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**AN ECOLOGICAL APPROACH TO SCHOOL SOCIAL WORK WITH
ADOLESCENTS FROM VULNERABLE FAMILIES**

By

Ronald Alexander Morrice

**A practicum submitted to the Faculty of Graduate Studies of the
University of Manitoba in partial fulfillment of the requirements
for the degree of Master of Social Work**

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RONALD ALEXANDER MORRICE

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Table of Contents

	Page
Acknowledgment	i
Table of Contents	ii-iii
List of Tables	iv
List of Figures	iv
Abstract	v
CHAPTER ONE: Introduction	1
Personal Introduction	1
Theoretical Introduction	3
Rational of Practicum	4
Professional Learning Goals	7
CHAPTER TWO: Review of the Literature: The Ecological Approach and Intervention	9
Metaframeworks and the Ecological Approach	9
The Eco-Map: A Tool for Assessment	17
Intervention and the Ecological Approach	20
CHAPTER THREE: Review of the Literature: Vulnerable Families and High Risk Youth	52
The Vulnerable Family	52
High Risk Children from Vulnerable Families	58
Psychiatric Diagnoses: The Formal Labeling of High Risk Youth	60
Identifying and Assessing Vulnerable Families	66
Current Intervention Approaches with Vulnerable Families	70
CHAPTER FOUR: Review of the Literature: The School System: A Context for the Ecological Approach	75
The Evolving Roles of the School Social Worker	77
The Ecological Approach and the School Social Worker	80
CHAPTER FIVE: Practicum Setting, Evaluation and Supervision	84
Description of Practicum Site	84
Ecological Intervention Approaches	84
Family Demographics	90
Measurement Instruments	91
Supervision	97

CHAPTER SIX: Practicum Process	98
Group Work Intervention	100
Family #5 The Browns	106
Family #6 The Penners	119
Family #7 The Johnsons	133
Family #8 The Jones'	142
Family #9 The Whites	148
Intervention with the Teaching Staff	154
Involvement with the School System and the Child Guidance Clinic	156
CHAPTER SEVEN: Final Results and Evaluation	157
Adolescent #5 Frank Brown	157
Adolescent #6 Pete Penner	161
Adolescent #7 Bud Johnson	165
Adolescent #8 Glen Jones	169
Adolescent #9 Joe White	173
Client Satisfaction	176
CHAPTER EIGHT: Major Themes	178
The Role of the School Social Worker with Vulnerable Families	178
Engagement and Intervention With Vulnerable Families	180
Building Relationships with Other Agencies, School Staff and Colleagues	182
CHAPTER NINE: Critique of Practicum	187
Evaluation of Professional Learning	187
Strengths and Shortcomings of the Ecological /Systemic Approach	189
Overall Critique of the Practicum Process	191
References	194
Appendixes	
Appendix A: Client Consent Form	205
Appendix B: Other Participating Families	206
Appendix C: Behaviour Monitoring Chart	209
Appendix D: Classroom Management Program Money Chart	210
Appendix E: Parent and Teachers, Client Satisfaction Form	211
Appendix F: Student's Client Satisfaction Form	215

List of Tables

		Page
Table: 1	Measurement Results for Frank Brown	158
Table: 2	Measurement Results for Pete Penner	162
Table: 3	Measurement Results for Bud Johnson	166
Table: 4	Measurement Results for Glen Jones	170
Table: 5	Measurement Results for Joe White	174

List of Figures

		Page
Figure 1	Eco-map for Frank Brown	110
Figure 2	Eco-map for Pete Penner	123
Figure 3	Eco-map for Bud Johnson	136
Figure 4	Eco-map for Glen Jones	145
Figure 5	Eco-map for Joe White	151

Abstract

This practicum describes the multiple roles and interventions of a school social worker using an ecological/systemic approach with adolescents from vulnerable inner city families. These families were experiencing poverty, abuse, problems with child welfare agencies, and a number of other issues. The main objective of the practicum was to reduce the negative and self destructive behaviours of the adolescents who were part of a classroom for students with behavioural and learning difficulties. A secondary objective of the practicum was to increase both positive coping skills and the self esteem of the adolescents and their family members. As a school social worker, I assumed multiple roles including individual, group and family therapist, consultant to the primary and secondary school staff, and broker of community services. Evaluation attempted to be ecological in nature and included the Child Behaviour Checklist for the adolescent, the family and the teacher. Secondary evaluation measures included the Self Control Rating Scale, and the Hare Self Esteem Scale. Two client feedback forms were also administered, one for the students and one for the families and teachers. The experience of this practicum suggests that a school based intervention which reduces stressors in adolescents' environments, can result in an improvement in their behaviour.

CHAPTER ONE

Personal Introduction

Throughout my personal and professional life, I have had the opportunity to experience a wide variety of human experiences. After a thorough analysis of these experiences, I have been disturbed by the effects that emotional and financial poverty have on many adolescents and their families. My personal turmoil is exacerbated because I live in Canada, a country that is extremely rich in resources.

I grew up in a small town in Northwestern Ontario where the majority of the population was blue collar, with many working in the iron ore mines or within the forestry industry. Within this small town, it was quite apparent that the families which were deemed as healthy had an exceptional network of human resources. However, the families and children that were considered as problematic, were more isolated from the mainstream of the community.

Within this small town environment, the mass prejudice and negativity directed from the "haves" to the "have nots" also disturbed me. I am thankful that I was fortunate enough to have a family structure that did not fully partake in this prejudice but instead taught values of acceptance and compromise. One of the key lessons I learned was that all humans have the ability to overcome obstacles if they have appropriate guidance, knowledge of the situation, and a variety of support. Further, most humans want to be happy, loved, and accepted for whatever they have to offer.

Based on these assumptions, I believe that all human beings should be treated with equal respect, as all have something to offer. I also believe that human problems are usually systemic and thus cannot be reduced to individual pathology. I further believe

that the problems individuals and families experience are not mutually exclusive from environmental stressors.

In our current economic system and system of social control, we are continually segregating, demeaning, blaming and downgrading a segment of the population, when we should instead embrace them and provide them with compassion, love, support, and the necessary knowledge to help themselves. We should also provide a wide variety of resources to aid in the reduction of environmental stressors.

If we as a society continue to belittle and demean this portion of the population, we can expect to have an increase in violence and withdrawal. This trend has become the reality in the inner city of Winnipeg. One of the most noticeable and disturbing developments has been the formation of a number of youth, street level gangs. These gangs are mainly composed of the beaten, withdrawn, distraught, disturbed youth of the inner city. It is these scared, helpless, ignorant, youth that are in desperate need of acceptance, love, resources and mostly, compassion. One must consider the fact that they are just children.

While the middle and upper classes are in a position to blame and imprison these youth for their misdeeds, I believe that we who have the power to lay blame should instead have the constitution to understand that if we are not part of the solution, we are part of the problem. By utilizing the ecological approach, coupled with an optimistic opinion of human nature throughout the process of this practicum, I was determined to demonstrate that compassion, understanding and knowledge will always be more productive than fear, blame, prejudice, anger, control and oppression.

Theoretical Introduction

This practicum report will describe the theoretical meta-framework of the ecological approach, as it applies to adolescents within vulnerable families from the inner city. As the ecological approach to treatment encompasses a broad view of etiology and treatment, a variety of assessment and intervention techniques were employed and included work with a variety of systems including, individuals, families, groups and networks. The practicum was based in a Learning Assistance Center classroom in a middle school in the inner city of Winnipeg, Manitoba

The practicum explored the energies and expertise needed to effectively implement a variety of multi-level interventions in a variety of environments and situations. The main focus of the practicum was to reduce a number of behavioural problems presented by the adolescents. The goal of the practicum was to locate and either reduce or eliminate stressors that were present in the lives of the families and adolescents. By reducing these stressors it was theorized that the adolescents would be stabilized enough to learn new skills and behaviours.

The four main environments targeted were the home environment, the school environment, the larger community and the adolescent's interpersonal environment. In order to attain the practicum goals, it was necessary to maintain excellent communication with and between the youth, the family and the school system in order to create consistent patterns of discipline and expectations. As some of the families and adolescents were involved with a number of social service agencies, it was at times necessary to provide liaison and brokering services.

This report is organized into ten chapters. In chapter one, my personal and theoretical introductions are provided along with a rationale for the practicum. My professional and personal learning goals are also outlined. In chapters two through four I present a review of the relevant literature on the ecological perspective and a number of social work interventions, the ecological perspective in relation to the vulnerable family and high risk adolescents, and the roles of the school social worker within the context of the school system. Chapter five describes the practicum setting, the process of supervision, and evaluation instruments. Chapter six provides the details of the families that were studied and the intervention process. Chapter seven presents the results of the evaluation. In Chapter eight a number of central themes which became apparent through the practicum process are identified. Chapter nine concludes with a brief description of my learning process during the practicum and an overall critique of the ecological approach.

Rationale of Practicum

By choosing to work within the Child Guidance Clinic and the school system, a large powerful bureaucratic institution, I felt that I would have an adequate amount of authority and respect from all parties involved to effectively apply an ecological approach. The school setting also represents one of the major influences in the adolescent's life and may be one of the only stable environments for these adolescents and their vulnerable families. The remaining environments that have a major influence on the adolescent are the community, the family and the youth's interpersonal systems.

It was the responsibility of this particular Learning Assistance Center classroom to not only provide academic training, but to also teach the students a variety of life

skills, work training, and social skills. I was also fortunate enough to have already developed a working rapport within the classroom, as I had completed a field placement in the setting during the previous year. During this field placement, it was discovered that the teaching staff were open to a variety of interventions. Not only was the teaching staff and administrative staff very approachable and experienced, they were very knowledgeable and connected to the community and its resources. This particular staff team was also extremely dedicated to achieving success for its students.

As was earlier stated, it was my intention to provide a variety of services to the families, and it was my belief that these services should be provided in a non-threatening manner. I was also grappling with the issue of eliminating the perceived and real power imbalances between the empowering social worker and the disempowered client. I felt it was important to maintain an intricate balance between professional, formal, expert social worker and personal informal helper. I wanted to be a formal professional social worker with a variety of theoretical and practical skills, while still remaining informal and approachable to the disempowered client.

Prior to entering the social work field, my education and professional interventions had always been theory-driven. I was taught, in a reductionistic method, that in each environment or set of circumstances, the professional should apply a specific theoretical approach to a specific problem. I was never comfortable with this concept of simply fitting the problem to the theory and then intervening.

Through the Masters level of social work training, I realized that vulnerable families can have many concurrent dynamic problems. To be effective I felt that it was important to understand one problem, while attempting to treat another. I also felt that a

helper would be doomed to failure if s/he used the reductionistic method while treating vulnerable families. I reasoned that if the problem is very complex in its development, then the treatment or intervention, should at least, be equally complex.

I became very interested in the ecological approach as its basic theoretical premises provide a framework for a complex set of interventions. Rodway and Trute (1993) explain that the ecological approach encompasses a broad view of etiology and treatment of family and family members problems. Thus, problems are seen to be embedded in the wider social settings of community, culture and society. Rodway and Trute (1993) also explain that the main goal of the ecological approach is to improve and enrich social support systems, while improving the internal coping patterns of people, so that a better match can be attained between a person's needs and the circumstances of his/her physical and social environments. The analysis of people's problems is also deemed to be very complex and because the ecological approach attends to interpersonal dynamics and coping realities, a comprehensive analysis of a variety of situational factors is required, and multi-faceted interventions are usually employed.

I was excited by the idea of a comprehensive understanding and analysis of family and individual problems. The ecological approach is a framework which allows the helper to intervene with and understand these problems in many different ways. The approach also allows the helper to discard the narrow reductionistic approaches to therapy and instead apply many different approaches simultaneously. The ecological approach's flexibility in assessment and intervention further allows the helper to effectively empower the client through both formal expert oriented and informal personal methodologies. Garbarino (1982) explains that the ecological approach requires such an

eclecticism or interdisciplinary focus because it focuses on many different intersystem relationships. Garbarino (1982) also states that this is a valuable approach because it generates good imaginative questions about human development in the face of narrow specialization and narrow policy developments.

I now endorse the ecological approach, and its implication for practice. As the approach is dynamic and multi-faceted, I have also had to improve and expand my knowledge of social work practices and other social systems to better fit the needs of the client.

