Utilizing A Strengths Approach When Working With Adolescents

By

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Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements
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Diane Iazzolino

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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ABSTRACT

The social work profession has witnessed a dramatic shift in the way clients are viewed and treated. Historically, social work approaches focused on the pathological and dysfunctions inherent in the individual. The emerging new wave focusing on client strengths, empowerment, the basic goodness of humankind, and collaborative partnership offers a more positive growth-enhancing approach to working with clients. The emphasis of this approach rests in a newfound faith that individuals, however oppressed, can discover inner strengths and resources that were never explored before.

The student completed this practicum in order to acquire knowledge and skills in the practice of the strengths approach with adolescents referred to the community Children's Mental Health Centre. The purpose of this practicum was to apply the systems/ecological perspectives as a process for comprehensive assessments and the strengths perspective as a method for intervention while working with adolescents with a multitude of problem areas. Ultimately, the goal was to increase both positive coping skills, self-esteem and the recognition of strengths of the adolescents and their families.

Sessions were conducted with seven clients at the Lakehead Regional Family Centre located in Thunder Bay Ontario. The student conducted Literature Reviews on adolescents, youth crime, the judicial system, ecological/systems perspectives as an assessment tool and the strengths approach as a method for intervention. Proceeding, is a description of the methodology, findings and conclusion. Finally an evaluation of the student's learning was explored.

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CHAPTER 1

Introduction

Educational Objectives

The overall objective of this practicum was to acquire advanced clinical and assessment skills to work with adolescents who were involved with Lakehead Regional Family Centre. These adolescents experienced a) behavioural, emotional, educational, family, and peer difficulties or b) were individuals who had committed a crime and would be going to court. The other central objective of this practicum was to complete the requirements for clinical practice as mandated by The Masters of Social Work curriculum. The practicum provided an opportunity to learn about the unique strengths and problems adolescent children encounter, which leads to increased difficulties within their lives. The critical focus for this individual therapy was to a) help adolescents adjust to their behavioural, emotional, educational, family, and peer difficulties and increase their overall level of well being and, b) provide comprehensive assessments to the court system. The practicum was designed to aid the student in developing her knowledge and skills especially, when working with adolescents. In an effort to support and enrich the practice experience an extensive review of the literature assisted in helping adolescent children.

Educational Goals

Goal #1

My first goal was to expand my knowledge of adolescents in society and to understand how environmental factors effects their emotional, physical and psychological adjustment and their ability to cope with these changes. This was achieved after I conducted a literature search in reference to the concept of adolescence, the social aspects of adolescence such as the impact of the family, peer relationships and the school system. I also explored the concepts of self-

esteem, and autonomy during adolescence. Each aspect researched was seen as contributing to the overall well-being of the adolescents.

Goal #2

My second goal was to expand my knowledge through a literature search of young offenders and the adolescent judicial system. I explored the issues of youth crime, the Juvenile Delinquency Act, Young Offenders Act, and assessments conducted under Section 13of YOA. As a result I was able to contribute my knowledge to the comprehensive assessments that were completed by other staff members, which were provided to the judge to assist him/her with appropriate recommendations and treatment plans.

Goal #3

My Third goal was to become more knowledgeable about Supervised Access and Exchange programs. I performed a literature search about the prevalence of the programs throughout Ontario and their main functions. This allowed me to participate in the Supervised Access program at Lakehead Regional Family Centre. I was able to be a neutral observer during supervised visits and exchanges.

Goal # 4

My fourth goal was to be able to apply the ecological/systems and strengths perspectives when working with adolescent children who experienced behavioural, emotional, educational, family, and peer difficulties, and as an assessment tool with young offenders who had committed a crime and were going through the judicial system. I was able to demonstrate a conceptual understanding of the ecological/systems and strengths perspectives by performing an extensive literature search in relation to these concepts. With this knowledge I was able to apply the

ecological/systems and strengths perspective framework and skills when I worked with my adolescent clients and families at the Lakehead Regional Family Centre.

Goal #5

I utilized the ecological/systems perspective as an assessment tool which helped me to work with the client and essentially improve their sense of well-being and adjustment in relation to their environment. Therefore, upon completion of my involvement, each adolescent and their family was able to cope at a functional level and in some cases the problems had lessened in seriousness or had been resolved.

Goal #6

My final goal allowed me to accurately evaluate my involvement with each adolescent and their families, reflecting on the delivery, impact and outcome of this therapeutic intervention. The reflection process permitted me to assess through evaluation of my goals, feedback from my advisor and clients and an overall assessment of my practicum experience at Lakehead Regional Family Centre.

CHAPTER 2

Review of the Literature

Dimension of the Problem: An Overview

Adolescence is a unique transitional period where youth are constantly trying to adjust to the many changes that are occurring both externally and internally. Intricate physical, emotional, cognitive, and social changes mark the transition from childhood to adolescence, with "each individual's experience being highly influenced by the context or external situation of his/her life" (Bayrakal, 1987). This period of accelerated development "brings with it varying amounts of stress, which has consequences for later adaptation" (Hauser and Bowlds, 1990; Seiffge-Krenke, 1995) and can be the catalyst for problem behaviors in adolescents.

Steinberg and Morris (2001) indicate that from the turn of the century, the scientific study of adolescent development has always had as part of its implicit and explicit agenda the goal of describing, explaining, predicting, and ameliorating problematic behavior. Moreover, Henricson and Roker (2000) reveal in their article that while serious problem behaviors, such as drug-taking, heavy drinking, underage sex and violence, have shown to occur only in a minority of cases (Rutter and Smith, 1995), media coverage suggests otherwise, resulting in many parents contemplating their child's adolescent years with a sense of dread.

It is important to recognize that each adolescent is a unique being and as a result every family is different. The family as a dynamic system is a complex entity which is most noticeable when problems arise. Given the intricate, multidimensional society adolescents and their families are confronted with, a multitude of concerns and problems can be presumed. This in turn, has a significant effect on the functioning and well- being of adolescents and the family process as a whole.

According to Winterdyk (2000) juvenile delinquency is a social construction that has evolved over time and has created certain dilemmas for the youth justice system. The public has adopted a negative image of adolescents and young offenders, which has been triggered by their portrayal in the mass media. As a result, generalization to the adolescent population as a whole can be very oppressive in nature. Each youth is unique and many experience stressful situations without resorting to problematic behavior. Research shows "that adolescent transition for approximately three-quarters of young people and their families is a relatively trouble free experience" (Henricson & Roker, 2000). There are however, adolescents who experience difficulties and who require the guidance and support to cope with the changes in their lives.

Adolescence

Concept of Adolescence

Adolescence as a concept is a relatively new phenomenon. Teenagers did not become a recognized segment of the population until the early twentieth century (Arnett, 1999). The fifties and sixties were defined as the baby boom era and, as this population began to age, more attention, time and money were concentrated on their children as they reached adolescence. According to Kroger (1996) "adolescence was an artifical construct of the mass media" that glorified it as a time of chaos and constant conflict. Therefore, society became more conscious of adolescents as a pivotal life-stage and they recognized this as a fundamental transition "where changes due to pubertal development, school transition, social role definitions, cognitive development, and the emergence of sexuality" took place (Eccles et al., 1993).

According to Steinberg (1995) adolescence is regarded as the "growth into adulthood" it also refers to the second decade of the life span, roughly from ages 10 to 20. Steinberg further emphasizes that there is no single event or boundary line that denotes the end of childhood or the

beginning of adolescence. Instead, adolescence is composed of a "set of transitions that unfold gradually and that touch upon many aspects of the individuals behaviour, development, and relationships".

Popular views and traditional theories of adolescence have typified it as a period of "turbulence for both young people and their families. The physical and emotional changes and socio-cognitive development of the emerging adult, coupled with shifts in relationships..." (Henricson & Roker, 2000), have been deemed to result in an inevitable period of "storm and stress" (Freud, 1958). Building on this notion Judd (1963) views adolescence as a time of life marked by emotional turbulence and turmoil, which creates problems for the adolescent, their family and society in general. Moreover, Judd (1963) describes adolescence as a transition period where behavior is characterized by instability, unpredictability and change, a time when actions and emotions are more extreme, intense and unpredictable, and are elicited with less provocation than ever before.

The number of "changes in adolescence, compared, with other developmental stages, is unusually high, it's a period where cognitive, social, emotional and physical changes occur" (Seiffge-Krenke, 2000, Forman, 1993). These changes mark the "transition from childhood into adulthood, with each individual's experience being highly influenced by the context or external situation of her/his life (Bayrakal, 1987). This period of accelerated development brings with it varying amounts of stress (Hauser and Bowlds, 1990; Seiffge-Krenke, 1995), which may have consequences for later adaptation, thus disrupting overall development. As a direct result of the "changes adolescents are experiencing, they may be more vulnerable than at other ages to negative coping mechanisms if they do not have strong, supportive family and friends." (Frydenberg, 1997). It is a confusing time. "Their needs for independence and for freedom to

make their own decisions seem to conflict with their strong need for guidance, relationship, and not infrequently dependence" (Magen, 1998, p. 47).

As identified, adolescence can be marked as a time when challenge and conflict is at its peak, however, the majority of adolescents do not experience impeding difficulties during the numerous changes that take place. Instead, they direct their energies toward developmental tasks such as achieving popularity, autonomy from adults, success in school or sports, satisfying relationships, and confidence in themselves. Today, it is more clear that "although adolescence presents many challenges, the evidence is not consistent with the frequently reported belief that adolescence is a protracted period of storm and stress for most individuals" (Lerner, 1998; Feldman & Elliot, 1990; Lerner, 1993b, 1995; Lerner et al.; Montemayor et al.; Petersen, 1988). Moreover, research shows "that adolescent transition for approximately three-quarters of young people and their families is a relatively trouble free experience" (Henricson & Roker, 2000).

An overview of adolescent developmental tasks is important for providing the fundamental knowledge necessary for working with adolescents. Ultimately, it enables social workers to discern what is age appropriate behavior in the adolescent's life. Also, it is important to recognize, that there is a multitude of contexts in which adolescent development takes place, such as the family, peer groups, and school, that are essential to the adolescent's adjustment, which may encourage healthy choices of activities, or may lead to unhealthy, self-destructive behaviors.

Biological Context of Adolescent Development

According to Steinberg (1995) the biological transition of adolescence, or puberty, is perhaps the most salient sign that adolescence has begun. Petersen (1988) indicated that pubertal

change is a universal characteristic of adolescence and involves the most extensive and rapid change in life. Perhaps more important than physical changes themselves, are the responses of the self and others to these physical changes. Biologically, adolescents are constantly changing which tends to produce critical perceptions of one's body image. Hormonal changes such as growth spurts, the maturation of sexual organs, sexuality and secondary sex characteristic appear. Adolescents "are acutely aware of their changing selves (Petersen, 1988). Steinberg (1995) reported that during adolescence their thinking becomes multidimensional, where advanced reasoning and logical processes occur. More specifically, they are able to think abstractly and have the ability to display increased introspection and self-consciousness (Inhelder & Piaget, 1958).

Social Context of Adolescent Development

Current research recognizes that adolescents are constantly interacting "between other people and contexts" (Lerner, 1981). Petersen (1988) further explains that with processes such as social development, the importance of the family, peers, and the broader social environment" can impact the adolescent significantly.

