at the impact of residential care on child and youth care staff and none have examined practitioners' experiencing of the job, or the ways in which they cope with the demands of the job, through a constructive-developmental lens. Yet this is a job in which *who* the practitioner is relates to *how* she does the job.

In a recent review of a new youth centre for young offenders in Ontario (Provincial Advocate for Children and Youth, 2013) numerous practice problems, such as those reviewed in the introduction, were identified. The issues were complex, however, in that the problems did not show up consistently across all shifts. One of the most compelling messages coming from the more than 200 young people interviewed was that the quality of their life in the program 'depends who's working'. This speaks clearly to the variances between staff, in the same program, and the importance of looking at the individual experiences of practitioners within the organizational context. An exploration of these differences from a constructive-developmental framework may yield interesting information that could help to inform residential program expectations and guide training, support and supervision provided to child and youth care practitioners.

Additionally, while some studies have referenced the impact of organizational culture and structure on various areas of organizational functioning (see, for example, Glisson et al, 2008), there have been no studies that look at ways in which child and youth care workers experience or respond to the demands of the job within different organizational social contexts. The relationship, if any, between the organizational environment and the epistemology of child and youth care workers in residential care is an unexplored area. Given the pivotal role of the holding environment in Kegan's (1982, 1994) constructive-developmental theory and the relationship between the holding environment and individuals' experiencing of themselves as competent or 'in over their heads' (Kegan, 1994), this is an important area of potential inquiry.

My research

Although there have been many attempts to explain the practice problems commonly experienced in residential care, the same problems continue to persist. The goal of my

research is to look at these problems through a different lens. I would like to try to gain a better understanding of the differential ways in which child and youth care practitioners experience the job and how this relates to the ways in which they respond to these demands. A list of the professional characteristics of child and youth care workers who are able to cope with the demands of the job could be compiled, but this is not sufficient. It is necessary to consider the person in the role. Kegan's (1982, 1994) model is appropriate for this type of study because it integrates the cognitive, interpersonal, and intrapersonal domains, and child and youth care is a complex activity that involves not only what the practitioner knows, but who the practitioner is.

Specifically, I am interested in exploring:

1. How do different meaning-making systems influence how practitioners cope with and experience the demands of the job?
 - a. What do child and youth care practitioners, with different meaning-making systems, identify as the primary challenges and the most satisfying experiences, and how do they experience and cope with these challenges?
 - b. Do practitioners with different meaning-making systems vary in their experiencing of compassion satisfaction, compassion fatigue or the symptoms of burnout?
 - c. Do practitioners with different meaning-making systems cope with and experience the demands of the job in ordered ways so that there is internal coherence among participants of the same epistemological order?
2. What role does the organizational environment play, if any, in mediating or exacerbating the demands of the job for practitioners with different meaning-making systems?
 - a. How do practitioners with different meaning-making systems experience the organizational environment?
 - b. Is there coherence among participants of the same epistemological order within and across organizations?

The demands of the job include the responsibilities related to the daily care and treatment of the young people in the residential program. Organizational environments will vary. I propose that meaning-making systems endure across organizational environment and supervision style and individuals within each system interpret experience the same way, even while the content of their experience varies.

Research Design

As previously mentioned I have chosen to conduct a study that focuses on the use of constructive-developmental theory as a framework for identifying and assessing the developmental levels of child and youth care staff in residential care and interpreting their experiences through a constructive-developmental lens. The study will be conducted using a multilevel, cross-sectional design, blending quantitative and qualitative methodology. Participants will be between 75-100 front-line child and youth care workers and supervisors from six-to eight organizations providing residential care to young people in Canada, Scotland, Ireland and the United States. From the initial pool, I will select 24-36 practitioners for in-depth interviews in an effort to identify participants with Socialized and Self-authoring meaning-making systems.

I will conduct the research in two parts. I will begin by selecting residential programs/organizations through CYC-Net, provincial/national Child and Youth Care Associations, and direct contact with agency Directors. I will target organizations in Canada (except Newfoundland and Labrador), Ireland, Scotland, and the United States. I will initially ask for programs to volunteer to participate in the study. To ensure a large enough sample within each organization, only organizations that employ more than six full-time child and youth care workers, in each residential program, will be invited. All programs must provide group care to young people with challenging behaviours to ensure that the demands of the job are comparable across organizations.

Once organizations have expressed an interest in participating, I will contact the manager of each program to explain the purpose and design of the study. From there I will formally invite all child and youth care staff (including supervisors) from each organization to become involved in the study. Participation will be voluntary. All individuals who agree to participate will initially complete a questionnaire on demographics (age, gender, years of experience, education) along with a couple of standardized instruments. The surveys will be administered online using Mind Garden's Transform Online Survey (Mind Garden Inc., 2014).

For the second part of the study, I will purposefully select a minimum of three individuals from each program to participate in in-depth interviews. I will travel to each site and conduct these interviews in person.

Conclusion

The idea that child and youth care workers undergo transformative change - that they change the way they see and interpret things - is not new to the field. This has been explicitly stated by many writers, including Garfat (2001), Anglin (1992), Krueger (2007), Fewster (1990), and Magnuson and Burger (2002) and is inherently implied in Phelan's (n.d.) model of development. What has not been offered, to date, is an underlying theory of adult development that can unify and coordinate many of the ideas that have already been put forth. Constructive-developmental theory has been used in research across many different countries and cultures (Kegan, 1994; Kegan et al, 2001; Khan, 2009; Villegas-Reimers, 1996) and would be relevant in an international study of child and youth care

workers in residential care. Kegan's model could provide a theoretical underpinning to the development models proposed by practitioners within the field and promote opportunities to empirically explore and validate the developmental evolution of child and youth care practitioners.

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