Professional Learning Goals

- a) To examine the efficacy of the ecological approach and its effects on adolescents with identified behaviour problems and their vulnerable family members (Primary Goal).
- b) To gain knowledge about behaviour management in the school classroom setting (Primary Goal).
- c) To further develop skill in family counselling and parent training (Primary Goal).
- d) To develop and implement appropriate group sessions for inner city impoverished adolescents (Primary Goal).
- d) To learn how to link families with similar problems in order to provide an informal support network (Primary Goal).
- e) To learn how to link families with supports and resources that are present in the environment (Primary Goal).
- f) To learn how to evaluate the practicum using both standardized and non-standardized methods (Secondary Goal).

g) To observe colleagues from a variety of agencies and with a variety of approaches
(Secondary goal).

h) To familiarize myself with the inner-city of Winnipeg and the population that resides
there (Secondary goal).

CHAPTER TWO:

The Ecological Approach and Intervention

Metaframeworks and the Ecological Approach

Metaframeworks is one method used by practitioners to organize specific ideas while working with complex human systems (Bruenlin, Schwartz, & Kune-Karrer, 1992). Metaframeworks provides the practitioner with a model to perform therapy from the larger context of the family, the individual and the larger environmental context (Bruenlin et al., 1992). Metaframeworks are also used to classify a domain of ideas into meta-patterns and subsequent methods of meta-intervention. The metaframework enables the practitioner to transcend the narrowness of many theories that form the basis of existing therapeutic approaches. The blueprint for the use of a metaframework based therapy is very simple, and it recognizes the following four interrelated processes: hypothesizing, planning, conversing and feedback (Bruenlin et al., 1992).

Metaframeworks allow the practitioner to create hypotheses while conceptualizing people and problems from larger, more complex points of reference. The metaframework is developed from this broader concept, which subsequently directs the planning of an intervention. The process of the intervention, or therapy itself, is the conversation from which the practitioner draws distinctions by making observations, asking questions, making statements and providing directives. The practitioner would then constantly attempt to make sense of, and use this feedback. (Bruenlin et al., 1992).

The ecological approach to therapy is a metaframework, as it does not rely solely on existing theoretical models. Instead, the process of ameliorating psychological suffering is conceptualized broadly, and broadly based interventions and assessments are

utilized (Bruenlin et al., 1992). The ecological approach includes not only the immediate family and home environment but also the wider social and cultural world as it affects the child and family (Garbarino, 1982). The ecological approach is a metaframework which has a series of meta-patterns including a base of theory, assessment, intervention and evaluation, which can be used to understand human functioning and social-psychological interventions (Rodway & Trute, 1993).

Theoretical Base of the Ecological Approach

The ecological approach or eco-systems approach is actually the combination of two separate components. These components include the study of ecology and the study of general systems theory. Webster's Dictionary (1981, p. 357) defines ecology as "a branch of science concerned with the study of organisms and their environments" and "the totality or pattern of relationships between organisms and their environment". According to Von Bertalanffy (1968), general systems theory specifies the processes of transactions between and amongst systems. He also believed that living organisms are essentially open systems, maintaining themselves with continuous inputs from, and outputs to, the environment. Within systems theory, the individual is seen as part of the larger whole rather than as a whole itself (Von Bertalanffy, 1968).

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. Germain (1973) also states that this relationship is characterized by continuous reciprocal exchanges or transactions in which people and environments influence, shape and change each other. Rodway and Trute (1993) explain that the ecological approach attends to interpersonal dynamics and coping

realities of families, thus a comprehensive analysis of a variety of situational factors is required.

The metaframework of the ecological approach could thus be used to explain the behaviour of the person in relationship to his/her environment. As the whole person can only be understood within the context of his/her whole environment or "life space", any change in the person's perceptions, affect, boundaries, relationships, power structures, behaviour, and environment will have a significant effect on both the person and all variables related to that person (Nichols, 1984). The ecological approach also encompasses the generic core of social work knowledge and provides for the many, and at times contradictory, purposes and activities of social workers (Allen-Mears & Lane, 1987).

Major Themes and Concepts

Rodway and Trute (1993) state that there are a number of important themes and concepts which are consistently recognized in ecological practice theory. The following ecological concepts have been derived from the science of ecology or from its use as a metaphor: adaptedness and adaptation, culture, stress, and coping (Germain, 1991).

Ecological Concepts

The central ecological concept is adaptation, a concept which differs significantly from the concept of adjustment (Germain, 1991). Adjustment connotes a passive accommodation to the environment or the status quo, while adaptation is action oriented and the environmental or interpersonal change is directed by the person. Through adaptation, people 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). Hence, by definition, adaptation is a transactional process in which people shape their physical and social environments, and in turn are shaped by them (Germain, 1981).

Cultural context is another concept of prime importance when working from an ecological approach (Collins & Pancoast, 1976). The concept of culture includes the following aspects: value orientations and the norms governing behaviour, knowledge, technology, belief systems, language, and the meanings attributed to objects, events and processes (Germain, 1991). Values are assumptions about the world, expectations of the self and others, and attitudes towards life events and processes (Germain, 1991). Values derive from various group affiliations, such as ethnicity, gender, parental families of origin, social networks, religion, socioeconomic status, and geographic location (Germain, 1991). Values formed early in life shape thinking, perceptions, feelings and behaviours (Germain, 1991). Norms are rules of behaviour that are derived from value orientations. They are the ideas that people hold about what is proper, customary, and desirable behaviour. The functionality of a value system and normative structure is determined by how values and norms operate to achieve objectives, and facilitate growth, health and development (Germain, 1991). If the social worker is to provide effective services s/he must understand culture on the basis of the person's cultural orientation, and not on the basis of his/her own values and norms (Germain, 1991).

Although all people experience different levels of stress, many people can successfully adapt to the demands of their stressors. This type of stress is usually understood as a challenge which can be overcome and thus does not seriously lower self-esteem or prolong unrealistic fears of failure. For many people life stress can also

express a negative or poor person-environment relationship when actual or perceived environmental demands or harms exceed the person's actual capacity for dealing with them (Germain, 1981). It is this type of life stress that is associated with being in continuous jeopardy. This type of stress arouses negative feelings of anxiety, guilt, rage, helplessness, despair and lowered self-esteem (Lazarus & Launier, 1978). It is these types of life stressors that may lead to impaired growth, development, health, and social functioning unless it is managed effectively.

The subjective or emotional response to stress is a special adaptation called coping (Germain, 1991). When coping measures are successful, the stressful demand or harm is eliminated or ameliorated, or its effects are mastered. If coping activity is not successful and extreme stress persists, then physical dysfunction, emotional disturbance, or disruptions in social functioning may result (Germain, 1991). What eventually may happen is that these conditions create further stress in a downward spiral that becomes harder and harder to interrupt or overcome. Coping capability like adaptation and life stress express a person:environment relationship which is both transactional and perceptual in nature (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). Progress in problem solving leads to the restoration of self-esteem and to the more effective regulation of the negative feelings which are generated by the stressful demand (Germain, 1991). Progress in managing feelings and restoring self-esteem frees the person to work more effectively on problem solving (Germain, 1991). Thus the two functions of coping are not mutually exclusive and each

supports the other. Problem solving is therefore quite difficult if the negative feelings associated with the stressor are not brought under some sort of control (Germain, 1991).

Although they are unique to the individual, the attainment of problem solving skills are quite often learned through environmental institutions such as the family, the school, the church or the hospital (Germain, 1991). Similarly, the person's ability to manage negative feelings are directly associated with social and emotional supports which are present in the environment (Germain, 1991). Successful coping relies on additional personality traits such as motivation, which depend on familial or community incentives and rewards and self direction, which depend on the availability of choices and opportunities for decision making and action, as well as access to material resources (Germain, 1991).

Ecological Themes

Based upon the theory of social interaction and person:environment fit the following is a list of ecological themes as summarized by Allen-Meares and Lane (1987):

- 1) the environment is a complex environment-behaviour-person whole, consisting of a continuous, interlocking process of relationships;
- 2) the mutual interdependence among person, behaviour, and environment is emphasized;
- 3) systems concepts are used to analyze the complex interrelationships within the ecological whole;
- 4) behaviour is recognized to be site specific;
- 5) assessment and evaluation should be through naturalistic and direct observation of the individual/family/community environment system;

- 6) the relationship of the parts within the eco-system are considered to be orderly and structured; and
- 7) behaviour results from mediated transactions between the family and the multivariate environment.

The Ecological Approach and Families

Prior to the inception of the ecological approach, the social worker's role was to enhance the quality of transactions between people and their environment (Germain, 1973). The ecological approach has enhanced this role by providing an advanced method of thinking about intervention with families. The enhanced role of the social worker, based on the main goal of the ecological approach, is to enrich social support resources, while increasing internal coping patterns of family members so that a better match is attained between the family members' needs and the circumstances of their physical and social environments (Germain & Gitterman, 1980). It is through the achievement of this main goal that family members will attain the necessary interpersonal skills and concrete resources to effectively cope with environmental stressors.

From the ecological approach, the family can be seen as being simultaneously in interaction with its immediate environment while being influenced by its internal composition and transactional dynamics (Rodway & Trute, 1993). Although families are quite often the main focus of social work intervention, they do not live in isolation from their larger environment. Families live within an external context made up of many components they have no control over. This external context can also be referred to as the family's eco-system (Boss, 1988). This family eco-system consists of the constraints

of development and genetics, as well as economics, history and culture (Boss, 1988).

Rodway and Trute (1993) also state that the ecological perspective encompasses a broad view of etiology and treatment of family problems. Thus, family problems are seen to be embedded in the wider social settings of community, culture and society.

The Ecological Approach with Adolescents from Vulnerable Families

As adolescents within vulnerable families present multifaceted problems, it is assumed that the ecological approach, which is also multifaceted, could be effectively employed in intervention. The ecological approach is particularly salient when dealing with adolescents from vulnerable families, who characteristically have close ties to the family but equally close ties to the external environment (Trute & Saulnier, 1984).

Another reason to employ the ecological approach is that adolescents are in a unique developmental stage in which their social linkages and significant relationships are constantly shifting (Trute & Saulnier, 1984).

The treatment of the vulnerable family (including the adolescents), from an ecological perspective, would utilize multiple interventions across multiple settings and would involve multiple family members (Milner, 1987). By utilizing an ecological metaframework, interventions could include: systemic family counselling, individual counselling for the adolescents and their guardians, group counselling for adolescents and their guardians, and the provision of formal and informal supports through community network therapy. These broadly conceptualized ecologically based interventions could be provided within a number of formal or informal settings including the home, the community, the school system, the judicial system, the child welfare system and any other social setting.

The Eco-Map: A Tool For Assessment

The eco-map is one method of visually assessing a family's ecological composition (Hartman, 1983). The eco-map, a pen-and-paper simulation, maps in a dynamic manner, the ecological system's boundaries which encompass the person or family in their life space. The boundaries encompassed include the major systems together with all of their relationships that are affected by and affect the person/family. Further, the eco-map portrays the family in its life situation, and it identifies and characterizes the significant nurturant or conflict laden connections between the family and the world. It is also used to demonstrate the flow of energy and resources in and out of the family system and its external system. As the eco-map is developed, the worker and the client should be able to identify conflicts to be mediated, bridges to be built, and resources to be sought and mobilized (Hartman, 1983).

Utilizing the Eco-Map

Once the eco-map has been completed and the family's ecological context has been determined, one can better assess the family-environment interchanges. As a result of the eco-map assessment, the standard question the practitioner would ask is: Are the needs of the family being met? Further, in order to effectively answer this question, the practitioner must have some knowledge about what all families need to sustain stability, growth, enrichment and competence (Hartman, 1983).

In an economically based society, it is intrinsic that a primary need of families is sufficient money to buy shelter, food, material goods and opportunities for enrichment. If insufficient money is assessed as the main problem, then the social worker should ensure that this is resolved before proceeding. It is true that some needs can clearly be

met without money through exchange and sharing systems, however, in a complex system such as capitalism, money is needed to buy free time, peace of mind and leisure (Hartman, 1983).

The Family in Relation to the Eco-Map

Hartmen (1983) suggests that the family be assessed from three different foci. The first focus is a holistic view which considers the family in relation to the ecological environment. The second focus considers the boundary between the family and the external environment. The third focus concentrates on intra-familial relationships.

By focusing upon and analyzing the family in a holistic manner, one can begin to understand whether or not the family's external relationships are insufficient, sufficient or overloaded. For example, the eco-map may demonstrate a number of extreme stressors such as long term hospitalization or strenuous work relationships. It may also demonstrate that a child in the family has insufficient external activities from which to attain growth.