Family

The family is clearly an important developmental context. Families experience many changes within their interactional pattern during the adolescent's developmental passage. The literature indicates that there is a "relationship between the parent and child which has been correlated with general well-being of the child" (Barnett, Kibria, Baruch, & Pleck, 1991; Wenck, Hardesty, Morgan & Blair, 1994), and self-esteem (Barber & Thomas, 1986; Buri, Kirchner, & Walsh, 1987).

The parent and adolescent relationship is constantly changing, since adolescence is a time of change when both the parents and the youth need to adapt. This relationship has been characterized as potentially being very conflictual. A consensus in the current literature is that with the onset of adolescence there can be an escalation in conflict between the parents and the adolescent (Baer, 1999). There is data suggesting that parent-adolescent conflict is related to adolescent maladjustment, including depression (Forehand et al., 1988); unacceptable behavior (Tomlinson, 1991); problem behaviors at school (Forehand, Long, Brody, & Fauber, 1986; Galambos, Sears, Almeida, & Kolaric, 1995); difficulties in adolescent functioning (Forehand et al., 1991) and self-esteem, anxiety, and control (Slater & Harber, 1984).

However, Henricson and Roker (2000) reported that for many adolescents pleasant relationships and shared values are sustained with parents, and many families have effective strategies for coping with changes in parent-child relationships, as adolescents move away from unilateral parental authority towards living on a more equal and emotionally independent footing. Literature has also indicated that "severe conflict has been found in a small minority of families, and better adjusted adolescents describe greater closeness with their parents (Steinberg, 1990). Moreover, Rubenstein and Feldman (1993) commented that, "it is not known to what extent adolescent behavioural and emotional disorders are a function of the amount of conflict in the family".

In Steinberg and Morris's (2001) article they reported that the sibling relationship in adolescence is an emotionally charged one, marked by conflict and rivalry, but also nurturance and social support (Lempers & Clark-Lempers 1992). As children mature from childhood to early adolescence, sibling conflict increases (Brody et al 1994), with adolescents reporting more

negativity in their sibling relationships compared to their relationships with peers (Buhrmester & Furman 1990). Moreover, maturity allows relations to become more egalitarian and supportive and, as with the parent-adolescent relationship, siblings become less influential as adolescents expand their relations outside the family (Hetherington et al 1999).

Children and adolescents learn much about social relationships from sibling interactions, and they bring this knowledge and experience to friendships outside the family. The end result of these "interconnections is that adolescents' relations with siblings are similar to their relations with parents and peers. The quality of the sibling relationship affects not only adolescents' peer relations, but their adjustment in general" (Seginer 1998). Positive sibling relationships contribute to adolescent school competence, sociability, autonomy, and self-worth (e.g. Jodl et al 1999). At the same time, siblings can influence the development of problem behaviour (Conger et al 1997).

Steinberg and Morris (2001) identified that another important area of research on adolescent siblings in recent years has focused on parents' differential treatment of their children. Parents treat siblings differently because of "differences in siblings' ages, personalities, and temperament. Unequal treatment from mothers or fathers can create more conflict among siblings" (Brody et al 1987) and is linked to "problem behaviours, such as depression and antisocial behaviour" (Reiss et al 1995). Differential parental closeness and warmth is also associated with psychological adjustment in adolescence (Anderson et al 1994).

Peer Relationships

The literature reveals that children's peer relations make a unique contribution to social and emotional development (Berndt & Das, 1987; Buhrmester, 1990; Hartup, 1983). Social development and experiences through the family impact what adolescents bring to their peer

relationships. Adolescents "spend an increasing amount of time alone and with friends, and there is a dramatic drop in the time that adolescents spend with their parents" (Steinberg & Morris, 2001; Larson & Richards, 1991). According to Brennan (1993) all supportive relationships buffer adolescents against social stresses such as those associated with socio-economic disadvantage, parental discord and family breakdown, but are also, important in coping with the psychological stress associated with puberty and with temperamental vulnerabilities. Moreover, Petersen (1988) reported that adolescents, compared to children, are more involved and intimate with peers, increasingly sharing thoughts and feelings.

Peers stimulate adolescent development both positively and negatively. Peers influence academic achievement and prosocial behavior (Mounts & Steinberg, 1995; Wentzel & Caldwell, 1997), as well as problem behavior such as drug and alcohol use, cigarette smoking, and delinquency (Urberg et al, 1997). Adolescents who are rejected from their peer group tend to be "irritable, withdrawn, anxious and socially awkward" (Pope & Bierman 1999). Peer victimization can lead to the development of "poor self-conceptions as well as internalizing and externalizing problems" (Egan & Perry 1998: Graham & Juvonen, 1989).

Self-esteem

The establishment of an identity is an essential task of adolescence that will be fundamental to the adolescent's self-esteem. According to Steinberg & Morris (2001) adolescence has long been characterized as a time when individuals begin to explore and examine psychological characteristics of the self in order to discover who they really are, and how they fit in the social world in which they live.

According to Zimmerman et al. (1997), self-esteem is generally regarded as the evaluation that people make about themselves that expresses a self-judgment of approval, or disapproval, and personal worth. The role of self-esteem in adolescent development is well-documented (Harter, 1990; Suls, 1989). Low self-esteem has been associated with such things as depression (Harter, 1986; Reinherz et al., 1989; Rosenberg, 1965) and delinquency (Bynner et al., 1981; Rosenberg et al., 1989; Wells & Rankin, 1983). Zimmerman et al. (1997) further claims that the successful development of a positive sense of self-worth may help enhance healthy outcomes or protect youth from engaging in problem behaviors.

From a social-contextual perspective there are specific systems within our environment that have a substantial impact on an adolescent's self-esteem. According to DuBois (1998), for many developing youth, self-esteem may be derived to a significant extent from feelings of self-worth and personal satisfaction that stem from their experiences at school and in their families. However, a concern is the extent to which the "domains most salient as sources of identity and self-esteem are congruent with the adaptive demands and norms of primary settings of development. For example the school as well as the larger society or culture in which such contexts are embedded" (DuBois et al., 1998; Kaplan, 1986; Skaalvik & Hartvet, 1990). Another concern is the issue of "whether personal standards underlying self-esteem are consistent with the expectations and aspirations of significant others in the youth's surrounding environment" (DuBois et al., 1998).

Autonomy

Adolescence, in our society has traditionally been viewed as a "time of turmoil for teenagers as well as for their parents who need to cope with the effects of theses changes on

family relationships, as adolescents strive toward autonomy" (Oldham, 1980; Preto, 1988; Offer, 1987). "With the onset of adolescence young people begin to show increasing resistance and reluctance to act when adults try to direct and oversee their behavior. They may resent not being left alone to make, organize and implement their personal decisions" (Judd, 1963).

Juvenile Delinquency and the Judicial System

History of Youth Crime

In order to fully appreciate the history of youth crime it is important to acknowledge that there have been many circumstances that contributed to the belief of increased juvenile delinquency in society. Changes in youth crime are attributed to the variations in population, important life events, like the Great Depression, urbanization, and an increase in law enforcement and a more punitive judicial system. According to McKnight (1995) social, economic, and technological changes have created a fragmentation of community life. This has resulted in families, schools, and other social systems within a community, that traditionally have provided the protection, the social supports and opportunities for participation and involvement necessary for human development, no longer meeting these functions.

In urban centres during the early 1600's children were allowed considerable freedom, "resulting in crime and hooliganism" (Winterdyk, p. 15, 2000). Carrigan (1998) notes that children were, involved in petty theft, brawling, and vandalism, and young girls in prostitution. He further claims that immigrant children greatly added to the criminal ranks and their immigration should have been stopped. According to Winterdyk (2000) youth crime in North America during the 1600's was most likely caused by the uncontrolled growth of New France, which enticed many young families, to a world with promises and prosperity. However, due to economic and physical hardships many families were destroyed which resulted in many young

people being "abandoned, neglected, or abused" (Winterdyk, p. 16,2000) thus ensuing a lack of supervision and an increase in crime.

Throughout the industrial revolution there were enormous changes in the economic trends that lead to an increase in poverty rates during the 1800's, which in turn precipitated a dramatic increase of delinquency and crime. As the problem of youth crime grew, it became increasingly evident that the state should be involved for intervention and resolution of the problem. The state intervention philosophy was to support the young offender within the context of the family. For example, mandatory education was instituted and several industrial schools were established across North America. Also, activists began lobbying for a variety of welfare-based measures, such as foster care.

Upon examining the public views in the early 1900's, it is evident that the movements which reflected society's view of children had a profound effect on law and the justice system. The "child savers" as referred to by Platt (1977), embodied a social reform movement that sought to improve urban living conditions. The founding basis of the movement was the belief that poor living conditions and lack of care for children lead to problems of neglect, and to criminal behaviour.

In the North American society, the early twentieth century marked a new era in youth crime. During this time there were numerous societal issues, including industrialization, large scale immigration and the growth of urban centers, that resulted in a growing population of exploited, neglected, homeless and abandoned youth. The court system would hold accused children in custody with adults and they were tried in adult courts without due process and other legal remedies (Penn, 2001). Society was also enforcing a zero tolerance attitude. As a result the "rate of conviction climbed" (Winterdyk, p. 18, 2000). In 1961 a committee was developed

due to the increasing concern over the growth of crime in Canada. This committee was designated to "inquire into and report upon the nature and extent of the problem of juvenile delinquency in Canada" (Carrigan, p. 158, 1998). As the century progressed the North American population grew, social classes (upper class, middle class and the poor) became more distinct, thus leading to an increase in poverty and economic hardship.

Contributing further to the recognition of youth crime was the increase in knowledge base. There was more documenting, reporting and analyzing the numbers, rate and frequency of youth crime. With this information different societal views were developed on how to manage the youth through law enforcement, and the judicial system's solutions to how these problems should be managed. Shore (2000) contended that youthful delinquency is evidence of a decline in morality, the erosion of the family, and the insidious impact of popular culture, in particular television and video. Fashion, the street life, music, and American cultural influences all play their part in the shaping of ideas about the juvenile offender of today.

Juvenile Delinquency Act

The Juvenile Delinquency Act (JDA) which sets out guidelines for juvenile courts was established in 1908. The JDA reflected society's view that a "young offender was a delinquent and therefore, in need of help, guidance, moral education and proper supervision" (Faust, & Brantingham, 1974). The philosophy underlying this act is known as "parens patriae" which establishes the juvenile court as the surrogate parent that is able to intervene if other social institutions such as the family or school fail to raise the child in an appropriate manner" (Caputo, 1987). It was believed that negative environmental influences were directly responsible for adolescents' delinquent behaviour. As a result these individuals required active intervention for rehabilitation. The welfare of the delinquents was primary for most courts and "magistrates

looked to family-centred care either at home or in a foster home as the first resort in response to delinquency" (Carrigan, p.126, 1998). Overall, the primary focus was on the young offender rather than his/her crimes and every delinquent was treated "not as a criminal, but as a misguided child" (Carrigan, p. 124, 1998).

A separate court system was utilized for youth, however, at the discretion of a judge of the juvenile court a child over the age of 14 accused of an indictable offence could be transferred to the adult court system. Sanctions ranged from probation, to fines, to detention and this was also at the discretion of the judge. "The choice to some extent reflected the seriousness of the offence, but frequently the whim, fancy, and personal philosophy of the judge came into play" (Carrigan, p. 130, 1998). The Juvenile Delinquency Act also enforced that youth who had to be detained could not be kept in adult jails, that all proceedings were private, and names of the accused nor their parents could be publicized.