General systems theory suggests that a change in one area will in turn affect change in another area, and thus will change the family or system as a whole (Von Bertalanffy, 1968). In utilizing the eco-map from the holistic focus, the greatest challenge for the practitioner is to determine which factor or factors will have the most dramatic positive impact on the family. For example, if the main breadwinner of the family has lost his/her job, this factor will have an enormous impact on the stressload and subsequent functioning of the family. In this particular situation the factor that could be deemed by the practitioner as having maximum positive impact, could be to have that

breadwinner attain some immediate job counselling in order to return the family to its normal financial status.

With the second focus of analysis the practitioner is analyzing the construction of the boundary between the family and the external environment. One quick way to assess the family's relationship with the external environment is to observe the number and quality of transactions. For example, by analyzing the positive and negative transactions, the practitioner could determine if the family is exhausting itself by expending too much energy in tenuous situations external to itself. From this information, the practitioner may also determine that there is a relatively equal exchange from the outside systems.

It is important to assess the nature of the system's boundaries as we know that families with closed, inflexible, rigid impermeable boundaries are more susceptible to dysfunction and breakdown (Fuchs, 1993). The reason for this susceptibility is that these families do not have adequate resources and contacts to turn to in case of an emergency or in situations of high stress. Families with closed impermeable boundaries usually do not have access to ameliorative resources or escape valves in times of stress (Rothery, 1993)

The third point of analysis is the interactions and interpersonal relationships of the family itself. The eco-map can provide the social worker with a variety of information about how the family members interact with the external environment. A warning signal to the social worker may be when one member of the family has minimal contact with the outside environment while the rest of the family seems to have adequate access.

Although the eco-map as a visual aid for assessment provides much needed information, the social worker must be prudent in further assessment of family interaction. The eco-map may demonstrate inequality of transactions, but to be completely effective, the social worker must further assess and understand the contingencies that lead to the transactional phenomenon. Further understanding of the client's interactions may be obtained through a number of interviews. Although the eco-map as an assessment tool does not provide detailed information on the transactional phenomenon which determines the status of the boundaries, it clearly highlights areas for social work intervention.

Intervention and the Ecological Approach

Based upon the major themes of ecological practice theory, as summarized by Allen-Meares and Lane (1987), ecological interventions involve understanding the person in his/her environment and should be performed at multiple settings and across multiple levels. As two of the major assumptions include a) assessment and evaluation occur through naturalistic and direct observation of the family environment system, and b) behaviour results from mediated transactions between the family and the multivariate environment, extensive assessment of the family's systems should be completed prior to the development of any intervention plan. As families and individual members are interdependent with other people, settings and environments, assessment and intervention at the individual, group and network levels should also be considered.

Systems Theory and Family Level Intervention

One important step in developing an intervention strategy is to effectively create a plan for identifying priorities. This developmental process can become quite challenging

when the social worker has to set realistic treatment goals for vulnerable families with multiple problems. With regards to vulnerable families, intervention plans may have to be ascertained in an environment filled with overwhelming need, chaos, constant crises, and disorganization. In this type of environment, it is easy for workers themselves to become overwhelmed, unfocused and in constant crisis. If the worker becomes unclear and unfocused, intervention can often become a series of responses to immediate crises with little effective generalization to the core issues that created the crises (Butehorn, 1978). One way to begin to identify priorities is to focus on the functioning of the family.

Systemic Characteristics of the Family

By utilizing general systems concepts, the social worker can assess the family's problems and identify realistic points of intervention. In any family, the social worker must first determine how the family is structured to allow for interaction and the supply of needs, and secondly, what processes occur to meet these needs. By understanding and assessing the structure of the family system the social worker can prioritize where to intervene and when. Once prioritized, problems can become manageable, and realistic focuses for intervention can be attained (Taplin, 1980). The areas for systemic assessment may include family structure, self concept, roles, rules, boundaries, family processes, communication patterns, parenting, and coping skills (Karpel & Strauss, 1983). These may also be the areas for systemic intervention. Karpel and Strauss (1983) also state that the basic family structure consists of the following four sub-sections: self concept, roles, rules, and systems and boundaries.

Self-concept

The self-concept of the family is the essence of the family and its beliefs, history, myths, loyalties, legacies. It is the basic reason a family stays together (Butehorn, 1978; Karpel & Strauss, 1983).

Roles

Roles are the tasks that individuals in families take on or accept and fill in a relatively predictable or patterned manner. As these roles are dynamic in nature, they are never identical for each family. However, there are some standard roles which are widely accepted. Some common roles for the family are: 1) executive (someone who makes the decisions that may lead to action); 2) functional (someone who carries out the decisions in a manner that is acceptable to the family members); 3) affective (someone who comments on the emotional tone of the family unit, as well as individual needs); and 4) socially connecting (someone who secures needed social services for the family; Butehorn, 1976).

As people are more than just members of a family, one must also consider individual roles. More importantly, in assessing the problems of a family, the social worker must differentiate between family role problems and individual role problems. Individual roles can include the following: 1) personal role (the individual's likes, dislikes, defenses, boundaries, energy levels, and idiosyncrasies); 2) generation role (the place of the member by birth and family expectations); 3) process role (the role in the internal family system); and 4) the system role (the role at the interface of family and society; Butehorn, 1976).

Rules

Rules are the structures, implicit or explicit, that govern the interaction of the family members either within the family or outside of the family. This governance limits the expression of the family and the individual family members. In order for change to take place in a family, the rules must also be changed. According to Lederer and Jackson (1968), rules set the guidelines for the definition and operation of a relationship. Rules define one's relationship to another and the "quid pro quo" of the relationship. As rules and roles are not mutually exclusive, rules are established from the outset of a relationship and are often prescribed by role expectation. Rules can also be set explicitly and may emerge as products of interaction. If a relationship has functional rules, it will be able to solve problems. In juxtaposition, in relationships that do not have coordinated meaning, rule setting is constrained. It is constrained because the participants do not share a consensus reality which must form the basis of the rule setting or behavioural interaction negotiations (Bruehlin et al., 1992).

One very important factor in successful families is the creation of meta-rules or rules that are made in order to change rules (Bruehlin et al., 1992). The need to have rules to change rules is very important for the development of the family. As new life stages or problems emerge, the family must have a set of techniques in which to change rules in an appropriate manner. One example of the need for meta-rules is the change in parental rules when the children leave the home. During this empty nest life stage, the couple must redefine the rules that redefine their relationship with each other and their adult children. Without the development of meta-rules many relationships begin to break down due to a lack of methods for the creation of new mutual, consensual reality. This

lack of consensual reality will negatively affect the quality of communication and messages will no longer be interpreted with accuracy (Bruehlin et al., 1992).

Systems, Subsystems and Boundaries

One important consideration in the application of the systems approach is that each system could be part of a larger system and may also be divided into smaller sub-systems (Hearn, 1979). Each of the systems or sub-systems has an invisible boundary which demarcates what is inside from what is outside. In the case of families, these boundaries may consist of an invisible set of loyalties, rules and emotional connections (Hartman, 1983). There are also a number of relationship sub-systems within the family organization, each with its own distinct boundaries.

Minuchin (1974) states that one characteristic of systems which has significant bearing on the family is that of sub-systems. Although sub-systems can be very complex, many family therapists will usually observe parental and sibling sub-systems. It is also common practice to observe sub-systems that operate within these sub-systems. Some common sub-subsystems are the marital sub-system, the parent-child sub-system and a number of sibling sub-systems which may be based on age, sex or generation. In addition to these generic sub-systems, family members may create their own unique set of sub-systems. These sub-systems, often called alliances or coalitions, are often characterized by particularly close bonds between certain members who are likely to feel closer, to do more together, and to be especially protective of each other (Karpel & Strauss, 1983).

Boundaries are described as the verbal and non-verbal mechanisms that families use to allow the entry and exit of persons and information both within the family and between the family and outside society. Boundaries can be viewed from a variety of

perspectives: enmeshed/disengaged, random/open/closed, and available/unavailable to intervention, with the commonality being a continuum ranging between polarities (Butehorn, 1976).

At the most concrete level, boundaries can actually be walls. For example, the parents' bedroom represents a boundary with all the rules that go along with it.

Boundaries can also be multi-level, abstract and intangible. For example, within a marital relationship, it may be understood that the wife should not interrupt the husband's boundary of sleeping in the afternoon.

Notwithstanding, these boundaries and their expectations must be allowed to change with the dynamics of the life stages of the family. As another example, consider the change in boundaries which occurs between parent and child as the child grows into a teenager. This change in boundaries may play out in a struggle over the teenager's bedroom privacy. During this stage, it is not uncommon for a teenager to ask a parent to knock before entering. Friction between the parent and the teenager may result if the parent does not respect this newly created boundary. For example, by tidying up the room in the absence of the teenager, the parent may cause friction by offensively crossing the teenager's personal and physical boundary. This lack of mutual understanding of boundaries can also contribute to conflict in the parent-child sub-system (Karpel & Strauss, 1983).

It has been deemed that open systems include open boundaries and contain wholeness, feedback and equifinality (Watzlawick, Beavin, & Jackson, 1967). Open systems are regulated by feedback, and inputs from family members or the environment are acted upon and modified by the family system.

At the other end of the continuum, closed systems are characterized by no influx of energy and therefore no change in the system or family members. Within a closed system, the family is unable to change its current situation as closed boundaries will not allow for positive information to be assimilated and acted upon (Nichols, 1984).

Three Essential Family Processes

The processes within a family system are concerned with the everyday life of the family. In general terms, the processes are dominated by what is actually done within the family and who does it. The following are three essential processes: communicating, parenting, and coping (Karpel & Strauss, 1983).

Communication

Effective communication, verbal or non-verbal, is the central focus of intervention and thus, it is extremely important that this process be understood by the practitioner before any action is taken. How a family communicates indicates much about its composition and hierarchy. The following characteristics of communication as described by Butehorn (1978) are useful for analysis and assessment:

- 1) ownership- is each person able to acknowledge and claim an individual perception?
- 2) context- is each person able to acknowledge the realities of the situation in which the communication takes place?
- 3) differentiation- is each person able to acknowledge that the perceptions of various individuals are not identical?
- 4) validation- is each person able to hear and acknowledge hearing the perception of the other?; and

5) process- is each person able to describe the interaction among family members and make some statement as to its cause and effect?

Karpel and Strauss (1983) also emphasize that communication issues are an integral factor in the development of family problems. According to them, all messages have two components. The most obvious component is the content of the message, the basic information that the sender wishes to transmit. The second, less obvious component, is the message's intended influence on the behaviour of the receiver.

The sender of the message requires a response from the receiver and there is a request built into every message. The message is aimed at influencing the receiver to respond in a certain manner. Each message therefore affects and is affected by the relationship between sender and receiver. Communication can be very effective if the content and the process match and are very clearly expressed. Confusion and stress can be the result when process and content do not match. For example, if a mother tells her child that she loves him or her while smiling and giving him/her a hug, the content of "I love you" coupled with a loving process "smiling and giving a hug", will be effectively and accurately assimilated by the child. The result of this effective communication will likely be a positive loving response from the child.

When the mother tells the child that she loves him or her in a sarcastic tone or even worse, while physically abusing the child, there will be confusion over the accurate meaning of "I love you". The child will incorrectly assimilate the meaning of love with something negative and instead may respond negatively when asked to express a loving response.

One cannot stress the importance of the communication virtues of clarity, consistency, openness and directness. If family members utilize these positive communication skills, there will be minimal confusion between process and content and an accurate flow of information will be the result.

Parenting

Another very important process in family development is the direction provided by the parents. It is important that the parents nurture the children in age appropriate ways. The following are components of effective parenting: a) providing what children need to feel safe and grow, b) letting children know they are wanted as part of the family, c) understanding that children require the interest and the availability of the adults around them, and d) imparting effective living skills from one generation to another (Butehorn, 1978).

Coping

When a family is under stress it will utilize coping skills for either the management or alleviation of this stress. According to Boss (1988), effective family coping is the management of a stressful event or situation by the family as a unit with no detrimental effects on any individual in that family. Family coping is the cognitive, affective, and behavioural process by which individuals and their family system as a whole manage rather than eradicate stressful events or situations (Boss, 1988). One can thus ascertain that once a family finds a coping behaviour that works for a particular event, that behaviour is very likely to become a part of that family's repertoire as a coping, problem solving, or management technique (Boss, 1988). The social work practitioner must discern how a particular family copes with unexpected or crisis

situations. Does the family cope in a positive manner by developing a clear statement of the problem, dealing with the feelings associated with it, considering the options available to solve the situation, and deciding upon a clear course of action to assist family members' individual responses to the situation? If the family utilizes harmful coping behaviours as a part of the family's stress management repertoire, changing this negative coping behaviour may be the focus of family intervention.