The intention, orientation and application of the JDA remained primarily consistent from 1908 until the late 1960's. It was during the early 1960's that the Juvenile Delinquency Act came under increasing scrutiny. According to Caputo, (1987) the five main criticisms of the Act were; the Juvenile Delinquency Act focussed on the extensive power it granted the court for dealing with youth and its inefficiency in prevention and rehabilitation of delinquency.

The second criticism of the Juvenile Delinquency Act was the fact that the decision to bring a child into court was often made by a parent or social worker. No violations of the law were necessary for this action to be taken since "it required only that a determination be made that the child was unmanageable or beyond parental control" (Caputo, 1987).

The third criticism was that the Juvenile Delinquency Act allowed different provinces to adopt vastly different approaches to implementation. One variability, which existed across the country was the age limits for defining juvenile delinquents.

The fourth criticism was the Juvenile Delinquency Act failed to provide due process rights. Most hearings were informal and they did not adhere to the usual rules of evidence, therefore, violating the youth's basic constitutional rights.

Finally, the fifth criticism of this act was the "parens patriae" philosophy placed too much emphasis on the needs of the young persons and not enough on society's right to be protected from crime. Therefore, by failing to punish or treat young offenders, they were neither deterred nor rehabilitated. Even though the JDA clearly took a treatment and social welfare approach, the children had to be afforded at least the same procedural safeguards as adults, thus leading to the implementation of the Young Offenders Act.

D) Young Offenders Act

The Young Offenders Act (YOA) replaced the Juvenile Delinquency Act in 1984 in an attempt to remedy many of the former Act's shortcomings. The intent of the policy-makers who crafted the YOA was to promote a "delicate balance" between the rights, responsibilities and needs of society and young offenders (Archambault, 1983, Reitsma-Street, 1990). This development reflected a shift in philosophy from a " a welfare orientation to a greater concern with criminal behaviour and the accountability of young offenders" (Caputo, 1987). Therefore, the basis of the new legislation was the offence not the young offender, and that the "disposition premised on help, guidance, and proper supervision has been abolished" (Reitmas-Street, 1990). The dramatic shift from the social welfare model of court room functioning to "a justice model was premised on the following principles; people are responsible and accountable for their

actions; crime is a rational act; punishment should fit the crime; deterrence is important if future crime is to be prevented and all people are equal before the law" (Creechan & Silverman, p. 67, 1995). These principles implied that youth are accountable for their actions.

The YOA is based upon the principles of accountability and the protection of legal rights. The Act attempts to balance these with recognition of the special needs of young persons and the value of minimum interference with their freedom. The Young Offenders Act continued to make a distinction between youth and adult crime and "to provide for a substantially different and much more benign approach to dealing with youth" (Carrigan, p.243, 1998). Age is the first difference, that affects young offenders which is a change from the Juvenile Delinquency Act. Now, determinate proportional sentences are given to youths aged 12 to 18 who are found guilty of an offence under the Criminal Code. Youths younger than 12 no longer go to court and other appropriate actions are taken, such as a warning being given by a police officer, or the child possibly facing protective custody under child welfare legislation. The Young Offenders Act gives youths more rights to due process, including the right to a lawyer, to bail, to an appeal and fixed sentences.

The Young Offenders Act has been amended to address the concerns regarding serious youth crime. In 1986 the Act was amended to permit the identity of an accused or convicted youth to be made public where it is believed that the youth poses a threat to the public and publication is necessary to help the police in making an arrest.

In 1992 the Young Offenders Act was amended for the second time which focussed on youths charged with murder. The amendments which were passed pertaining to this issue where as follows; the court must determine whether protection of the public and rehabilitation of the offender can be ensured by the sentences available under the Act. If both objectives cannot be

met, the youth must be transferred to adult court; Youths convicted of murder in adult court continue to be sentenced to life imprisonment but are eligible for parole after serving 5 to 10 years in custody; Youths convicted in adult court may be sentenced to a youth facility. A number of factors are taken into account by the judge, including prior record, age of the offender, and public safety. Sentences in youth court for murder were extended to five years. The community portion of the sentence allows for close monitoring of the youth, who must follow the conditions of release set down by the judge. If a condition of release is not followed the youth may be returned to custody for the rest of the sentence. (Creechan & Silverman, p. 82, 1995)

Current research has been designed to contribute to the area of understanding public attitudes toward juvenile justice in Canada. According to Creechan & Silverman (1995) the few surveys of public opinion concerning juvenile justice have tended to focus on such topics as support for the juvenile death penalty, moving juvenile cases to adult court, the sentencing of juveniles compared to adults convicted of the same offence, and the incarceration of juveniles in adult prisons. There is consistent evidence of "fairly strong opposition to the juvenile death penalty" (Skovron et al. 1989; Creechan, & Silverman, 1995; Gallup, 1972). It is also evident that there is the same widespread view that "juvenile courts are too lenient in their handling of serious offenders" (Opinion Research Corporation, 1982). A study conducted by Creechan & Silverman (1995) found similar results regarding court leniency. Approximately 87 % of the respondents felt that the youth courts have become too lenient. They reported that this unexpected high degree of punitiveness toward young offenders may be related to the recent high profile issues related to the Young Offenders Act in the media and among politicians (Creechan & Silverman, p. 55, 1995). A majority of respondents in several studies did not favour giving

juveniles the same sentences as adults (Schwartz et al., 1990; 1993). However, a majority of respondents appear to favour trying juveniles for serious crimes in adult court, while there is little support for incarcerating convicted juvenile offenders in adult prisons (Schwartz et al., 1990; 1993).

Assessment

Section 13 of The Young Offenders Act is the only portion that addresses the needs of a young offender. This particular section deals with the medical and psychological assessment of young offenders. Since Section 13 is "an important point of access between the legal and mental health system, the decision process at this juncture is especially critical" (Jack & Ogloff, 1997). Legal decision-makers must differentiate among young offenders and determine which individuals should be referred for a mental health assessment. Jack & Ogloff, (1997) describe Section 13 of the Young Offenders Act as a vague description of the circumstances under which a youth court should order a medical and psychological assessment, therefore, it is unknown which factors juvenile justice personnel consider when making the decision to refer youth for assessment.

Jack & Ogloff, (1997) further reveal that fewer referrals for mental health assessments have been made under the YOA than under the Juvenile Delinquents Act. In Ontario, the decrease in the number of referrals has been particularly apparent. 12 % of youths charged under the Juvenile Delinquency Act were referred for mental health assessments in 1983 whereas in 1985 only 5% of youths charged were referred under the Young Offenders Act. Moreover, the judge's most common reasons for referrals also changed between the two acts. Under the Juvenile Delinquency Act, "family problems were cited as the most common reason for referrals,

however, under the YOA, judges seemed to emphasize possible emotional disorders" (Jack & Ogloff, 1997).

According to Awad (1991) there is no evidence that the number of juveniles in real need of mental health assessment has changed, and the reduced referral rate has been attributed to the legalistic focus of the Young Offenders Act. Furthermore, Awad (1991) suggests that judges are less likely to order assessments under the YOA and tend to wait for the Crown or defense counsel to request mental health assessments.

Jaffe, Leschied, Sas, and Austin (1985) conducted Canadian research that focused on medical and psychological assessment under the Young Offenders Act in Ontario. Intake information was collected on 616 juveniles referred by the court, between 1974 - 1981, to the London Family Clinic. The judge's primary referral concerns included placement (32.5%); violence (13.5%); education (11.8%); family (31.6%); and emotional state (10.6%). The researchers concluded that there was a "tendency...to refer to the Clinic only the most troubled individuals, those charged with serious offenses or who have chronic histories of emotional difficulty and delinquent behavior" (Jaffe, Leschied, Sas, and Austin, 1985). Unfortunately there is a deficiency of research and the remainder of relevant studies have been conducted in the United States.

There exists a significant inconsistency in the "management of juvenile offenders between the U.S. a Canada. As a result U.S. studies may have limited applicability in Canada" (Jack, & Ogloff, 1997). However, due to the lack of Canadian research the American studies are an important reference point. It should be noted though in comparison of Canadian and U.S. literature the differences in culture, especially the greater tolerance for violence in the United States. Lewis, Balla, Sacks, and Jekel (1973) collected data on both referred and non-referred

juveniles. Although referred youths did not differ significantly with respect to socio-economic status, gender distribution or occurrence of treated parental psycho- pathology, the referred youths tended to have committed a greater number of prior offenses that were more serious in nature (Offenses against person) and were younger at the time of their first offense. Additionally, the juveniles referred for psychiatric evaluation had experienced significantly more physical trauma and were more likely to have parents who had received psychiatric care. As the above literature indicates juvenile demographics and criminal characteristics likely influence the decision to refer a youth for medical and psychological assessment.

Supervised Access

Supervised access is a relatively new phenomenon. In 1991 the Ministry of the Attorney General consulted with the Ontario Women's Directorate and the Ministry of Community and Social Services and initiated the Supervised Access Pilot Project consisting of 44 centres across the province. In 1994, The Institute for Child Studies at the University of Toronto conducted a comprehensive evaluation of the program. After, this evaluation The Supervised Access Pilot Program received on-going funding from the Ministry of the Attorney General. Moreover, in 1999, the Ministry of the Attorney General expanded the program to 22 additional court districts across the province and in 2000 the government committed funding for province-wide expansion to provide supervised access services in each court district across Ontario.

Unfortunately, due to the complexity of family life there are no guarantees that marriages will be faultless and enduring, violence non-existent and all problems readily solvable. As a result programs such as Supervised Access have been implemented to address the complex issues that arise. Supervised Access programs provide safe settings for visits and exchanges between children and non-custodial parents, or other adults involved in custody and access

matters, under the supervision of trained staff and volunteers. Families would use supervised access centres if they have a court order for supervised visits and exchanges, and if both parties agree, in writing, to the use of a supervised access centre. More specifically, these programs would be utilized when there are issues such as: history of domestic violence, risk of abduction, extended absence from the child, and concern about parenting ability.

Due to the increasing demands for families to participate in the Supervised Access programs the Ontario Ministry of the Attorney General has expanded the program in 1999 from 14 to 36. The Government of Ontario 2000 Budget committed $ 2 million further to expand the program. Supervised access services will be available at 77 locations across the province when the expansion is completed. This expansion will ensure that the Supervised Access Program serves all areas of the province. Increased funding resulted from an increase in demand. The following chart contains statistics that illustrated the increase of families accessing this program:

	# Families Served	# Children	# Visits	# Exchanges
97-98	8 952	16 860	14 592	12 828
98-99	11 293	19 765	15 647	11 847
99-00	12 088	20 358	16 108	12 580

All Supervised Access Programs in Ontario are provided through partnership with community-based and non-profit organizations. The program is operated by these organizations and is funded by the Ministry of the Attorney General (www.attorneygeneral.jus.gov.on.ca).

Currently, a great deal of the literature is based around supervised access for children who are in care with The Children's Aid Society, where the specific goal is to reunify families. However, the program that is being discussed in this practicum does not provide service to children who are in the care of the Children's Aid Society (CAS) since Child Welfare (protection cases) are governed by the Child and Family Service Act and are typically supervised by CAS.