Summary

General systems theory provides the social work practitioner with an understanding of the culture of the family, its values, norms and functioning. It also provides the practitioner with a logical and effective means to inventory the systems influencing both individual and family behaviour (Taplin, 1980). It may be possible that many environmental systems or sub-systems may be impacting the resultant behaviour, thus the practitioner must first ascertain through detailed assessment which system or sub-system is influential. Once ascertained, the intervention must be directed at the appropriate system or sub-system and the processes involved.

Individual Level Intervention

The individual level is one level of intervention used in the ecological approach. Social work practitioners intervene at the individual level to aide the individual in personal growth and development. Implementation and evaluation considerations are part of direct practice with individuals and may include contingency analysis, modifying clients' behaviours within their environments, and evaluating changes (Pinkston, Levitt, Green, Linsk, & Rzepnicki, 1982). These considerations are performed in face-to-face contacts with clients and focus on direct intervention on client's behaviours and an

analysis of the interaction of those behaviours on the environment (Pinkston et al., 1982). The individual level of practice is designed for direct remediation, resulting in the resolution of problems of concern to the client or others in the environment. Strategies are thus designed to help clients change their behaviour, change the behaviour of others, and obtain needed services.

Intervention Strategies

Although there are multiple methods, styles and techniques of intervening at the individual level, two intervention strategies that are implemented with individual clients are direct influence by the worker or worker-management, and self-management (Pinkston et al., 1982). Direct influence by the worker is provided by arranging new environmental cues and behavioural consequences. In self-management the client is heavily involved in assessing problems, designing interventions, and arranging or discriminating possible consequences for personal behaviour (Pinkston et al., 1982). According to Pinkston et al. (1982), in direct practice with individuals, the social worker can provide intervention based on the following four essential elements of practice: a) role of the social worker, b) assessment considerations, c) intervention and the reorganization of contingencies, and d) evaluation of intervention effectiveness.

Role of the Social Worker

The worker is a consultant who functions as an analyst, teacher, change agent, and a link between the client and community resources. The extent to which each function is emphasized depends on the specific problem the worker is trying to address. The first responsibility of the worker is to determine which type of intervention to apply, direct influence or client self management. When employing direct influence, the worker

assumes primary responsibility for developing, implementing, and evaluating the program. In contact with the client, the worker intervenes with the client's problems by rearranging existing contingency relationships in the client's environment. The social worker also increases or decreases specific client behaviours by controlling access to reinforcers and punishers. The worker's main responsibilities when working at the individual level are assessing and defining the problem through observation, developing a method of recording data and evaluating change, recording baseline data, intervening directly with the problems, assessing change, and programming generality or maintenance of the intervention process and effects (Pinkston et al., 1982).

Assessment Considerations

Assessment is the complex information-gathering process that provides the data for case direction and decision making (Pinkston et al., 1982). Through assessment, the social worker collects information to determine the following: a) who perceives that a problem exists and why is service being sought at this time, b) what the problem is, c) who is involved in the problem, d) when and where the problem occurs, and e) what has previously been tried to alleviate the problem (Pinkston et al., 1982). The preliminary analysis done through the assessment phase gives the worker a general overview of the problem that may be the basis for further exploration and problem identification. Through the assessment, the social worker and the client attempt to define the outcome desired as a result of the intervention, specify the problem behaviour(s), identify available resources, and select the change agent and setting.

Intervention and the Reorganization of Contingencies

In this particular approach the worker must choose either a direct influence or self-management approach based upon the assessment of the contingencies presented by the client. In addition to the analysis of access, control issues, type of client, and client skill level and motivation, the worker must also assess the appropriateness of specific behaviour change techniques and the probability of generalizability of this specific intervention (Sheafor, Horejsi, & Horejsi, 1997). In choosing an appropriate intervention, the social worker may choose from specific techniques, reinforcement techniques, punishment based techniques, contingency contracts or an intervention package utilizing more than one technique (Pinkston et al., 1982).

Reinforcement techniques may be used to change a wide number of behaviours. The main facet of any reinforcement based technique is the emphasis upon increasing a client's general level of reinforcement. It is through this reinforcement that an increase in positive behaviour is to be the result (Barkley, 1990; Fisher & Gochros, 1975; Sheafor et al., 1997).

Punishment based techniques are used to decrease the frequency, duration, intensity or latency of a certain behaviour. One main principle of importance while employing the punishment based techniques is to pair it with reinforcement for a replacement behaviour (Fisher & Gochros, 1975; Pinkston et al., 1982). For example, when the client uses profanity, the profanity is punished and reinforcement is received if the client uses appropriate language.

Contracts, either verbal or written, can be formulated in conjunction with the client to attain mutually agreeable behaviour change (Pinkston et al., 1982; Sheafor et al.,

1997). When contingency contracts are utilized, they are usually done within the client self-management modality. Contracts stipulate both the worker's and the client's responsibilities. The contract also stipulates a clear structure for the presentation of reinforcement or the application of punishment (Pinkston et al., 1982)

Evaluation of the Intervention

It is very important to monitor the effectiveness of an intervention through any number of evaluation methods. Essentially, the evaluation should inform the social worker 1) whether desired outcomes were achieved, 2) the efficacy of the intervention technique being used, and 3) the ability of the change agent or social worker to implement the technique (Pinkston et al., 1982; Sheafor et al., 1997).

The baseline data used for evaluation is initially collected during the assessment phase. Data may include observational data (from an independent observer, a client's self-report, or worker collected), or data collected from instrumentation. These data are then examined using experimental designs, which enable the worker to assess to varying degrees what is causing the obtained observed behavioural changes. If the intervention technique is the direct influence approach, the social worker could choose from a number of designs including multiple baseline and ABAB styles of evaluation. Other methods of determining behavioural changes is the pre-test, post-test method, in which data on the baseline measurement tools are compared against answers on the same measurement tools answered at the end of the intervention (Pinkston et al., 1982).

Summary

Although this discussion emphasizes the use of the behaviour modification model, there are many different approaches to individual level intervention and an

inconclusive list includes: psychoanalytic intervention, ego psychology, psychosocial therapy, problem solving theory, and solution focused therapy (Turner, 1979).

Notwithstanding, all individual level interventions focus on the belief that human behaviours are lawful phenomenon and therefore can be studied and altered scientifically (Pinkston et al., 1982). Although the individual level of intervention is focused on altering the individual's interpersonal sub-system, this altering affects the context of many environments. The level of success in individual intervention is dependent upon the individual's motivation as many of the individual's behaviours are operant, and are controlled by external social and environmental stimuli (Pinkston et al., 1982). If the internal motivation of the individual and the social worker's intervention are less powerful than the external stimuli, different interventions using different theories or different levels, may be necessary to facilitate adaptation (Turner, 1979).

Group Work Intervention

Group work is another intervention that can be used in the ecological approach. Social work practitioners use group work skills to help meet the needs of individual group members, the group as a whole, and the community (Toseland & Rivas, 1995). Toseland and Rivas (1995) also state that peer groups and classroom groups help members learn acceptable norms of social behaviour, engage in satisfying relationships, identify personal goals, and derive a variety of other benefits that result from the participation in a closely knit social system. One method of achieving these goals is through the process of a treatment or therapy group (Toseland & Rivas, 1995; Zastrow, 1989). According to Zastrow (1989) therapy groups are generally composed of members with severe emotional or personal problems. The therapy group requires considerable

skill, perception, and group counselling ability on the part of the group leader in order to develop and maintain a constructive atmosphere within the group (Zastrow, 1989).

Advantages of Group Work

Levine (1979) suggests that group therapy can help with most areas that individual therapy can providing an appropriate group is available, and the individual will accept the group as the modality of treatment. Groups can also provide the members with multiple opportunities to engage in role playing, test new skills, and rehearse new behaviours in the safe environment of the group (Levine, 1979). These opportunities do not exist in individual treatment (Rose, 1989). It has also been suggested that groups have the advantage of normalizing issues while allowing other members to hear similar concerns (Shulman, 1992; Yalom, 1985).

Group Work and the Ecological Perspective

Balgopal and Vassil (1983) state that the ecological framework, which emphasizes relationships between and amongst persons and their environment, is a promising beginning from which to focus group work. They also state that the ecological perspective is simply a way of viewing the following four dimensions of practice with groups: member, social worker, the group and the environment. Within these dimensions there can also be individual differences such as sex, race, ethnicity, economics and so on (Balgopal & Vassil, 1983). Group work which employs the ecological perspective and utilizes these dimensional differences can potentially replicate the habitat of each and every member. Ecological group work can thus provide a realistic microcosm of each member's field (Balgopal & Vassil, 1983).

Group Work Exchange and Adaptation

The major task of the worker in the group is to articulate and connect the three realities of person-group-environment as they are expressed in the group from a shared frame of reference (Balgopal & Vassil, 1983). From the ecological perspective, this shared frame of reference is determined by the differences and similarities among and between the group members and their environment. For progress to be attained within the group, the moving dynamic is conflict, and the nutrient is similarity and support (Balgopal & Vassil, 1983). It is through this moving dynamic of conflict and the nutrient of similarity and support that the group participants adapt to both internal and external demands (Balgopal & Vassil, 1983).

To attain adaptation through a group reference and group dynamic, the group worker must create a balance in the following four relationships: group member-group member, group member-group, group member-worker, and group member-environment. Balgopal and Vassil (1983) further state that the worker should pay attention to process and content as a guideline for action. Legitimization and authority for change and adaptation will emerge through authentic encounters between the social worker and the group members. Thus, to attain change, the social worker should encourage the conflict which is rooted in inter group or societal levels (Balgopal & Vassil, 1983). This conflict or friction and discomfort will be experienced by individual group members because of significant and noticeable differences among them such as physical, psychological, racial, economic or social (Balgopal & Vassil, 1983).

Group Concepts and Components

The primary purposes of group intervention are the enhancement of social functioning, restoration to former states of social functioning, achievement of unreached levels of social functioning and the correction of problematic interpersonal and social relationships (Henry, 1981). In an effort to attain these purposes a number of processes and methods must be considered. The following is a list of these considerations: membership selection and group composition; the goals of the group; the external structures of time, space and size; cohesion; and norms, values, and group culture (Henry, 1981).

Membership Selection

There is no simple formula for the successful selection of group members, but there are some general considerations. One key consideration is the relative homogeneity of the group. The group should be composed of members who have a tolerable range of behaviours (Henry, 1981). One way of ascertaining the tolerance of behaviours is to assess the range of acceptable behaviours of the first two or three members. By assessing this range of behaviours, it is possible to develop an acceptable range of behaviours that may be exhibited by the other group members (Henry, 1981). When assessing the acceptable range, the group worker must also consider that there should be both enough difference to stimulate the group but also enough similarity to maintain group cohesion (Henry, 1981).

Group Goals

Group goals provide the mobilizing and momentum for what the group does and is supposed to accomplish. Henry (1981) states that group goals are usually the product

of three elements. First there are the individual members' understanding of the purpose of the group, their expectations of the group, and their understanding of what needs will be met within the parameters of the group setting . Second there is the group worker's expectations for the group as a whole and the worker's own expectations for what will be attended to and how the interventions will be directed. Finally there is the goals of the agency or organization which has decided to operate within a group setting. It is the responsibility of the worker to facilitate the goal definition process in an effort to attain mutually agreeable goals for all parties (Toseland & Rivas, 1995).

External Structures of Time, Space and Size

Time enters as a determinant of the group process as the decisions about group meetings, number of sessions, frequency of meetings, and the time set aside for group meetings all have an effect on the goals which can be attained (Henry, 1981). The space, size and resources available to the group can also influence the motivation of the group members. The worker must be cognizant of the physical setting for the group work, and must be able to anticipate some obstacles that may result (Toseland & Rivas, 1995). It may be wise for the worker to identify potential obstacles prior to the group intervention.

Cohesion

Cohesion is an important variable in group work. It denotes sameness and can be defined as the attraction of members for one another and for what the group accomplishes. Group cohesion arises out of the members' interactions with each other, feelings for each other, identification with each other, and the meaning of the shared group experience (Henry, 1981).

Norms, Values, and Culture

Through the process of group work, the social worker attempts to attain a concept of group norms, values, and culture. These variables then define the group's own particular style and specialness (Henry, 1981; Toseland & Rivas, 1995). It is through this norm setting that group members develop a sense of how they are supposed to behave and interact within the context of the group setting (Henry, 1981). Both the worker and the group participants can use a number of methods to reduce non-conforming group behaviour. Members and workers may praise or reward each other or they may ignore or shun negative behaviour. Members may also ostracize and exclude other members for failure to comply with the group norms (Henry, 1981).

Group Work Process

Group process pertains to the dynamics, emotional developments and unfolding affective patterns of the group (Balagopal & Vassil, 1983). Human groups are organismic in nature and they are constantly undergoing change. Through the manipulation of the aforementioned concepts and conditions, the group worker is to successfully guide and direct the group through the process of change (Balagopal & Vassil, 1983). To be effective, the group worker must be cognizant of potential sub-groups and potential group hostility (Balagopal & Vassil, 1983; Konopka & Friedlander, 1976).

Sub-Groups

Within the group process there are always sub-groups as no group does all things together and different members of the group feel varying attractions for one another (Konopka & Friedlander, 1976). Although the group worker wants to promote group cohesion and culture s/he wants to avoid the possibility of negative and hostile sub-

groups which may interrupt the direction and the goals of the larger group. The group worker may also encounter the effects that sub-groups can have on particular members of the group. For example, a group member which is usually quiet may act in a hostile manner in an effort to join a sub-group. This is a sub-group phenomenon known as contagion (Konopka & Friedlander, 1976). The dynamics of this phenomenon are not fully understood but most students can remember being totally confident about writing a test only to have that confidence quashed by a pool of uneasiness created by the anxiety of the rest of the group that is writing the same exam (Konopka & Friedlander, 1976).

The group worker must be able to control and manipulate hostile group members and the effects of contagion to effectively maintain and control group conflict and to continue the development of group cohesion. The following are possible internal group driven methods of resolving group conflict: a) group members may withdraw and form their own group, b) there may also be a very powerful individual in the group who influences others to do what s/he wants, c) there may be a process of majority rule and minority consent, d) there may be a process of compromise in which conflicting sub-groups meet halfway, and e) there may be a process of integration in which the conflicting groups opinions are discussed, weighed, and reworked until the group comes to a mutual satisfactory decision (Konopka & Friedlander, 1976).

Although the group worker may productively solve natural group conflict in many different ways, integration is the ultimate goal of the group worker. It is through the process of integration that the group members learn how to assimilate other people's opinions and concerns (Konopka & Friedlander, 1976). Conflict within the group is the

moving dynamic and the group's integration of similar ideas and problem solving skills through this conflict is the ultimate goal of the group worker (Balagopal & Vassil, 1983).

Summary

Group work can be a powerful level of intervention when utilizing the ecological approach. Group work can provide a venue to control and use conflict to develop a cohesive group culture. It is through the group's dynamics that the participants learn to understand, integrate, assimilate and adapt their behaviour through a process of group goal setting and normalization.

Network Intervention

The development of social support networks is another intervention that can be used in the ecological approach. Social support networks have been demonstrated to have both direct and buffering effects on health and well being. Direct effects generally occur when the support measure assesses the degree to which a person is integrated within a social network, while the buffering effects occur when the support measure assesses the availability of resources that help one respond to stressful events (Cohen & Syme, 1985). These direct and buffering effects can also occur at both the formal and informal level.

Social Support Networks and Health

Hammer (1983) presents four models based on how social support networks relate to health. The first question is, what is the relationship between social support networks and health. If one assumes that social support networks plays an integral role in health, then one must assume that the two are not mutually exclusive. Hammer (1983)

also suggests that the models present a hierarchy of alternatives based on the effect of the social support.

Model one hypothesizes that illness, either physical or psychological, leads to a reduction of social support. It was found that people with very poor health were less likely to have social contacts suggesting that poor health may reduce social contacts. Model two hypothesizes that social support networks affect health by mediating health related activities. Model three postulates that the social support network acts as a buffer which aides in coping with stress.

Hammer (1983) found that a combination of these three models led to the development of a more encompassing model which hypothesizes that social feedback maintains or distorts social behaviour with resultant physiological consequences. This fourth model assumes that when people do not receive social confirmation that their actions are leading to anticipated consequences, stress levels will increase and a physiological response will occur. Evidence is provided by rats that placed in "unnatural" circumstances over a prolonged period experienced uncontrollable anticipated behavioural disordering and a large amount of stress. As a result of this disordered social environment, the rats became more susceptible to disease as the disordering of behaviour caused severe physiological changes (Hammer, 1983).

The Direct Effects of Social Support Networks

The direct effect argues that supportive networks enhance health regardless of stress levels (Cohen & Syme, 1985). The benefits may occur because one perceives that others will provide aide in the event of stressful occurrences. This perception that others are willing to help will increase self-esteem and will have a positive effect on the

individual. If the social support network has a positive effect on the person and higher self-esteem is the result, then one is more likely to feel in control of his/her environment (Cohen & Syme, 1985). Self esteem and confidence aid people in their ability to make positive life changes. Positive consistent social support networks also provide the individual with an increased sense of predictability and stability. It is within this positive supportive environment that one attains regularized social interaction and the concomitant feedback that allows for the adaptation and the normalization of appropriate roles and behaviours (Cohen & Syme, 1985).

Cohen and Syme (1985) further hypothesize that the supportive social network has an influence on behaviour and an influence on the physiological responses to stress. Health is enhanced because role involvement in the larger network gives purpose and meaning to one's life and hence reduces the likelihood that profound anxiety and despair will be experienced (Bolger, DeLongis, Kessler, & Schilling, 1989).

The Buffering Effect of Social Support Networks

In contrast to the direct effect, the buffering effect hypothesis argues that external support provides beneficial effects in the presence of stress by protecting people from the detrimental effects of stress (Cohen & Syme, 1985). First of all, a supportive social network may intervene in a situation and may prevent the situation from becoming a crisis (Andrews & Brown, 1984). A supportive social network may both reduce and redefine the potential for harm posed by the stressful event. Secondly, a supportive social network may intervene and act as a coping mechanism between the event and the onset of destructive responses to stress (Folkman, Chesney, McKusick, Ironson, Johnson & Coates, 1991).

Boyce (1985) states that varied social supports have been shown to have buffering effects in the presence of major stressors. With reference to intervention, it is significant that a very wide range of resources within the social support network can demonstrate the desired effect of stress reduction. Boyce (1985) also postulates that this ability to reduce stress via many buffering variables demonstrates an elemental and fundamental human need for stability and homeostasis. In the social support network, any attachment to the social environment (external to the immediate family) could thus be viewed as a critical element in fulfilling the need for stability.

Developing Social Support Networks

How does the practitioner expand the social support network of clients if their network is insufficient? To be effective, the practitioner must fully understand the population he/she is developing the network for, and he/she must assess whether to intervene within the formal or informal social support systems or both (Cooke, Rossmann, McCubbin, & Patterson, 1988).

The Informal Community Caregiver

Help from non-professionals would be considered as informal help (Rothery, 1993). Informal help can provide a variety of assistance which may include caretaking, friendship and problem solving. Caretaking includes such activities as providing material assistance as well as helping out with household chores. Friendship includes a range of support from simply having someone to talk to, to providing emotional support to someone with a problem. Emotional support includes obtaining direct advice or link ups to other individuals in the informal network to provide advice or support. Six types of informal helpers have been identified and they include: family, friends, neighbors,

natural helpers, role-related helpers, individuals with similar problems and volunteers (Froland, Pancoast, & Chapman, 1981).

Froland et al. (1981) state that there are three considerations necessary for the provision of effective and adequate informal support. The practitioner must first determine who is providing the support. This is important because support may be accepted by one informal provider but not another. For example, a person that is affected by overwhelming job demands may respond to support from a co-worker or supervisor but may not respond as well to another family member or friend.

Secondly, the practitioner must understand what type of support is being provided. If the type of support is irrelevant it will not have the desired effect. For example, a monetary gift may be appropriately helpful when the stress is due to unemployment but it is inappropriate in the face of bereavement.

Thirdly, the practitioner must time the intervention of support correctly. Some informal support may be very effective at one time but ineffective at other times. For example, support from friends may not be deemed as necessary immediately following the death of a family member, but it may be extremely important in the long term grieving process.

It is also important for the practitioner to understand that the type of informal support may need to change over a period of time to be effective. If the informal support network has had demands placed on it for an extraordinary length of time, the support system may become exhausted. To be effective, the informal support may need periodic help from an external formal agency.

Formalized Social Support Networks

Another form of social support networking is to connect a person with formal help. Formal supports may include any variety of paid supportive services. These formal networks may include agencies such as Child and Family Services, drop in centres, Child Guidance Clinics, hospitals, schools, day cares or any other paid social service (Rothery, 1993). This type of support may be necessary to provide structured and safe extra-curricular activities for people to participate in. Some of these extra-curricular activities may include going to a movie with an agency worker or joining an athletic team. Other services that may be provided formally are problem specific professional counselling services or educational seminars. These types of structured formal planned activities can provide the stressed parent with a momentary care provider, and may provide a venue in which youth may develop self-esteem (Herzfeld & Powell, 1986).

The Utilization of Formalized Services

Performing research on the effects of the larger community would be incomplete without an analysis of what population utilizes the formal support services which are provided and why. Birkel and Reppucci (1983) hypothesize that voluntary participation by low-income and/or high risk populations in prevention-oriented human service programs is minimal and dropout rates are high. Another study by Fuchs (1993) reveals more information concerning the demographics of participation in formal support services.

The results of both studies demonstrate the effect that density of the network, and relationship with kin, have on the utilization of services. The study by Birkel and Reppucci (1983) demonstrated that high risk woman with denser networks attended

fewer parent group sessions than did those whose networks were less dense. The more contact the women had with their kin, the less they utilized services. The study by Fuchs (1993) demonstrated that low-income women participating in a supplementary food program belonged to networks characterized by lower density and minimal kin contact. These women were also more likely to pursue professional child-rearing information and advice than women in more dense kin-involved networks.

Birkel and Reppucci (1983) proposed three explanations for this phenomenon. First of all, open networks are more likely than dense networks to provide connections to other social systems such as professional helping systems. Studies have shown that open, less dense networks facilitate entrance into psychiatric facilities. Dense networks can also exert considerable pressure on the individual or family to follow normative patterns of problem solving and help seeking. Another aspect relating to the density of the network is that close kin relations are often more desirable and effective providers of instrumental aid and moral support, than are professional agency supports. For example, parents in closely knit families may be more able to arrange to have their child looked after by another member of the family, as opposed to a formal day-care center. It may also be likely that the use of formal supports is directly related to need.

Complimentary Informal and Formal Social Support Networks

Leutz (1976) set up a study which employed the help of the informal natural community support system to provide both support and formal agency referrals. The purpose of the study was to improve communication between the natural informal community caregivers and the formal agencies. It was the purpose of the agency to provide the natural informal caregivers with the information to provide referrals or

problem solving skills in a community. The study was limited to community members seeking assistance with drug and alcohol related problems.

Word of mouth was used to identify the informal caregivers within the community. Informal caregivers were aware of other formal caregivers and this is how the process took place. The informal caregivers included seven clergy, four natural spiritualists, six social club owners, and twelve local merchants.

The design of the program was to split up the located informal caregivers equally and to have one established as a control group and one as an experimental group. The control group merely recorded the type of problem, whom the problem was related to and the approximate age of the person or persons presenting the problem. The experimental group was provided with information about referral agencies and also some training on how to provide problem support. The experimental group was also provided with information pertaining to the seriousness of a variety of patterns of drug and alcohol abuse. If a referral was made the informal caregiver was asked to direct the person presenting the problem to make the referral call, as an informal approach was key to the experiment.

The findings in the experiment were quite remarkable. First of all, the experimental group made referrals in 77% of the cases and provided advice in 23% of the cases. This is in contrast to the control group in which only 22% of the clients were referred to external agencies and 78% of the clients were provided informal advice. The findings also support the findings of Cohen and Syme (1985), as the type of support each client sought was directly related to the type of support that was available. The clergy were approached with problems mainly relating to alcohol abuse, and the merchants and

social club owners reported more problems related to drugs. First of all, drug use is perceived as more deviant than the use of alcohol. People may have difficulty presenting a problem such as drug abuse to the members of the clergy. Further, the merchants and social club owners were directly involved in the sale of alcohol.