Assessment

Ecological/Systems Perspective

The systems model exemplifies an interactive and multi-faceted approach that "considers the entire system and the interchanges within and between the systems" (Petr, 1988). According to Von Bertalanffy (1968) living organisms are essentially open systems, maintaining themselves with continuous inputs from, and outputs to the environment. The individual, as well as all members of the family unit must coexist within different environments including work, school, church, government, social networks, public institutions and personal service providers (Hepworth & Larsen, p. 17, 1993). Therefore, the emphasis in working with adolescents is not only on the adolescent but also on the transactions that occur between the adolescent and the other systems he or she interacts within his/her environment. The key to the transactional nature of these relationships exists in their ability to mutually influence each other.

The family unit is a particular system that serves certain "instrumental and expressive functions for family members, including providing for socialization, safety, certain resources, care, and protection" (Turner, p. 606, 1996). More specifically, Turner (1996) states the family is a system that represents a subsystem of the larger community of which the following assumptions can be made:

1. The whole is greater than the sum of its parts.
2. Changing one part of the system will lead to changes in other parts of the system.
3. Families become organized and developed over time. Families are always changing and, over the life span, family members assume different roles.

4. Families are generally open systems in that they receive information and exchange it with each other and with people outside the family. Families vary in their degree of openness and closedness, which can vary over time and according to circumstances.
5. Individual dysfunction is often reflective of an active emotional system. A symptom in one family member is often a way of deflecting tension away from another part of the system and hence, represents a relationship problem.

According to Turner (1996) family systems are open or closed depending on the degree to which they are organized and interact with the outside environment. Dynamic systems must maintain their continuity while tolerating change.

The ecological perspective evolved from the systems thinking of such theorists as Von Bertalanffy (1969) and Anderson and Carter (1990). More specifically, the ecological approach is the combination of two separate components: the study of ecology and the study of general systems theory. Germain (1973) states that the ecological approach is based on taking a holistic view of people and their environments as a unit, because one can only be understood in the context of its relationship to the other. He further states that continuous reciprocal exchanges or transactions in which people and environments influence, shape and change each other characterize this relationship.

According to Meyer this perspective is not a practice model but rather a useful tool to comprehend a complex situation. The ecological perspective encompasses the person-in-environment concept which ultimately helps social workers "enact its social purpose of helping people and promoting responsive environments that support human growth, health, and satisfaction in social functioning" (Germain & Gitterman, p. 4, 1996). Ecological thinking

suggests "that social workers should concentrate on helping change maladaptive relationships between people and their environments" (Duhl, 1983 & Germain & Gitterman, 1996).

Ecological Concepts & Themes

The concepts of adaptation, life stressors and coping are instrumental in the ecological approach since they are all transactional in nature, and an understanding of these allows social worker to focus on the relationship between the person and the environment (Germain, 1991).

Adaptation is the central concept of the ecological perspective. According to Germain (1981) adaptation is a transactional process in which people shape their physical and social environments, and in turn are shaped by them. Through adaptation individuals "strive to create the best person-environment fit for their needs, rights, capacities, and aspirations within the limitations of the quality of their environment" (Germain, 1991). Adaptation also refers to "behaviors that can have a biological, cognitive, emotional, social, or cultural basis that can move an individual toward adaptiveness" (Germain & Gitterman, p. 9, 1996). Germain & Gitterman (1996), further emphasize that adaptations are active efforts to change oneself in order to meet the environment's expectations or its demands, to change the social and physical environments, so that they are more responsive to one's needs and goals, and thereby, change the person/environment relationship in order to achieve an improved fit. Adaptation is regarded as an ongoing process.

Life stressors are considered to be both perceptual and transactional in nature. According to Germain and Gitterman (1996) external life stressors and internal stress are expressions of negative relationships between person and environment. The life stressor, which is externally generated, takes the form of a harm or loss. How a person perceives the stress, and what resources are available to meet these challenges, helps in the adaptation process which can

eventually affect a persons self-esteem either positively or negatively. For many people, life stress can represent a negative or poor person-environment relationship, where actual or perceived environmental demands or harms exceed the person's actual capacity for dealing with them (Germain, 1981).

The subjective or emotional response to stress is a special adaptation called coping Germain, 1991). Individuals possess a variety of coping skills which they have learned though experience with previous stressors. According to Germain and Gitterman (1996) most people grow as a result of coping with stressors; their self-esteem and sense of competence, relatedness, and self-direction are strengthened by their triumph over adversity. However, not all coping techniques are functional. When efforts at coping are ineffective, physiological and emotional stress are likely to be intensified and may lead to physical, social, or emotional dysfunction Germain and Gitterman (1996).

According to Germain (1991) two major functions of coping are problem solving (what needs to be done to reduce, eliminate or manage the stressor), and regulating the negative feelings associated with the stressor. Germain (1991) further emphasizes that progress in problem solving leads to the restoration of self-esteem and to more effective regulation of the negative feelings, which are generated by the stressful demand. Problem solving skills are generally learned in "environmental institutions such as the family, the school, the church, or the hospital. Likewise, the person's ability to manage negative feelings are directly associated with social and emotional supports which are present in the environment" (Germain, 1991).

Another important concept of the ecological perspective is time. According to Germain (1976) each system in a network of systems has its own time texture and its own periodicity. Individuals, families, organizations, languages, cultures, and societies possess idiosyncratic

orientations to time which influence people's values and lifestyles. Germain (1991) identifies the concept of culture as including value orientations and the norms governing behavior, knowledge, technology, belief system, language and the meanings attributed to objects, events, and processes.

Allen-Meares (1987) describes seven ecological themes based on the person-environment fit theory. They are as follows;

1. The environment is a complex environment-behavior-person whole, consisting of a continuous, interlocking process of relationships;
2. The mutual interdependence among person, behavior, and environment is emphasized;
3. Systems concepts are used to analyze the complex interrelationships within the ecological whole;
4. Behavior is recognized to be site specific;
5 Assessment and evaluation should be through naturalistic and direct observation of the individual /family/community system;
6 The relationships of the parts within the eco-system are considered to be orderly and structured;
7 Behavior results from mediated transactions between the family and the multivariate environment.

Therapy

Strengths Perspective

The social work profession has witnessed a shift in the way clients are viewed and treated over the past decade. Historically, social work approaches focused on the pathology and dysfunctions inherent in the individual. The emerging new wave, focusing on client strengths,

resilience, empowerment and collaborative partnership presents a more positive, growth-enhancing approach to working with clients. As the strengths perspective has continued to develop, it has become the subject of increased attention in the social work field.

Issues in Social Work

The origins of the strengths perspective reach deep into the history of social work. However, it was not until 1980's that it was conceptualized as an approach including its own set of assumptions and principles to apply in practice (Weick, Rapp, Sullivan and Kisthardt, 1989; Saleebey, 1992; DeJong, Miller, 1995). The emergence of this new framework provided the social work profession with a uniqueness in the helping vocation. "The strengths perspective is an alternative to a preoccupation with negative aspects of peoples and society and a more apt expression of some of the deepest values of social work" (Weick, Rapp, Sullivan, Kisthardt, 1989). Instead of treating the problem, a strengths approach focuses on growth and change and human potential. This positive approach to working with clients lends itself to a more collaborative partnership in the social work relationship. This shift from the traditional pathological/deficit model to strengths enhanced practice model represents a significant departure from how social work has been practiced.

What are Strengths?

1. What people have learned about themselves, others, and their world as they have struggled, coped with, and battled. People do learn from their trials, difficulties and disappointments.
2. Personal qualities, traits, and virtues that people posses. These are sometimes lost in times of trauma. They can include a sense of humour creativity, loyalty, insight, independence, spirituality, imagination and patience.
3. What people know about the world around them through what they have learned

intellectually or through life experiences.

4. The talents of people may provide additional tools and resources to assist individuals in reaching their goals. In addition, they maybe assets that can be shared and given to others.
5. Cultural and personal stories are often a source of strength, guidance, stability comfort, and transformation, and although often overlooked or minimized through domination when recounted and celebrated they are sources of strength and wisdom.
6. Pride. People do have pride as exemplified by people who have overcome obstacles or who have rebounded from misfortune and hardship. Often this pride is there waiting to be uncovered, since it is buried by shame, guilt, blame and labeling (Saleebey, 1997, pg 53-54).

The strengths perspective has emerged as a "new wave" of thinking about clients and their problems. According to Saleebey (1997), in order to practice from a strengths perspective a different way of seeing clients, their environments, and their current situation is necessary. "It takes courage and diligence on the part of social workers to regard professional work through this different lens. Such a "re-vision" demands that they suspend initial disbelief in clients. Too often practitioners are unprepared to hear and believe what clients tell them, what their particular stories might be especially if they have engaged in abusive, destructive, addictive, or immoral behaviour." (Saleebey, 1996) "The key to this approach has been a singular emphasis on the strengths and resources of the client, rather than on the client symptomology and behaviour problems." (Weik, Rapp, Sullivan, Kisthardt, 1989) "The strengths approach is more than positive reframing and identifying strengths. It is a consistent focus on identifying client strengths and resources and mobilizing resources that directly or indirectly improve the problem situation (Saleebey, 1997). Furthermore, the strengths approach attempts to "understand clients in terms of their strengths. This involves systematically examining survival skills, abilities,

knowledge, resources, and desires that can be used in some way to help meet client goals" (Early & GlenMaye, 2000,p.119).

The Strengths Perspective Concepts

Saleebey (1997) outlines the strengths perspective in three basic concepts:

- Given the difficulties they have, and the known resources available to them, people are often doing amazingly well - the best they can at the time.
- People have survived to this point - certainly not without pain and struggle - through employing their will, their vision, their skills, and as they have grappled with life, what they have learned about themselves and their world. We must understand these capacities and make alliance with this knowledge in order to help.
- Change can only come when you collaborate with client's aspirations, perceptions, and strengths, and when you firmly believe in them. (p.49)

Principles of the Strengths Perspective

The strengths perspective can be best described by its principles which outline the beliefs and values of the model. These are as follows:

1. The focus of the helping process is on the strengths, interests, abilities, knowledge and capacitates of each person, not their diagnosis, weakness or deficits.
2. The relationship between consumers and case managers becomes an essential component of the helping process, and is characterized by mutuality, collaboration and partnership.
3. The people we are privileged to work with are viewed as the directors of the helping process.
4. All human beings possess the inherent capacity to learn, grow and change.
5. The helping activities in this approach are designed to occur in the community, not in the confines of an agency/organization.

6. The entire community is viewed the location of potential resources to enlist on behalf of consumers; naturally occurring resources are considered as a possibility before segregated or formally constituted" mental health" resources. (Kisthardt... "The Strengths Model of Case Management: Principles and Helping Functions." In D. Saleebey (1996). The Strengths Perspective in Social Work Practice (2nd edition).

Assumptions of the Strengths Based Perspective

There are several assumption/key elements that are incorporated into the strengths approach. These beliefs are what shape the overall schema of the strengths based practice.