Also, the clergy were only asked to assist in a small number of family related problems, while the spiritualists were asked to help with a larger number of family related problems. It is assumed that the family does not want to have the entire involvement of the church when dealing with an issue of a non-individual nature. The spiritualists work alone, and in an informal nature, and provide help to families in a more confidential forum. As was expected, the merchants and the club-owners were the least active in all requests for help. Once again this is probably due to the nature of the work of all concerned. By tradition, family assistance and assistance in general is the work of the spiritualist.

The study demonstrated that an informal community based social support network does exist. It further supports the hypothesis that a number of informal networks provide a variety of assistance. These informal networks can also perform the role of a communication link between the formal and informal systems. Information about formal agencies was provided by the informal helping network. In this particular study, the informal network not only received information and support but it also provided information and support.

The Social Support Networks of Vulnerable Families

A study performed by Fuchs (1993) further supports the position that an informal community network does exist. The Neighborhood Parenting support program was an

innovative research and demonstration project that was aimed at using social network intervention strategies to prevent the maltreatment of children. The underlying assumption of the project was that effective parenting requires social support to offset the demands of parenting and other stressors. It was also assumed that without this support, child maltreatment risk is increased. This study found that abusing parents tended to be more isolated than non-abusing parents in high risk areas.

The program found that high-risk mothers seemed to experience less support from outside the family than did mothers from low risk families. The high risk mothers also reported having fewer relationships with, and received less support from parents, friends and co-workers. They were also less likely to engage in a variety of outside activities which allowed for community contact and reported less satisfaction with the support that was provided to them as parents.

Summary

Both Cohen and Syme (1983) and Hammer (1983) hypothesize that an effective social support network is integral in maintaining good physical and psychological health. An effective external social support network, made up of both formal and informal services, can provide both direct and buffering benefits for a person. Sufficient interaction with the larger external environmental systems provides a forum in which people can receive adequate social feedback. It is through this feedback that people's experiences are normalized and it is through the association with the larger community systems that the person receives information on how to effectively reduce the stress he/she encounters. The external environment can also provide an arena in which various

family members can enrich their own personal lives to attain higher self-control and self-esteem.

Conclusion

The ecological approach is a metaframework which utilizes a broad view of etiology and treatment of human problems. With consideration to this broad view to assess the person's eco-system, the social worker must use a systemic approach to gain a complete understanding of the person in environment. If a social worker is to effectively utilize the ecological perspective, s/he must first be able to understand and assess human interaction from many different perspectives and be able to intervene at many different levels. Based upon the ecological assessment of the family, the social worker in direct practice must choose which interventions to utilize at the family, individual, group or social network levels. As human behaviour is recognized to be site and level specific, the social worker will also have to create an intervention package which utilizes any combination of levels of intervention at many different locations.

CHAPTER THREE

Vulnerable Families and High Risk Youth

The Vulnerable Family

Families that are poor, deprived of social and concrete resources, often involved with a number of social service agencies, prone to crises and frequently identified as impossible to help, can be referred to as multiproblem or preferably, as vulnerable families (Rothery, 1993). It is more correct to identify these families as vulnerable as a large number of families have multiple problems and are involved with a variety of government supports, but not all families expect to have inadequate resources for their needs. It is this overwhelming feeling of inadequacy that makes these families perceive problems as unsolvable, thus making them vulnerable to constant crises (Rothery, 1993). Vulnerable families often have more stresses than resources and when these stresses outweigh the resources, a family will show signs of strain, and when the imbalance becomes severe, family breakdown will result (Rothery, 1993).

Systemic Factors in the Development of the Vulnerable Family

Within vulnerable families, it is possible to identify a number of systemic problems. A vulnerable family may have problems with economic stability, social structures and authority, communication and role confusion, family rule systems and boundaries, and family loyalties and intergenerational beliefs (Hartman, 1983). These factors may define the cultural context, value system and normative structure of the vulnerable family. The lack of functionality caused by many of these problems, tends to discourage members' growth, health, and development (Germaine, 1991).

Economic Factors

Vulnerable families may have inadequate financial and material resources (Hartman, 1983). The material belongings of the vulnerable family are quite often inadequate for them to attain stability, growth enrichment and competence (Hartman, 1983). The majority of these families live in poverty and their main income is provided by social assistance. Deccio and Horner (1994) state that several defining characteristics of a high risk family are: a) the family's income is below the poverty level, b) the family has a history of unstable residences, c) the family is unconnected to friends and relatives, and d) the family lacks the economic resource to possess a telephone for communication.

Social Structures and Authority

Vulnerable families are often fearful, angry, and untrusting of authority structures as they expect to be blamed (Kagan & Schlosberg, 1989). They often have a long history of involvement with multiple agencies, courts, hospitals, schools, and child protective services. In many situations, vulnerable families perceive professionals as intimidating, uncaring figures who threaten the integrity and stability of the family (Kagan & Schlosberg, 1989). This perception of the professional in most cases is justified as many social workers are within roles that require that they remove children from families that are "neglectful".

This particular adversarial relationship between the social worker and the family is perhaps the reason these families have been perceived as unresponsive to traditional therapy (Weitzman, 1985). Kagan and Schlosberg (1989) state that the most striking characteristic about these families is their level of resistance to change despite the orders, pleas, exhortations and the combined efforts of multiple community agencies. This

extreme resistance to change emphasizes the need for new methods of assessment and intervention.

Power Imbalances and Role Confusion

In many vulnerable families, there are problems with power imbalances, ineffective patterns of communication, and role confusion. One common pattern of power imbalance apparent in vulnerable families is that of a stable coalition (Minuchin, 1974). A stable coalition is formed when a child and a parent form a rigidly bound alliance against another parent or family member. In this situation, the child is in a constant struggle between loyalty to one parent or the other (Minuchin, 1974). This pattern of behaviour becomes quite apparent when the practitioner is meeting with one parent and the child, and then when the other parent arrives, the patterns of communication immediately change.

Three other areas of role problems may also be predominant in vulnerable families. Problems may develop in adolescents from vulnerable families because the confusing roles that are determined for them create their sense of identity and how they feel (Karpel & Strauss, 1983). The roles these adolescents assimilate are quite often problematic, as many times they are not synchronized with their current life stage (Karpel & Strauss, 1983). The infantilized child, the parentified child, and the scapegoat are three roles that can help to preserve the vulnerable family's stressful patterns of behaviour and communication (Karpel & Strauss, 1983).

The infantilized child is one whose psychological growth is stunted in the family. They are quite often "babified". Dependency and immaturity are encouraged and steps toward autonomy are discouraged. It is hypothesized that the parents do not want to lose

the role of care provider and thus continue to act as though the child would be helpless without them. One example is the family that continues to wipe their nine year old son on the toilet because he supposedly could not do it for himself.

As many vulnerable families are characterized by a single parent, the child may become more of a cohort to the parent than is usual. This child is labeled as the parentified child. The parentified child as opposed to the infantilized child, is encouraged to grow up too quickly. The child may be required to assume the role of care provider or confidant for the single parent. The child may also be required to act as a care giver for other children or family members. The parentified child is often required to devote him/herself to impossible adult tasks and thus is doomed to constant failure.

One of the most familiar labels is the scapegoat. The scapegoat of the family provides a focus for blame and accusation which in turn takes responsibility off the family. In this role, the parents of the child tend to blame the problems of the family on the child. When this occurs, the parents are considering themselves blameless and thus do not have to change their patterns of behaviour.

Family Sub-Systems and Boundaries

Most schools of family therapy share a belief that firm but flexible boundaries develop healthy and functioning family members (Karpel & Strauss, 1983). These boundaries need to be clear and firm enough to allow all family members to carry out their functions without undue interference but flexible enough to permit contact with other members of other systems or sub-systems (Minuchin, 1974).

The boundaries of vulnerable families are often unclear and diffuse. This lack of structured boundaries may cause members to become over responsive to one another

(Karpel & Strauss, 1983). As vulnerable families are often isolated from information external to the family unit, they are often extremely dependent upon each other. As they are dependent upon each other for social interaction, they may feel they cannot disagree with other members. Disagreements within socially isolated families may also emphasize intolerable differences (Karpel & Strauss, 1983). Any reflection of differences may also lead to hostility and a good deal of anger or quarreling. When boundaries are unclear, any comment or move by one member may trigger strong and immediate reactions from another (Karpel & Strauss, 1983). These confrontational relationships may exist between two or more family members or they may encompass the family as a whole.

In contrast to unclear boundaries, when the boundaries of family members are overly rigid, members may become unresponsive to each other (Karpel & Strauss, 1983). Rigid boundaries are inflexible and do not allow for flexible individual relationship building. With rigid boundaries, there may be little intimate contact between members and many social work practitioners have been amazed by family members' tolerance of wild deviant behaviour, or lack of concern, or need to intervene during periods of extreme family pain (Karpel & Strauss, 1983).

Family Legacies and Loyalties

Legacies imply inherited obligations which derive from the facts and patterns of one's origin, while loyalties are a faithfulness and a duty to do what is perceived as right or appropriate (Karpel & Strauss, 1983). Vulnerable families may have many loyalties and legacies which promote detrimental behaviour.

Specifically, vulnerable families may have legacies that stem from parental abandonment or parental abuse. Many vulnerable families have negative legacies of shame and disgrace, a legacy which can continue to affect the family for generations (Karpel & Strauss, 1983). Legacies have a tendency to shape the lives of individuals and the destinies of families. For example the fact that a child's father was a criminal may present a legacy that must be fulfilled and repeated by future generations. Although the legacy presents a demand or a claim to be fulfilled, it may not specifically dictate the terms, the timing, or the exact form of attaining the demands. The degree to which the legacy is fulfilled is directly related to the power that the legacy has on the family member's need to be loyal (Karpel & Strauss, 1983).

The term loyalty has a double meaning and refers to both the external expectations of others, and the internalized obligations of the individual (Karpel & Strauss, 1983). The concept of loyalty also reflects the belief that the family member is greatly indebted to the family. A key example is children who forgive their parents for being abusive to them because they owe their parents for providing them with a house and a home. As loyalties are internalized, a betrayal of loyalty is considered as both a betrayal of trust, and is ultimately expressed as guilt (Karpel & Strauss, 1983).

Problems with loyalty often begins when a family member is exposed to other external social systems. It is the confusion between social norms and family loyalties which may eventually lead vulnerable families to discount the intervention of external social work practitioners. If the family member has to be loyal to the family legacy, and the behaviour associated with this loyalty is in contradiction to societal norms and mores, s/he will often feel guilty, and will reject the intervention. The guilt associated with the

rejection of the legacy, is a powerful force that facilitates the ongoing destructive legacies of vulnerable families (Karpel & Strauss, 1983).

High Risk Children From Vulnerable Families

Socio-cultural risk refers to the impoverishing of the child's world so that the child lacks the basic social and psychological necessities to lead a healthy and productive life (Garbarino, 1982). Children that grow up wanting for food, for affection, for caring teachers, for good medical attention, and for values consistent with intellectual progress and social competence, grow up less well than children who do not lack these things. The absence of a healthy social environment places the child at risk for impaired development (Garbarino, 1982). The simple truth is that children need appropriate loving care if they are to develop normally. If the family is highly vulnerable and constantly under stress to meet basic needs, the children will struggle both psychologically and socio-economically. Perhaps the greatest contributor to these struggles and risk factors are related to family abuse and other family problems (Freeman & Dyer, 1993).

Psychological Factors Effecting High Risk Children

Many high risk children come from vulnerable families which have had histories and legacies of violence and child abuse. Many of these families utilize violent and abusive behaviours as methods of coping with the stress in their lives (Boss, 1988). As vulnerable families are constantly faced with unmanageable stress, children within these families are often exposed to abuse and violence. The effects this exposure to violence and abuse has on children is also exaggerated because the acts are contained within the family structure (Boss, 1988).

The family patterns of violence and abuse have two negative effects on the children. Firstly, these patterns impair the parents' ability to meet the developmental and emotional needs of their children, and secondly, children become constantly anxious, fearful, and guilt ridden as they experience the violence and abuse (Elbow, 1982). Children are quite often blamed or made to believe that they are responsible for the abusive and violent patterns of behaviour within the family. As a result many children begin to internalize the notion that they cause the behaviour of others. As the children have internalized the belief that they may be responsible for much of the abuse, they feel guilty and inadequate because they have not been able to prevent the violence (Elbow, 1982). This overwhelming sense of inadequacy and guilt tends to destroy the self-esteem of the child and eventually leads to the child's extreme sense of vulnerability (Elbow, 1982).