1. Humans have the capacity for growth and change.
2. Individuals and families all have many capabilities, abilities and strengths.
3. Attempts to understand clients in terms of their strengths. (Examining survival skills, abilities, knowledge, resources and desires - how they can be used to help meet client goals.)
4. People also have knowledge that is important in defining their situations (problematic aspects as well as potential and actual solutions)
5. Human beings are resilient

Language

Language is a central component of the strengths perspective since it utilizes a specific discourse that directs social workers "to an appreciation of the assets of individuals, families and communities" (Saleebey, p.8, 1997). Words have enormous power and influence in our culture. What and how something is said can be destructive and constraining or can enliven and inspire. This being the case, social workers must use language with caution in the therapeutic relationship. Ultimately, "language and words have power. They can elevate and inspire or demoralize and destroy." (Saleebey, p.8, 1997). Furthermore, by using the appropriate/correct

language, social workers are seeking out the strengths within each person and by doing so is one way "to discover the stories, narratives, and systems of meaning that guide clients'" (Saleebey, p.50, 1997).

Role of Social Worker

The role of the social worker and client is best described as a collaborative partnership and is an essential component of the strengths approach. This collaboration helps individuals see that they do possess the resources that may be useful in resolving their problem(s). Also, by collaborating with clients the role of "expert or professional" (Saleebey, p.15, 1997) is minimized. Saleebey (1997) indicates that this is something liberating for all parties involved and for social workers in connecting to clients' stories and narratives, their hopes and fears, their wherewithal and resources rather than trying to stuff them into the narrow confines of a diagnostic category or treatment protocol.

Social workers have a unique role with their clients since they are constantly communicating their "belief in the inner strength and resourcefulness of a person which becomes the beginning step in restoring people's faith in themselves and in their capacity to influence the shape of their lives" (Saleebey, p.47, 1997). When utilizing the strengths perspective social workers believe that "growth-oriented change is an essential ingredient in the dynamic of the relationship" (Saleebey, p.47, 1997).

Utilizing the strengths perspective, social workers, help adolescents seek out and build on their social competence, problem solving skills, autonomy, and sense of purpose and future. Benard (1997) has described these as the four areas that contribute to an adolescent's resiliency. Other roles of the social worker may be in the form of educating adolescents to help them develop self-advocacy, living, or coping skills because adolescents are still in the process of

developing these skills. To collaborate with an adolescent is to negotiate and consult with him/her.

Resiliency

Resilience is "a term used to describe the positive pole of the ubiquitous phenomenon of individual differences in people's responses to stress and adversity" (Rutter, 1990). Rutter (1985) reported that protective factors contribute to a person's resiliency. Protective factors "refers to influences that modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to maladaptive outcomes" (Rutter, 1985). Protective factors are described as personality features such as self-esteem, family cohesion and an absence of discord, the availability of external support systems that encourage and reinforce an adolescent's coping efforts. The "phenomenon of resilience is due in part to vulnerability and protection processes by which there is a catalytic modification of a person's response to the risk situation. These protective processes involve a change of life trajectory from risk to adaptation and when the mechanisms of protection seem to differ from those of vulnerability" (Rutter, 1987).

The promotion of resilience is very important when working with adolescents since adolescents are deemed to be more vulnerable. The promotion " does not lie in an avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence, and social competence to increase through mastery and appropriate responsibility" (Rutter, 1985). Rutter (1987) further identified that resilience is concerned with individual variations in response to risk. Specifically, some people succumb to stress and adversity whereas others overcome life hazards. It is also important as practitioners to recognize that some clients may cope successfully with difficulties at one point in their life, but may react adversely to other stressors at the same time.

In order to facilitate and support resiliency in youth, social workers should help adolescents become knowledgeable about their environment and who they are as a person, which Saleebey (1997) believes helps an adolescent become socially competent. Social competence includes developing qualities of responsiveness, flexibility, empathy and caring, communication skill, a sense of humour, and any other prosocial behavior" (Saleebey, p.169, 1997). All of the identified qualities will essentially help adolescents establish more positive relationships with others.

Problem solving, autonomy, and a sense of a future are all important components according to Saleebey (1997) that contributes to resilience in adolescents and which have been identified for social workers as important to facilitate in practice. Problem solving is encouraged with adolescents to help them achieve functional solutions for a multitude of problems. Autonomy is another aspect that is established since it provides adolescents with a strong sense of their own identity, and gives them the "ability to set boundaries, to act independently, and to exert some control over one's environment" (Saleebey, p.170, 1997). It is also important that social workers, throughout the therapeutic relationship, ensure that an adolescent has a sense of purpose and future, for example "healthy expectancies, goal directness, success orientation, achievement motivation, educational aspirations, persistence.... a sense of a compelling future and a sense of coherence" (Saleebey, p.170, 1997). Ultimately, the strengths perspective accepts and acknowledges the resilience of people, their ability to endure extreme hardship and to survive seemingly insurmountable problems" (Gray, 2000).

Challenges Practitioners Face in Implementing a Strengths Approach

Applying a strengths perspective requires more than just a fundamental shift in how we think. It is a value base that helps guide or facilitate the transaction between worker and client.

As it is not yet a theory, the application of a strengths based approach can seem a bit fuzzy, and not well grounded in its own theoretical base. To practice from a strengths perspective means that "everything you do as a social worker will be predicated, in some way, on helping to discover and embellish, explore and exploit client's strengths and resources in the service of assisting them to achieve their goals." (Saleebey, p.3, 1997) A strengths perspective encompasses several other concepts and therefore takes from other approaches when actually applying it in practice. The questioning used in an interview with a client can look similar to a solution-focused interview.

CHAPTER 3

Methodology

Personnel

A committee consisting of Dr. Grant Reid, Dr. Eric Sigurdson, Sharon Pudas and Chris Loud will all contribute and guide the practicum. The student will arrange and attend weekly supervision sessions with Chris Loud (MSW) and Grant Reid will be available for consultation and guidance.

Time Requirements

The practicum was conducted on a part-time basis. Therefore, I began my practicum in June of 2001 and was finished by January 2002. I was at The Lakehead Regional Family Centre five days a week for 4 hours a day. Overall, a 500- hour of direct practice requirement was completed.

Setting

Sessions will take place at Lakehead Regional Family Centre on 283 Lisgar Street in Thunder Bay Ontario. This centre was created in 1988 and is legislated under the Child and Family Services Act. Lakehead Regional Family Centre is an accredited children's mental health facility that provides assessment, treatment, counselling, and support services to children, adolescents and their families. Their goal is to improve the mental health of the Thunder Bay community and to assist children and families to overcome their difficulties in order that they may live happier, healthier and more productive lives. I will be involved with two units at Lakehead Regional Family Centre, 1. Family Services Program and 2. Y.O.A\Court Services. The Family Services Teams provide a range of child and family interventions including

individual, family, groups, and community based family-focussed services. Multi-disciplinary teams of family workers, psychologists, psychometrists, social workers, and psychiatric consultants offer crisis intervention, brief and longer term therapy, and consultation as determined by the child and the family's intervention needs. (Lakehead Regional Family Centre Pamphlet). The Y.O.A.\Court Services is a multi-disciplinary team consisting of social work, psychology and psychiatry. It provides Court-ordered assessments under the Young Offenders Act, treatment services to convicted adolescents, individual and group therapy to convicted adolescent sexual perpetrators, consultation services to the Young Offenders Service Community, and clinic intervention to other L.R.F.C. clientele (Lakehead Regional Family Centre pamphlet).

Client Criteria

The practicum was based on having six clients, with a minimum of four being required for completion of the practicum. Adolescents aged seven to eighteen were chosen from intake at the Lakehead Regional Family Centre from the agency waiting list.

I received my referrals from either a family member or the actual client who expressed concerns and needed professional assistance. An intake worker would accept the initial call, gather identifying information and the information about presenting issues. The intake worker then determined the complexity and severity of the case and it was rated according to level of severity. A committee met weekly to review each intake referral to ensure that the critical cases were dealt with immediately. Adolescents and families who had been waiting for a lengthy period for service, as their cases were not critical were of a priority for me.

I was able to receive clients with an array of problem areas. I felt that this was important when working with adolescents as it gave me a broader knowledge base about problematic areas within youths' life and how the change process is perpetually unique. I consider that this wider experience will also assist me in the future when I continue to work with this client group.

I met with each adolescent nearly every two weeks, until December 2001 for approximately 30 to 90 minutes. There was a degree of flexibility, which enabled me to determine the length of time that was appropriate for each individual. Each adolescent was different, and as a result, his or her attention span varied. I incorporated the use of the poolroom and playroom as a stimulant for conversation.

Client Screening and Consent for Treatment

An initial screening session took place that allowed potential clients and their parents to meet with me to discuss issues of confidentiality, and the compatibility of their goals for therapy with my approach. The implications of my being a student was discussed, including my sharing of information with supervisors and the time limits involved. Once this information was provided I also explained the process of informed consent. Each parent and adolescent had the opportunity to read over the consent form and ask any questions. All consent forms were signed which gave permission for the adolescents to be involved in the therapeutic process.

LRFC is one of the few mental health agencies in Thunder Bay Ontario. Therefore the majority of adolescents were on the wait list for an extended period of time ranging from three to six months. This posed complications since approximately four of my prospective clients were on the wait list (for at least 6 months) and by the time they were assigned to a case manager the

crisis had either intensified or been resolved. However, I could not close the case immediately, as I had to follow the particular protocol mandated by LRFC. The process began with me attempting to make initial contact, then waiting for responses, or writing contact letters, and eventually closing summaries. This was not a simple progression and as a result this impeded the time spent with willing participants.

Practicum Overview

The beginning phase of the practicum consisted of an extensive orientation to the agency. I completed the appropriate paperwork that enabled me to begin my placement. For example I signed a confidentiality agreement, applied for a criminal reference check, and completed a personal profile. I also began my orientation to the computer system (InnCase, Novell GroupWise, and Corel Word perfect) becoming familiar with the different programs and reading manuals. I read the LFRC policy and procedures manual to be aware of the procedures that were mandated by the agency.

I attended team meetings within each unit to become familiar with the programs that were utilized within the agency and to get to know the staff. The programs that I was directly involved in were;

I) Family Services is a program that provides multi-disciplinary community based mental health services to children and adolescents ages 6-17 and their families. Services provided include assessment, consultation, individual, family, and group treatment. The Child and Family counseling and Treatment Services program also provides consultation, education, and prevention services to the community.

II) Court Services/Young Offender Assessments (YOA) is a program that was designed to provide multi-disciplinary Court-ordered assessments and recommendations for disposition,

under Section #13 of the YOA, on youth 12 to 15 years of age (Phase 1 offenders) and 16 to 17 of age (Phase 2 Offenders). The team also provides court ordered sexual offender treatment to Phase I offenders (Adolescent Sexual Offender Program {A.S.O.P}). The YOA/Court Services Team provides consultation and assessments to other service providers. Many of the referrals are received from Judges from Provincial Court (Family Division) for assessment due to an adolescent's conflict with the law. Therefore, all assessments are court ordered, either directly for disposition or as a part of a probation order, (for treatment purposes).

III) The Supervised Access Program provides supervised visitation and exchanges of children by non-custodial parents in a safe, neutral and child-focused environment. Supervised access may be ordered by family court judges in child custody determinations when the non-custodial parent has a history of violence, child abuse, substance abuse, threat of child abductions or mental instability. Overall, this program provides a neutral location and increased safety for both children and parents during access visits and exchanges.

The different areas of the agency that was I orientated to, but did not have direct involvement in, were Intake, Child Development program, Day Treatment/Education program, Residential Services, and the New Experiences program. These programs will be discussed briefly.

IV) To obtain mental health services at Lakehead Regional Family Centre, referrals are made to an Intake Worker. Relevant referral information is gathered for the purpose of determining the most appropriate program, in discussion with the referral source. The youth, parent, and referral source will be requested to provide a Standardized Client Information data for the purpose of assisting the Centre in determining the most appropriate mental health

intervention. All Lakehead Regional Family Centres' mental health services are provided to clients who live within the city of Thunder Bay and district.

V) The Child Development Program provides an early intervention, community-based service to families who have preschool children (birth-six years old) who are developmentally delayed, "at risk" of delay and/or who have behavioural, social, emotional or family problems. This program provides assessment and treatment to improve the family's ability to deal with developmental and/or behavioural problems with a major emphasis on enhancing the parent/child relationship.

VI) The Day Treatment/Education Program provides Children's Mental Health Services for children/youth in school classrooms. Interventions include assessment, treatment, behavioural and academic programming. The program is conducted in three community school settings through a Memorandum of Agreement negotiated between the Lakehead Regional Family Centre and the Lakehead District School Board.

VII) Residential Services offer residential placements for children and adolescents who are experiencing mental health difficulties. Clients can be described as having emotional, social and/or behavioural problems to a degree that they are identified as unmanageable by the family system, "exceptional" in the educational system, having special needs, or as "hard to serve" in the children's service network.

VIII) The New Experiences Program is a community based resources and treatment model established to deliver and promote a spectrum of addiction and mental health treatment interventions. The range of interventions is key to recognizing the cultural diversity of youth and to expand existing treatment options to accommodate youth who do not engage in more conventional modes of treatment.

During the next phase of my practicum I met with the clients and their parents and obtained consent for the adolescents to be involved in the therapeutic process. Throughout the six months at LRFC I met with clients and their family members to conduct thorough assessments and to apply my therapeutic intervention.

CHAPTER 4

Findings: An Analysis

Setting

Service Demands

There have been a number of factors, positive and negative that have affected the functioning of LRFC. Unfortunately, with Government cutbacks in the social service industry, Lakehead Regional Family Centre cannot fully meet the demands of their community. There are many referrals each month to the agency and as a result numerous children and adolescents are waiting up to six months to receive support and intervention. During intake each call is assessed and a determination is made about its priority status. These intake referrals are reviewed weekly by a committee who will then assign cases to specific workers based on the urgency of the referrals' and on the weight of their caseload. This leaves many families in a constant state of crisis without any immediate help from this intervention/support system.

Client Selection

A significant complication during my practicum experience was that the majority of my referrals had been on the agency's waiting list for a lengthy period of time. As a result much of my time was spent assessing whether or not the adolescent and the family was still interested in receiving services from LFRC. Consequently, some of the families who were interested did not get involved with the agency immediately and I did not have the opportunity to meet with the family and adolescent for the six-month period.

Data Collection

Phone Calls/Assessments/School Personnel

Data was collected from the intake referrals and phone conversations with parents. A more comprehensive understanding of the clients and their problem areas came from previous assessments completed by other agencies, doctors, psychiatrists, school personnel and previous involvement with Lakehead Regional Family Centre.

Extensive note taking

In the beginning phase of my involvement with each client extensive note taking took place throughout each session. However, this posed a problem since I found it hard to keep focused on the actual content of the session which, I believed took away from the therapeutic process. I also found it to be distracting to the clients. From this deduction I decided to only write down key words throughout the sessions to assist me in the drafting of accurate notes for each session. Therefore, after each meeting I took time to write up an accurate description of the session's content.

I had to be aware of both what was being said, and the actions or non-verbal expressions that were being displayed. I was also cognizant of the feelings that were expressed and the behaviours that were displayed throughout each session between the family and/or with their adolescent.

Documenting in Inncase

As stated previously, InnCase is a documenting system that is utilized by the staff at Lakehead Regional Family Centre. All contact and involvement is entered into the agency's computer system. This enables staff to access all pertinent information. The system allowed for continuity of practice and is seen to be beneficial for the staff.

When my notes were completed, I entered each sessions content into the computer system and elaborated on what was communicated to me by the adolescent or the family member. I was also able to distinguish any important observable behaviours and to comment on them. Frequent things I looked for were the client's mood, their tone and if they were co-operative within the interview. The entirety of this information was used to analyse and interpret each session.

Client Profiles

Age

Two clients were 7 years old, three clients were aged 10, one client aged 12 and one client was aged 17.

Family Type

Three clients lived with both biological parents. In two families both parents were employed outside of the home and in the third family the primary income earner was the biological father due to chronic health complications of the biological mother. Two clients lived in single parent families (with biological mothers). One mother was employed outside of the home and the other mother was receiving social assistance. One client lived with her biological mother and her mother's common-law partner. They both worked outside of the home. All of my clients were the youngest of their siblings, and one was from a set of twins.

School Issues

All adolescents were registered and attended school, expect for one who was completing his/her education through home schooling. Two of the clients had been previously diagnosed as having learning disabilities.

Problematic Behavior

The majority of my referrals had similar identified problematic behaviours. In all case the adolescents and their families addressed concerns relating to their level of self-esteem and their inability to control their anger when confronted with difficult situations. Another similarity with my clients was their concern about poor relationships with family members and peers.

Client A

*Anger Management
*Lack of relationships with her friends.
*Poor self-esteem
*Difficulties in school (academically)

Client B

*Anger Management
*Lack of relationship with friends
*Poor self-esteem
*Poor relationship with family

Client C

*Anger
*Poor relationship with friends
*Poor self-esteem
*Poor relationship with family

Client D and E

*Anger
*Behaviour issues at school.
* Lack of social skills
*Poor self-esteem
*Poor relationship with Peers
*Difficulties with siblings
*Witnessed physical and emotional abuse

Client F

*Anger
*Poor relationship with family
*Poor relationship with friends
*Poor self-esteem and lack of social skills
*Witnessed a lot of marital discord

Client G

*Anger
*Poor relationship with family
*Lack of friends
*Poor self-esteem
*Sexually assaulted

Parental Involvement

Parents of each of my clients were actively involved with their adolescent's involvement with the Lakehead Regional Family Centre. It is interesting to note that only the adolescent's mothers attended and participated in the sessions, identified concerns and provided feedback. In the initial phase of therapy each mother spent time in the room to help the adolescent feel

comfortable with the agency's environment, and with disclosing personal information to a stranger. After the third session, I was meeting with the adolescent and with their mothers individually. At the beginning of each session, I allowed the client and their parents the opportunity to meet together to share important information and progress they had made since our last meeting. I had one client in particular who did not feel comfortable coming to the agency or spending time alone without her mother. As time progressed, the adolescent made justifications of why she did not want to attend therapy. Her mother however, still believed that there were problems that needed to be identified. My time was spent providing support and parenting education to the mother.

Client Themes

Throughout the course of my practicum several themes emerged. These themes form the basis of discussion that includes issues of self-esteem, anger management, family conflict, and peer conflict.

Poor Self-Esteem

Every adolescent that I was involved with expressed feelings of decreased self-esteem. We explored what they believed caused these feelings and eventually it was established/or they able to realize were that they were able to be any kind of person they want to be. They discussed the concept of blame and each adolescent indicated that they tended to put themselves down or compare themselves with others. We attempted to change their negative self- talk into positive self- talk which contributed to the strengths process. The adolescent females expressed concerns about how they perceived themselves and their body image. According to Harper and Marshall (1991, p.801) the concept of self-esteem has been widely researched in relation to a number of variables including age. They state that adolescents are likely more concerned with

their self-image and what others think of them, than are other groups.

A lot of our discussion was based around the notion of high self-esteem and such questions were addressed;

~How can you tell that this person has high self-esteem?

~What does self-esteem do for a person?

~Where does it come from?

~Can you think of a time when making a good choice made you feel good about yourself?

~How does making a bad choice make you feel?

~How do our choices affect our self-esteem?

All of the adolescents discussed their thoughts and feelings pertaining to these issues. They also explored how they specifically act when they feel a certain way and what they need when they feel that particular way.

I utilized an activity called "I am special body drawings". This activity encouraged them to add something they like about themselves, or something they do well. This allowed each adolescent the opportunity to identify strengths that exist and it also encouraged them to explore and recognize other strengths that were not evident to them.

Anger Management

Another common theme that was identified was the adolescent's inability to positively express himself or herself when confronted with a difficult situation. It was reported that some adolescents resorted to physically harming themselves or another person. "Like adults, adolescents experience pain, frustration, disappointments and other anger provoking situations. A challenge for most teens is to learn how to manage anger in acceptable ways" (Jones & Peacock, 1992, p. 11). To provide insight into their actions we discussed what is anger, how

anger works, what makes them angry, and their body's reaction to anger, how to cope with their anger and what causes their anger. Most importantly we discussed the difference between anger and aggression and when anger becomes a problem.

Family Conflict

A majority of my clients expressed trepidation in regards to their relationships within the family unit. Both parental and sibling conflict was identified. It was recognized that the parents and the adolescent had differing views about their sense of alignment and cohesiveness. In general the adolescents believed they were the "outsider", feeling that their siblings were favoured. The parents however, saw their child as an individual who had particular problems, which had caused a disruption within the family. Ultimately, they wanted to change these behaviours believing that the conflict at home would subside. Regardless, of the problems identified each mother and adolescent expressed love and concern for one another.

Peer Conflict

Another theme identified was the adolescents' inability to make friends. A lot of them felt isolated and spent the majority of their time at home with their family. They expressed the desire to spend more time socializing however, they found it difficult to initiate this. It was revealed that they did however, have one close friend and the rest were superficial (would be their friend one day and not the next). I had one client in particular who had been isolating herself from her peer group after her sexual assault, but as the sessions progressed she made attempts to reconnect with them. We discussed the concept of social skills and building relationships.

Intervention Model:

Ecological \ Systems Assessment

Assessment is a complex information gathering process that provides the data for case direction and decision-making. Through my assessment I formulated a preliminary analysis which gave me a general overview of the problem, the outcomes desired and direction for appropriate approaches to integrate. The importance of assessing adolescents and their families in a thorough and complete manner was apparent to me throughout my practicum since I was able to understand each client's difficulties, personal and structural barriers, coping abilities, and strengths.

A complete assessment included, information about each adolescent and their family members' emotional, behaviourial, spiritual, cultural and biological attributes; information about the home, school, work, environments, and interaction between family members and significant others; structural and socio-economic aspects of the larger system and the availability of community resources. The family itself is a system and each person within the family is an individual system. It is very important to identify that the environment is another system which has impacted the adolescent and his/her family as well. As a result each system has a degree of "autonomy yet they are interrelated and interdependent of all other systems." (Robbins, Chatterjee, Canda, 1998) This interconnectedness is important to have an understanding of how the system ultimately functions.

More specifically, the ecological and system perspectives enabled me to constantly gather and interpret information and formulate tentative hypotheses that I wanted to investigate further. Ideally, I was able obtain an image of the client, their family structure, functioning and dynamics

which also enabled me to assess the clients strengths and weaknesses. With this insight I was able to help client's explore strengths that were not evident to them and support them while they built on their existing strengths. Empowering clients allowed them to develop and achieve their goals for therapy, and they were able to identify that changes had occurred.