The family's patterns of violence and abuse, and the child's internalized understanding of the family situation, quite often leads the child to exhibit coping behaviours ranging from extreme inhibition and passivity, to impulsivity and aggression (Hurley & Jaffe, 1990). It has been assessed that children who behave with such extremes quite often suffer peer isolation and are feared by other children (Hurley & Jaffe, 1990). In extreme cases they may become completely isolated by peers and intensely disliked by both peers and teachers (Hurley & Jaffe, 1990).

Socio-economic Factors Affecting High Risk Children

Although it cannot be claimed that economic factors create child abuse and neglect, it can be argued that a family's access to material resources affects their range of possible responses to any given situation (Kirsh & Maidman, 1989). Lack of money in

vulnerable families makes it difficult to provide the necessities of food, clothing, and adequate housing. Lack of money also means an inability to buy formal daycare or to hire baby-sitters. As a result many younger children are left alone for extended periods of time (Kirsh & Maidman, 1989). Lack of money also means an inability to provide organized recreational and leisure opportunities. The stresses of inadequate economic stability is exacerbated as many vulnerable families are headed by a single parent who carries the full burden of breadwinner, housekeeper and parent (Kirsh & Maidman, 1989).

Biller and Soloman (1986) determined that unemployment rates for the parents of high risk and maltreated children are exceedingly high and most of the jobs that are obtained are in the low salary range. During harsh economic times when there are relatively few employment opportunities, geographic mobility for the purpose of attaining employment is common (Kirsh & Maidman, 1989). This transiency, in an effort to locate employment, inhibits the family's ability to develop roots to a community, and to utilize the benefits that a cohesive community can offer. These benefits include access to recreational activities and the chance for children to develop close friendships with other similar age children. The family that does not have access to economic stability, and lacks material resources, often becomes quite stressed. This stress may translate into child maltreatment (Fuchs, 1993; Kirsh & Maidman, 1989).

Psychiatric Diagnoses: The Formal Labeling of High Risk Adolescents

Adolescents that are constantly forced to struggle with the extreme stress of living in vulnerable families tend to cope and adjust via a mixture of asocial, depressive and anti-social aggressive tactics. This is in contrast to coping and adapting pro-socially in

ways that benefit self without harming others. These youth are also prone to externalize and internalize behaviour problems through school drop out, teen pregnancy, substance abuse and delinquency (Blechman et al., 1994). The adolescent problems of Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, and fetal alcohol syndrome (FAS) are quite prevalent in high risk adolescents from vulnerable families (Barkley, 1990; Barr, Sampson & Striessguth, 1992; Kazden, 1987).

Although the causation may be different for the adolescent diagnosed with ADHD, conduct disorder, or FAS, there are a number of common behaviours. These behaviours include: distractibility, impulsivity, poor cooperation, poor organization, poor recall of information, a rigid approach to problem solving, and, potential for aggression due to low frustration tolerance (Barkley, 1990; Barr et al., 1992; Kazden, 1987). These associated behaviours may also increase in number and severity when the adolescents are constantly vulnerable. In fact, the causation of these problems may be the direct result of membership in extremely vulnerable families (Barkley, 1990; Barr et al., 1992; Kazden, 1987). As a result of their behaviour, many of these high risk adolescents are placed in special education, or behavioural treatment classes (Hancock, 1982).

Attention Deficit Hyperactivity Disorder

The essential feature of Attention Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development (American Psychiatric Association, 1994). Inattentiveness, one of the central symptoms associated with ADHD, can occur in a variety of forms. The youth may have trouble orienting to stimuli or he/she may altogether fail to detect the stimuli to which they are to

respond. Many ADHD youths have difficulty sustaining attention to task relevant stimuli while inhibiting their response to stimuli that are not relevant to the task. In other words, they have a difficulty controlling impulses (Barkley, 1981).

Developmental Considerations

The etiology of ADHD is not a simple one and has not yet been narrowed down to one causal factor. The literature identifies many factors including the following: genetic factors, congenital factors, toxins and environmental agents, and familial risk factors or causal agents (Hinshaw, 1994). Although the first three factors identified are important, the changes in family risk factors and causal agents as elements of the etiology will be the emphasis of this section. Hinshaw (1994) states that current trends support interactive and transactional models that examine interrelations between the child's psychobiologic tendencies and the family, school and neighborhood environment. In support of a holistic approach to treatment of ADHD, the most prevalent viewpoint in the field is that of "goodness of fit" (Chess & Thomas, 1984).

Homeostasis, or the individual's ability to return to a normal healthy level of functioning, occurs when there is a good fit between the individual and the environment. If stressors are prevalent in the environment, the adolescent will become stressed and homeostasis will be interrupted. The individual's reaction to chronic environmental stress may be impaired cognitive and physical performance. In certain situations, the physiological response to the stress may make it difficult for the individual to behave or interact appropriately with his/her environment (Herzfeld & Powell, 1986). In certain chronic stressful situations, problems arise when individuals operate at highly elevated levels of stress for prolonged periods of time. During this prolonged period of time, the

body may react to the stressors, but may not have the ability to turn off the reaction, and the body may override the natural homeostatic mechanisms. When the body cannot return to a homeostatic balance, various symptoms can manifest themselves such as attention deficits and hyperactivity in youths (Herzfeld & Powell, 1986).

Conduct Disorder

The essential feature of conduct disorder (also referred to as anti-social personality) is a repetitive and persistent pattern of anti-social behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated (American Psychiatric Association, 1994). Conduct disorder is diagnosed only if the conduct problems represent a repetitive and persistent pattern that is associated with impairment in social, academic or occupational impairment.

Developmental Considerations

According to Love (1970), there are two prevailing parental patterns in the backgrounds of children with anti-social behaviour. The first of these two parental patterns is parental rejection and various types of deprivation. The second of these parental patterns is parental indulgence, which allows the child to run free without certain restraints being placed upon him/her by the parents. It has also been stated that criminal activity and alcoholism, particularly of the father, are two of the stronger and more consistently demonstrated parental factors, among the many environmental factors, that increase the risk for conduct disorder (Robins, 1966; Rutter & Giller, 1983; West, 1982).

There are many ambiguities in both diagnoses and assessment of conduct disorder. The current overlap of diagnoses such as conduct disorder and hyperactivity

and the lack of operational criteria are especially important to bear in mind when reference is made to conduct disorder. Although there are multiple assessment methods that can be performed by a variety of sources (child, teacher, parent), there is at present, no truly objective measure of conduct disorder (Kazdin, 1987). The psychiatric diagnoses of the disorder, is also quite often wrought with bias, artifact and judgment (Kazdin, 1987).

Fetal Alcohol Syndrome

Fetal Alcohol Syndrome (FAS) afflicts individuals who are born to mothers who consumed alcohol heavily during pregnancy. Children with FAS have a characteristic pattern of malformations, growth deficiencies, and central nervous system manifestations (Clarren & Smith, 1978). Conger and Peterson (1984) currently estimate that FAS may result from maternal consumption of as little as three ounces of alcohol per day. It has also been noticed that smaller doses such as one ounce or more per day increases the likelihood of low birth weight, developmental delays, physical difficulties and spontaneous abortion.

A child that has been exposed to prenatal alcohol exposure but does not have all the physical or behavioural symptoms of FAS may be categorized with Fetal Alcohol Effect (FAE). It should be noted that FAE is not the less severe form of FAS; rather, a child with FAE may not present all of the physical abnormalities of FAS. The cognitive and behavioural characteristics of FAS and FAE are similar (Burgess & Streissguth, 1992).

Developmental Considerations

The determination of FAS depends on signs of abnormality in each of the following three categories (Sokol & Claren, 1989, p. 598):

- 1) prenatal and or postnatal growth retardation (weight and/or length or height below the tenth percentile when corrected for gestational age);
- 2) central nervous system involvement, including neurological abnormality, developmental delay, behavioural dysfunction or deficit, intellectual impairment, and/or structural abnormalities such as microcephaly (head circumference below the third percentile) or brain malformations (found on imaging studies or autopsy); and,
- 3) a characteristic face, currently qualitatively described as including short palpebral fissures, and elongated midface, a long and flattened philtrum, thin upper lip, and flattened maxilla.

Although maternal alcohol consumption during pregnancy is deemed as the main factor contributing to the etiology of FAS, some genetic and parental factors can contribute. Russell (1990) states that there may be a paternal influence in etiology as there is a well established tendency for dating amongst heavy drinkers, alcoholics and children of alcoholics. This tendency makes it likely that many children who are heavily exposed to alcohol in the womb, will also have fathers that drink excessively and whose sperm have been exposed to high levels of alcohol concentration. It is possible, under these circumstances, that such children may also inherit from their father, mother or both parents, genotypes that predispose them to adverse consequences if exposed to alcohol.

The offspring characteristics associated with both FAS and paternal alcoholism that have been studied most extensively are hyperactivity, with and without conduct

disorder, and cognitive defects (Russell, 1990). Studies on children of alcoholics have also demonstrated that the offspring of alcoholics are at a six fold greater risk of developing alcoholism than are children of non-alcoholics (Tarter, Laird, & Moss, 1990).

The question of nature versus nurture arises at this point in the discussion.

Related to the nurture position, it is essential to recognize the importance of different variables of paternal and maternal alcoholism on the psychological development of the offspring. The father's alcoholism is commonly associated with violent physical abuse resulting in neurologic trauma, absenteeism from the home and role modeling representing anti-social behaviour (Tarter, Hegedus, & Alterman, 1984). This is differentiated from maternal alcoholism, as maternal alcoholism is more likely to transmit psychological disorder to the offspring via the consumption of alcohol during the pregnancy, neglect of health care, nutritional and affectional deprivation, and role modeling of negative coping skills, such as withdrawal and depression (Tarter et al., 1990).

Summary

Vulnerable families and the environments they live in may aid in the development of high risk youth. These high risk youth having inadequate resources, social skills, and role models may eventually repeat the perpetual cycle of vulnerability. Socio-economic factors, poorly structured boundaries, destructive legacies and loyalties, physical and sexual abuse, and chronic neglect often fuel this cycle. These high risk environments may result in psychological and social conditions which may increase an adolescent's chance of having problems such as ADHD, conduct disorder and FAS.

Identifying and Assessing Vulnerable Families

According to Kagan and Schlosberg (1989), assessment of vulnerable families is complex and must begin at the stage where the clients are presenting problems. As vulnerable families are usually in perpetual crisis, the first step usually involves assessing their current crisis. The family social worker must assess, validate and respond to family concerns about the crises such as losing their present home, fights with neighbors or family members, hassles from child protective services or fears that their child may come into trouble with the law (Kagan & Schlosberg, 1989). It is often an ongoing combination of the aforementioned problems which cause the onset of another crisis, but until the crisis passes, it will be difficult if not impossible to systemically assess the problems that have been affecting the family.

Home Based Assessment

Although it may be difficult to accurately assess and understand the complexities of vulnerable families, the social worker should be able to gather very important information from initial contact (Kagan & Schlosberg, 1989). One of the most enlightening and time efficient methods of obtaining pertinent information is through the home visit. In addition to obtaining information, the home based assessment can be utilized by the social worker to develop initial positive contact. According to Kagan and Schlosberg (1989), the assessment process is designed to begin to engage vulnerable families, while simultaneously assisting the practitioner to develop an initial hypothesis and contract for working with the family. Home based assessment and intervention services also demonstrate the practitioner's willingness to extend her/himself beyond the

usual setting practices, and to reach out to these families (Hodges & Blythe, 1992; Kaplin, 1986).

Entrance into the home provides the social worker with critical information. The information which is accumulated from the home environment can be integral in creating a point of entry for assessment and intervention. To be effective, the social worker must always respect the privacy of the family and ask permission for movement within the home. This method of practice demonstrates mutual respect for the family and often creates the basis of a trusting relationship. Being within the family's home, as opposed to an office, can also be empowering to the vulnerable family (Kagan & Schlosberg, 1989)

Information Attained Through Home Visits

The organization, condition and contents of the home provide the social worker with valuable information. For example, upon entry to the house key indicators could include: are all the blinds closed tight in order to prevent outside interruption; are there bottles of alcohol scattered around; is the house overly tidy or overly messy; is it apparent that physical upkeep is important; are there any family pictures around and if so, of whom; are there any sentimental ornaments around; are the bedroom doors able to be locked in such a manner as to insure individual privacy and security; are the outside doors locked; is the music or television on a level too high for effective communication; and, are there sufficient material belongings. It is this direct observational information that provides the worker with valuable insight into the family's boundaries, roles, rules, self-concepts, communication patterns, parenting patterns, and coping skills (Kagan & Schlosberg, 1989). Quite often, the vulnerable family's environment is characterized by problems with many of these variables (Kagan & Schlosberg, 1989). Although there may

be many indicators of problems within the home setting, the assessment of the severity of these problems must be judged within the context of the client's cultural and economic status. The social work practitioner must make judgments with respect to the family's ability to provide a number of material and personal belongings. These judgments must be based not only on professional knowledge and practice skills, but also with common sense, insight and street smarts (Klein & Cnaan, 1995).