Utilizing, the Ecological/Systems Perspectives I was able to conduct thorough assessments of each client before my specific intervention was implemented. Seven assessments were completed during my practicum. Through each assessment I explored the presenting issues, family background, Child/ family's view of both their needs and strengths, community functioning, birth development and medical history.

Conclusions of each of the Ecological Assessments

Client A was an eleven-year-old youth who often worried about being separated from her mother. It may be that Client A was still struggling with the separation and non-involvement of her father, and this served to increase her dependence on her mother. It seemed that Client A had difficulty adjusting to transition, she was still not accepting of her mother's partner who had been involved in her life for four years. Client A was very powerful within the family unit and she often tried to assume an adult role. Client A also experienced academic difficulties that created frustration and conflict at home when her family tried to help her.

Client B was a young, sensitive girl who seemed to be experiencing many behavioural difficulties. She tended to get teased at school by certain classmates. As a result she transferred her anger and aggression towards her family as a coping mechanism. Her parents were having difficulties managing these behaviours.

Client C was a young girl who seemed to be having excessive mood swings that were easily triggered by trivial problems. These behaviors had a substantial impact on the family and

they felt that they had to "walk on egg shells around her". Client C on the other hand felt like an "outsider" within her family. Client C believed that her eldest sister was favored. According to Nelson & Utesch (1990) an alignment in the family refers to the way in which family members as individuals and as parts of subsystems relate to each other relative to other family members and subsystems (1990, p. 237). Alignment concerns the patterns of joining/opposing of family members regarding a family function or situation. She had trouble expressing her thoughts and feeling and utilized anger outbursts to get noticed. Since the family had based their energies around her behaviors she had attained a significant amount of power within the family unit.

Clients D and E are two young boys who had extreme difficulty managing their aggressive behaviour. They utilized anger as a method to express themselves and receive attention. They also had few friends due to their aggressive behaviours and their peers constantly teased them. They lacked a positive male father figure in their lives. Unfortunately, they had witnessed their mother being physically assaulted by her partner and they also lived with their father who abused alcohol. These boys had little stability in their lives, through the family moving, the boys changing schools, and changes in the family constellation.

Client F was a bright sensitive boy who seemed to display disruptive behaviors as a strategy to seek attention. He had difficulties making and keeping friends, which his mother attributed to his poor social skills and lack of self-esteem.

Client G was a seventeen-year-old adolescent who had been struggling with many difficulties. The problems began shortly after the death of her best friend (approximately 4 years ago). She had not had the opportunity to fully grieve this loss. Following this her transition into high school was very turbulent and she begun drinking, using drugs and partaking in deviant and

defiant behaviours. These behaviours were the source of family conflict and disruption. As a result she had identified herself as the "outsider" within the family unit. She had very low self-esteem and this was the result of poor school performance, and extremely high expectations of her parents. Furthermore, she was sexually assaulted in April 2000, by an ex-boyfriend. Since then she had been isolating herself from peers. She had not been able to return to school and when she attended social activities she experienced panic attacks.

Shortcomings of the Ecological/Systems Perspectives.

I found these approaches to be beneficial when conducting assessments of adolescents since it allowed for thorough examination of the strengths and problems of each adolescent. As adolescents and their families have multiple problems with a number of long term issues the ecological/systems perspectives allowed me to constantly gather data relating to multiple issues as they rise.

Using the ecological/systems approach for assessment was very effective. However, it was also extremely time consuming. In order to provide an accurate assessment, I had to explore a number of environments for each client to be able to get a good sense of their problems, their strengths and their desired goals for my intervention in order to be effective.

Therapy based strengths

Each client and their family whom I counseled possessed unique strengths in all areas of their lives. Bringing attention to, and nurturing these strengths, proved to be an essential part of empowering these clients. It was important to attune to each client's strengths and abilities and constantly mobilize their resources. Overall, this empowered each client and provided him or her with feelings of worth, and potential to achieve their desired goals. The adolescent clients recognized their ability to change and their family members also recognized the many things that

they were doing well with their families. Although adolescents and their families "face a seemingly endless supply of challenges, they also have resources, knowledge, skills, and competence to call on in times of distress" (Early & GlenMaye, 2000).

Exploration of Strengths

In trying to discover each adolescent's strengths and their family's strengths the following questions were implemented in the therapeutic process at Lakehead Regional Family Centre (Saleebey, 1997, 53-54).

1. Survival Questions. How have you managed to survive thus far, given all of the challenges you have had to contend with? How have you been able to rise to the challenges put before you? What was your mind-set as you faced these difficulties? Which of these difficulties have given you special strength, insight or skill.
2. Support Questions. What people have given you special understanding, support, and guidance? Who are the special people on whom you can depend? What is it that these people give you that is exceptional? What associations, organizations, or groups have been helpful to you in the past?
3. Exception Questions. When things are going well in your life, what was different? In the past, when you felt your life was better, more interesting, or more stable what about your world, your relationships, your thinking was special or different?
4. Possibility Questions. What do you want out of life? What are your hopes, visions, and aspirations? What people or personal qualities are helping you move in these directions? What are your special talents and abilities? How can you achieve your goals?
5. Esteem Questions. When people say good things about you, what are they likely to say? What is it about your life, and your accomplishments, that gives you real pride? How will

you know when things are going well in your life, what will you be doing, how will you be feeling, thinking, and acting?

Role of Social Worker

My role was to constantly communicate my "belief in the inner strength and resourcefulness " of my clients and this became the "beginning step in restoring people's faith in themselves and in their capacity to influence the shape of their lives" (Saleebey, p.47, 1997). By utilizing the strengths perspective I realized that "growth-oriented change was an essential ingredient in the dynamics of the relationship" (Saleebey, p.47, 1997). As Sullivan (1992) contends, the activation of a strengths approach to helping equalizes the power relationship between consumers and professionals. I was able to form a partnership with my clients in defining problems, goals, strategies, and success. Together we took action, accessed resources, learned skills and practiced behaviours that we had collaboratively decided to bring about change. Collaboration began with the client sharing her or his definition of the situation, outcomes desired, and ideas about how to pursue the goal and produce the outcome.

The strengths perspective assumes that power resides in people and that we should do our best to promote power by refusing to label clients, avoid paternalistic treatment and trust clients to make appropriate decisions (Saleebey, 1992). As a practitioner I was able to take into account that despite my client's life problems, they possessed strengths that were utilized to improve their quality of life. For example I had one adolescent in particular who had the courage and determination to seek out counseling in regards to her grief, self-esteem and poor relationships. Another client made attempts to connect with children on the playground to build his confidence and seek out new friends.

I actively engaged in the process of discovering strengths of each adolescent. Allowing

them to openly discuss their thoughts and feelings I was able to get a good sense of their identity, knowledge of their inner strength and insight to new strengths that were not readily identified. This was extremely empowering for the adolescent and their families. This positive framework allowed the client to feel empowered by their realization and their continuous attempts to achieve goals and change behaviours. Ultimately, my clients were able to recognize their ability to be able to manage given life's difficult circumstances. We also did a lot of resource counseling which helped the client's visualize that all environments had resources available to them.

Resilience is the "accumulating matrix of capabilities, resources, talents, strengths, knowledge, and adaptive skills that continues to grow over time" (Saleebey, p.171, 1997). Benard (1997) further indicates that individuals who have succeeded in spite of adverse environmental conditions in their families, schools, and/or communities have often done so because of the presence of environmental support in the form of one family member, one teacher, one social worker, one school, one community person who encouraged their success and welcomed their participation and relationship (P.178). Each client had specific skills, knowledge, strengths, and talents that attributed to their resiliency. Despite the problematic and difficult situations they were faced with they had the ability to do well in different areas of their lives. For example two young boys were the victims of abuse. They witnessed their mother being physically, mentally and verbally assaulted. They also had a stepfather who was a chronic alcohol abuser. These children had aggressive tendencies towards others. However, they had a loving mother and a supportive school, and counseling, which contributed to their resilience.

Strengths Identified

The basic notion of the strengths perspective is that the social worker will spend little time trying to understand what caused the problem. However, it is very important to have insight to what the problems are and to allow the clients to express their thoughts and feelings pertaining to their problems. According to Saleebey (1997) for many individuals and families, there is real use and purpose in addressing, acknowledging, re-experiencing, and putting into perspective, the pains and trauma of one's life (pg.54). If I did not allow the clients to express their story, empowering the clients and building on their strength would not have occurred. Stimulating discourse allows for the acknowledgement of pain but it also enables people to "look for the seeds of resilience and rebound, the lessons taken away from the adversity- the cultural, ethnic, and familial sources of adaptability" (Saleebey, 1997, pg, 54). The strengths identified by each client or a family member during the *initial stages* of intervention are identified as follows.

Client A demonstrated through discussion that she had a strong, loving relationship with her mother. She was also described as being very responsible. She earned her money by baby-sitting and she contributed her money to buy personal belongings e.g., she raised enough money to by a television for her bedroom. Despite her constant struggles in the classroom she had set a goal to be a veterinarian in the future. She was also very hardworking. She would spend a lot of time completing her homework so she would be at the class's learning level.

Client A's mother appeared to be committed to her children. It was identified that she had a sound knowledge of parenting skills, provided structure for her children, and seemed to be able too readily problem solve child behaviour issues.

Client B's mother described her daughter as being very creative and sensitive. She was defined as being hard working and dedicated, with good communication skills. The family also

demonstrated good communication skills. They would have family meetings and discuss particular problems within the family and they would work together to problem solve.

Client C was described as being sensitive, creative and naturally funny. She was also very athletic. She had been on many teams for various sport activities.

Client's D and E's mother saw herself as a person who had overcome many obstacles and difficulties. She was also able to recognize that she needed help with her children's aggressive behaviours. Both boys were sensitive and showed shame and remorse in regards to their aggressive behaviours towards others. They identified that they knew it was "bad" to hurt other people, but had difficulty controlling their responses.

Client F's mother described F as being extremely smart with very good communication skills. She felt that F was easy to talk to and indicated that he could express his thoughts and feelings very well. Despite the conflict between her children she felt that she had a good relationship with them.

Client G was very musically inclined. She played many instruments and wanted to be in a band one day. She also described herself as being compassionate and out going. She had recently started working at a new job, where she was able to socialize and meet new friends. Client G had a lot of strengths. She was able to realize that she was associating with a negative peer group that influenced her to drink and do drugs. As a result she stopped associating with this group and she had not used drugs or drank alcohol in over two years. She was sexually assaulted and she had received help for this. She had realized that since the death of her best friend she had not felt the same emotionally and she was able to seek help to grieve this loss. Despite G's hardships she was able to seek help and had motivation to change her life.

Strengths Identified Throughout Therapy

Client A

- Mother wanted to improve current situation
- Mother could handle stressful situations reasonably well
- Mother was willing to accept and seek help for both her and her daughter
- She was able to identify and express her feelings and her emotions began to be congruent with the situation.
- Insightful–she understood how her own behaviours affected others and how others affected her.
- Made and kept contact with her close friends
- She began to show self confidence in relationships with others

Client B

- She demonstrated a degree of self-control
- As problems arose she was able to seek help and she was able to accept responsibility for her own part or role in the problem.
- Problem solving- She was able to consider and weigh alternatives.
- She was able to identify and express her feelings and her emotions began to be congruent with the situation.
- Insightful–she understood how her own behaviours affected others and how others affected her.
- She always wanted to improve current situations
- Made and kept contact with her close friends
- She began to show self confidence in relationships with others

Client C

- Understood how her behaviour affected others and how others affected her
- As problems arose she was able to seek help and she was able to accept responsibility for her own part or role in the problem.
- Problem solving- She was able to consider and weigh alternatives.
- She was able to identify and express her feelings and her emotions began to be congruent with the situation.
- Was truthful
- Began to understand friends and family members
- Parents were able to handle stressful situations reasonably well
- Parents also wanted to constantly improve the family dynamics through knowledge, education and skills.
- Parents were persistent in handling family crises.

Clients D and E

- Both understood right from wrong
- Both expressed love and concern for others
- In difficult situations there were times when the boys were able to demonstrate a degree of self control
- Mother wanted to improve current situation
- Mother could handle stressful situations reasonably well
- Mother was willing to accept and seek help for both her and her children

Client F

- As problems arose he was able to seek help and he was able to accept responsibility for his own part or role in the problem.
- Problem solving- he was able to consider and weigh alternatives.
- He was able to identify and express his feelings and his emotions began to be congruent with the situation.
- Insightful–he understood how his own behaviours affected others and how others affected him.
- He always wanted to improve current situations
- Made and kept contact with her close friends
- He began to show self confidence in relationships with others
- He would make sacrifices for his friends, and family members
- In touch with his feelings and he is able to express them if encouraged.
- Mother wanted to improve current situation
- Mother could handle stressful situations reasonably well
- Mother also wanted to constantly improve the family dynamics through knowledge, education and skills.
- Mother was persistent in handling family crises.

Client G

- Had friends that she reconnected with
- She sought to understand friends and family members
- Began to be more self-confident in relationships

- Began to set and maintain personal boundaries in relationships with others
- Demonstrated the ability to forgive
- She was always willing to seek help and share problem situation with others she could trust.
- Sought to improve herself through further knowledge, education and skills.
- Was more positive about life and had hope for the future.
- Was in touch with her feelings and she was able to express them.
- Insightful–she understood how her own behaviours affected others and how others affected her.
- Considered and weighed alternatives in problem solving.

Criticisms of the Strengths Perspective

A strengths approach to social work practice on the surface seems very attractive because of its emphasis on human potential in overcoming difficulties. Why focus on the problem when as a practitioner you can collaboratively bring out inner resources that clients probably never tapped into before. But is this positive approach useful in working with all client groups? Can this perspective fall short? Are there dangers in using this type of approach? These are just a few of the questions we, as "strengths" practitioners must ask ourselves. This relatively new social work approach requires further examination and trialling before it can be classed as the promising new wave in social work practice.

A strengths-based practice perspective is, "at best, weak and, perhaps, irrelevant in social service structures that are powered by social control values, driven by the market economy, and protected by professional self interests" (Cowger, 1998 p.25). The models and perspectives of strengths-based practice must become conceptually more holistic to include the political,

structural, and organizational ramifications of the approach and move beyond the narrow focus of promoting client strengths in direct practice perspectives to critical analysis and action at the institutional, organizational and policy levels" (Cowger, 1998, p.33).

CHAPTER 5

Personal Reflection and Evaluation of Practicum

Personal reflection was a process that I utilized to help me evaluate my practical experience at Lakehead Regional Family Centre. I reviewed my learning goals and assessed whether or not they had been achieved, I received weekly supervision for feedback and guidance and I received comments and feedback from my client's and their families. Together this contributed to my professional learning and insight to both my achievements and the client's achievements. It was evident that I was able to effectively practice therapy that resulted in the positive changes in the clients' day to day lives. These changes were evident to the adolescent, their family, the school system, peers and myself. Overall, I can state that my practicum experience enabled me to develop basic skills when working with adolescents and their families.

Learning Goals

With respect to my learning goals, upon completing my work at the Lakehead Regional Family Centre I was able to reflect back on my counselling experience and conclude that my learning goals had indeed been met. I devised five goals for my practicum, which were based on both knowledge and skill development, which advanced my clinical, and assessment skills. Overall, I gained insight to the unique strengths of adolescents and also the many problems adolescent children may encounter, which lead to the increased difficulties within their lives. With this sensitivity I was able to help adolescents adjust to their behavioural, emotional, educational, family, and peer difficulties, and this contributed to an increase in their level of well being.

I was able to expand my knowledge through literature searches of adolescents in society that helped me to understand how environmental factors affected the emotional adjustment and level of well being of adolescent children

I achieved a conceptual understanding of the ecological/systems and strengths perspectives. This was gained through performing an extensive literature search on the ecological/systems and strengths perspectives. With this increased knowledge base I applied the ecological/systems and strengths perspective framework and skills in working with adolescent children. Furthermore, I applied the ecological/systems as assessment tool and strengths perspectives as a form of intervention when working with adolescent children who had experienced behavioural, emotional, educational, family, and peer difficulties.

Unfortunately, I did not have the opportunity to work directly with any young offenders who had committed a crime and were going through the judicial system. Therefore, I did not complete any assessments for the court. I did however, have the opportunity to be involved in the Court Services Team Meetings where cases and assessments were reviewed. This gave me insight to the complexity of issues of each case and the regulations mandated by the court that presented many challenges for the social workers.

Supervision

Supervision was also vital in the personal reflection process. During each meeting I was able have the opportunity to present my cases, and receive appropriate guidance and feedback. Constructive feedback enhanced my learning experience to the maximum capacity since I was able to build on my existing knowledge and skills.

Review of Practicum

In reviewing this practicum, I feel that the Lakehead Regional Family Centre was the most appropriate setting in which to learn more about the adolescent. I welcomed the experience of working in a mental health agency designed specifically for children/adolescents and their families. I also had the opportunity to work with a multi-disciplinary team which gave me the opportunity to learn other' professional perspectives with regard to this group of young people.

The development and implementation of the services provided to my clients was a positive experience. There was opportunity to listen, reflect, support and educate the adolescents and their families. The combination of utilizing different games and activities with constructive dialogue provided a comfortable environment where important trusting relationships were established. As a result the clients and their families were able to reveal important issues in their lives, develop important goals to achieve, and build on their existing strengths. Through consciousness raising discussions the clients' level of self-esteem was raised, anger was controlled and coping efforts were evident.

As a social worker I learned to become less content focused and more process orientated. Although I had prepared material for each session, I found that my clients and their families often came with their own agenda and as a result I learned to become more flexible in my sessions. Furthermore, it became evident each client progressed at their own rate. Initially, I felt frustrated and defeated when my expectations were not met since I anticipated immediate change in their behaviors. I realized that every client must progress at their own rate and many clients or their family members knew best what would work for them.

Conclusion

Adolescence is a unique transitional period that has been typified as a time of growth in the cognitive, social, and physical realms. The literature has produced an abundance of research pertaining to the concept of adolescence and the many different social and physical changes that can affect an adolescent's well-being and adjustment. The literature has also described the diverse trends pertaining to the history of youth crime. As our society has evolved through forces such as urbanization, and population growth, which has also led to changing societal attitudes, the way juvenile offenders have been regarded and treated by the judicial system has shifted, as shown in such measures as the Juvenile Delinquency Act and the Young Offenders Act.

Historically, social work approaches focused on the pathology and dysfunctions inherent in the individual. The emerging new wave focusing on client strengths, resilience, empowerment and collaborative partnership presents a more positive, growth-enhancing approach to working with clients. As stated previously the key to this approach has been a singular emphasis on the strengths and resources of the client, rather than on the client symptomatology and behaviour problems. Most importantly the strengths perspective assumes that power resides in people and that we should do our best to promote power by refusing to label clients, avoid paternalistic treatment and trust clients to make appropriate decisions. Based on this information social workers will be able to take into account that despite their client's life problems, they possess strengths that can be utilized to improve their quality of life.

The literature has revealed that by utilizing, systems and ecological approaches during assessments one would be able to identify all the important factors that impact on client's lives.

This model would be an appropriate assessment tool since it would enable practitioners to put their clients in the context of their family, social relationships, culture and environment. The ecological approach is based on taking a holistic view of people and their environments as a unit, because one can only be understood in the context of its relationship to the other.

Literature Reviews were based on adolescence, youth crime, the judicial system, ecological/systems perspectives as an assessment tool and the strengths approach as a method for intervention. The knowledge base derived from my literature searches gave me a grounding in which I was able to begin to conceptualize and ultimately work with adolescents. I was able to form connections with the literature and my clinical experience which was absolutely fundamental since it informed my practicum.

I was able to complete this practicum and enhance my clinical skills in the practice of the strengths approach with adolescents referred to the Lakehead Regional Family Centre. The literature supported the strengths perspective as a beneficial approach when working with adolescents with a multitude of problem areas. Essentially this perspective affords adolescents an opportunity to access resources, build on their strengths and empower them to achieve their goals. My goals were to increase both positive coping skills, self-esteem in clients, and the recognition of strengths of the adolescents and their families was realized. Moreover, I was able to apply the systems/ecological perspective, with recognition from the literature as a practical tool to complete comprehensive assessments. Through this ecological/systems process I have developed more of an understanding of the adolescent client and how many factors within their lives can affect them both positively and negatively.

Additionally my practicum experience provided me with unique learning opportunities. I was able to expand my knowledge base in relation to the practice of social work and become

more familiar with working with adolescents and their families and utilizing the strengths approach to therapy. Most importantly, I was fortunate enough to be a part of these families lives, and witness their strength and resilience. This has proved to be the most valuable experience of all.

Finally, in a broad sense working with adolescents and their families taught me the discipline needed to work through and complete complicated personal and familial difficulties. The practicum offered me a new learning opportunity and I can only conclude that the experience was successful, since it left me with the desire to continue to learn more about adolescence.

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LAKEHEAD
REGIONAL
family centre

Consent for Services

Lakehead Regional Family Centre's purpose is to help children, youth and their families to overcome their difficulties in order that they may live happier and healthier lives.

As our client, you have the right:

- to be treated with dignity and respect
- to receive services in the language you speak
- to confidentiality
- to take part in planning and reviewing the services you receive
- to see your records according to agency policy
- to consent to the release of any information about you
- to discuss any decisions or treatment you feel is not right for you
- to be aware of treatment alternatives available and the risks and benefits of the alternatives

You should also know that we:

- will involve other people (family, doctor, police or other services) if we think you are a danger to yourself or someone else
- must, by law, report any suspicions or incidents of abuse to the proper authorities
- will advise you about how to receive help in an emergency
- will make sure you know what services are available (individual, family or group services) for you to receive
- will work together with any other services or agencies you may be involved with your consent
- will make sure you understand the benefits and risks of each type of treatment you may receive
- will seek consultation or your case may be discussed with other staff members
- will maintain a clinical recording within our Client Information System.

I agree to take part in the services we agree on as best I can. I also agree to tell the Centre if I cannot attend a session. I have read this Consent to Service and someone has explained any parts I do not understand.

_____ Please initial. I have received a copy of the Client Handbook.

Youth (12+) _____ Date _____

Parent or Guardian (if applicable) _____ Witness _____

I do not wish to receive service from the Lakehead Regional Family Centre.

Name _____ **Date** _____

NOTE: PLEASE ENSURE THAT A SEPARATE AUTHORIZATION IS OBTAINED FOR EACH AGENCY/INDIVIDUAL.

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Helping Families . . . Helping Children
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A United Way Agency