Home Based Communication

Within the home environment, family members are more likely to communicate their roles and rules with natural patterns of behaviour (Kagan & Schlosberg, 1989). The family's natural communication patterns and resistance to change can relay signals to the social worker the family's need to maintain its system at its current stage of development (Kagan & Schlosberg, 1989). The social worker that enters into the home should also understand that resistance may be a tool used by vulnerable families to screen out the ability of the worker to build a safe and trustworthy relationship (Kagan & Schlosberg, 1989). Notwithstanding, if the initial home visit with the family is effective, the family's communication patterns may be different than those displayed to placate "threatening" social workers.

Community Assessment

Through the home visit, the social worker will have the opportunity to assess the nature of the vulnerable family's community boundaries. This assessment of the community in which the vulnerable family lives is crucial to the development of the ecologically based intervention plan. The interpersonal boundaries of the vulnerable family may be directly affected by the community and its composition. Many vulnerable

families close off their boundaries to the community for reasons of safety. It is important to acknowledge this community composition, as it is known that families with semi-closed, inflexible, impermeable boundaries are at risk and are particularly susceptible to a variety of problems (Hartman, 1983). If the community cannot be accessed, the family will not be able to attain needed concrete resources and informational input.

In high risk, inner city communities, there may also be limited access to social support. This lack of social support or access to outside influence, can limit information flow to immediate family members or close neighbors. Increasing social support and opening the community boundaries may be one area of intense intervention (Fuchs, 1993). Assessment of a family's situation would be incomplete if the social context of members' behaviour is not considered (Freeman & Dyer, 1993).

Current Intervention Approaches With Vulnerable Families

The family is utilized as a source of major change, as it is within the family that the child usually receives and has received his or her primary developmental values, nurturance, security and patterns of behaviour (Nichols, 1984). Numerous approaches and theories of family problems have been implemented and developed since the inception and widespread use of family therapy. Notwithstanding that various approaches to work with families may produce desired results, the most effective approach may be one advocated by Bowen (1972) in which he states that a variety of methods could be used, providing they are aimed towards the same goal. For the most part, vulnerable families operate on a concrete level, are action oriented, and have little desire to verbalize. Based on this general assumption Kaplan (1986) suggests the following general strategies for any type or level of intervention: empowering the family;

using action oriented, concrete, problem solving strategies; and an ecological approach using community resources with the worker as a broker and advocate.

Empowering the Family

The main goal of the practitioner is to empower the family to become autonomous, independent and able to meet its own needs (Kaplin, 1986). It is important that the relationship with the family is built on mutual respect and collaboration (Kagan & Schlosberg, 1989). With vulnerable families it is unproductive to have the worker dictate the treatment goals. Many vulnerable families had interventions done by workers that claim to know what is right for the family (Kagan & Schlosberg, 1989). To be successful the social work practitioner must base the intervention on the goals of the family. This only makes sense as the family has the ability to understand its problems better than the social worker. Empowerment of the family must happen at all levels of the intervention as it is very important that the family has no doubt that the social worker believes that the family is capable of solving its own problems (Kaplin, 1986).

It is tantamount to the relationship that the social worker is accepting, accessible, reliable and consistent while communicating a sense of caring about the family (Kagan & Schlosberg, 1989; Klein & Cnaan, 1995). The social worker must also be very patient and persistent while overcoming the family's mistrust, anger and resistance.

The key to a successful intervention is the development of the relationship with the parents. The social worker empowers the parents to believe that they have the ability to take charge of their child's life. The parents must also understand that they have the ability to nurture and provide for their child while setting limits and rules (Kaplin, 1986). To be able to do this, the social work practitioner must look for current areas of strength

within the parental structure of the family. By building on the strengths and coping abilities of the family, the practitioner facilitates intervention from a positive (healthy) rather than from a negative (pathological) framework in an effort to produce new adaptive coping skills and problem solving options (Kaplin, 1986).

To be effective with vulnerable families, the social work practitioner should be on call twenty-four hours per day (Kaplin, 1986). This demonstrates to the family that the worker is accessible and that assistance is not limited to a one-hour-per-week therapy session. Constant availability, frequent telephone contact and home visits by the social worker help to solidify the relationship with the family members (Kagan & Schlosberg, 1989). This accessibility is quite different from the traditional interventions that vulnerable families have become accustomed to. Although this accessibility may be very time consuming at the beginning of the intervention, the families begin to lessen their demands as they develop new coping mechanisms (Kaplin, 1986).

Using Action Oriented, Concrete Problem-Solving Strategies

Intervention with vulnerable families does not simply employ “talking therapy” but instead should use a style that involves action. Since vulnerable families operate more on a concrete level than a process level, action must be taken to demonstrate the purpose for the discussion (Kaplin, 1986). For example, to demonstrate a problem in close communication between family members, the practitioner may physically move the members closer together. After moving the family members closer together, the practitioner may use the individual negative responses about this closeness for further exploration of the issue.

The intervention should emphasize the present, the here and now. As the vulnerable family is often in need of basic needs such as food, clothing, housing and health care, achievement of these needs would be an excellent area for intervention (Kaplin, 1986). It is also important for the practitioner to direct individuals to speak directly to each other and to express their needs immediately. It is also important for the practitioner to point out to the family members when they are being successful at utilizing their new communication methods (Kaplin, 1986). It is through the consistency of providing new coping skills and the consistency of explaining exactly what these mechanisms should look like that the practitioner encourages and the family understands behavioural change (Kaplin, 1986). Issues should be addressed on a conscious level, and the goal of intervention is a structural change that will extinguish problems (Kaplin, 1986).

An Ecological Approach: Using Community Resources with the Worker as Advocate

Through building a relationship with the family, the social work practitioner demonstrates that s/he appreciates the importance of the family's social environment, and the relationships that the family has with other significant people (Kagan & Schlosberg, 1989). The practitioner would also contact any other agencies or professionals that are involved with the family to ensure a coordinated intervention (Jones & Jones, 1974). Throughout the process of the intervention, the practitioner must remain in contact with other people who are involved with the family.

When brokering community resources, the practitioner considers the process of referral that will be most empowering to the family. The intervention occurs in such a way that the practitioner teaches the family how to use community resources. Before a

family uses a community resource the social worker must inform the family of what the resource entails. The worker must also advocate for the family and prepare the service to receive the family (Klein & Cnaan, 1995). Through the role of broker, the primary role of the social work practitioner is to continue to develop a trusting relationship, but this time the relationship is with community services (Kaplin, 1986; Klein & Cnaan, 1995).

Conclusion

The level of demand and the complexity of working with the vulnerable family can be very stressful and difficult for the social work practitioner. Issues of poverty, extreme stress, poor communication skills, resource poor environments, lack of effective coping skills, and children with behavioural problems, seem to identify the vulnerable family as perpetually in crisis and resistant to change. Vulnerable families and the complexity of their issues suggest that a broad intervention model, such as the ecological approach, is indicated.

CHAPTER FOUR

The School System: A Context for the Ecological Approach

The school system is one of the most important systems for family and child development. It is through the school system that children receive their formal education and it is through the school system that many children learn how to develop relationships with other children and other members of society (Garbarino, 1982).

From the beginning, the social work ideology has been identified as resting on the dual focus of the person in the situation (Monkman, 1982). School social workers are in a position to demonstrate this ideology through a professional focus which is both broad and unique, as their services are provided through a large powerful bureaucratic institution (Rose & Marshall, 1974). In many education systems, the school social worker is required to provide a diverse number of services, in a diverse number of situations. These services may include a number of clinical services for the student and the student's family, training for the teaching staff, and bureaucratic administrative duties as required (Rose & Marshall, 1974).

The School Context and the School Social Worker

The school system, a large bureaucratic institution, can suffer from the usual systemic difficulties of being rigid, impersonal and having overly cautious personnel (Hancock, 1982). School social workers, parents, and teachers can attest to the fact that affecting change within the school system is difficult because of the rigidity of the system (Hancock, 1982). Working within the bureaucratic educational system can be both challenging and frustrating to school social workers. It can be a challenge because school social workers have the knowledge and skills to work as facilitators of dynamic

human change, but to accomplish change within a rigid bureaucratic context can be quite frustrating. Notwithstanding, school social workers' understanding of the bureaucracy, places them in a unique position to aide in the humanizing of the school by providing a warmer, more personal climate for the students and their families (Hancock, 1982).

Policy and Organizational Issues

To be effective, the first tactic a school social worker must learn is the acquisition and understanding of legitimate and organizational authority (Pruger, 1978). The school is a formal organization, established to perform certain functions and to achieve specific objectives and thus authority is usually in the form of written laws, work schedules and rules (Pruger, 1978). The school system has purposely been designed and conceptualized as an agent of social control and integration (Brown & Swanson, 1988). As a result of this objective, the school can be seen as an agency which seeks conformity of behaviour and frowns on nonconformity (Powers, 1985).

This objective of seeking conformity could be considered as the school's hidden agenda of appropriate socialization. Powers (1985) states that such behaviour may be identified by the ways in which schools and classrooms are organized and how decisions are made, how discipline is administered, and the extent to which students with different backgrounds are segregated into various tracks, clubs and cliques. Through policies, structures and expectations, schools can create enormous stress for students. It has also been suggested that schools should prepare students to not only accommodate to economic institutions, but to reform those institutions to better fit the human condition (Brown & Swanson, 1988). Ironically, while the school should be an institution of

empowerment, it is quite often an institution of disempowerment for students who do not fit the middle class mold (Brown & Swanson, 1988).

The Evolving Roles of the School Social Worker

The problems school social workers may encounter are as varied as those that may be encountered in any comprehensive social service agency (Hancock, 1982). In viewing the school as an ecological unit, school social workers target not only the psychosocial deficits of students but also work with transactions between sub-systems of students and teachers, home and school, teachers and administrators, and transactions with the external environment (Early, 1992). This trend has changed the role of the school social worker from performing only direct individual and family casework to performing group work, teacher and administrative consulting, and community development (Hancock, 1982).

Role Development

The term role refers to the expected behaviour prescribed for a person occupying a particular social status or position within a social system (Stean, 1974). Formal roles are developed to meet the institution's need for maintenance and growth, and for linkages to other systems with which the institution must interact (Compton & Galaway, 1984). Poole (1949) defined the school social worker as one who to assists children in benefiting from their opportunity to learn. Poole (1949) wanted to change this role definition as she had an understanding of the dynamics of the educational institution. Because of this understanding, she stressed the importance of having the school social worker work with the administration and other staff to develop school programs and to help formulate policies and procedures. Poole (1949) was certain that the role of the

school social worker was diverse and could encompass the realms of a guidance clinic worker, an attendance officer and a guidance and vocational counsellor.

The bureaucratic educational system is slow to respond to the school population's dynamic demands, and still proposes that the school social worker primarily attend to the child's performance in the classroom (Levine & Mellor, 1988). However, since the 1970's schools and school social workers faced new imperatives that were generated by new social forces. The numbers of alienated pupils and high school drop outs increased and the school's ability to teach fundamental skills to many children declined (Germain, 1982). As the demands of the population changed, the school social worker's efforts had to shift to include the school-home-community linkage.

This difference of role identity, between the school social worker and the administration, often caused conflict, but is now often resolved through teacher centered consultation (Levine & Mellor, 1988). The teacher centered consultation process, which includes school administrators, is changing the role identification of school social workers. The teacher centered consultation process includes input from the teaching staff, the school administration and other community agencies (Levine & Mellor, 1988). It is through this collaborative consultation process that school administrators are formulating policies which redefine the school social worker's role in an effort to provide services for at risk children when the current school structure is unable to. Through this consultative process the defined role of the school social worker is changing to include work external to the classroom (Levine & Mellor, 1988).

The current and progressive roles of the school social worker as described by Levine and Mellor (1988) may include: a liaison for families living in poverty; group

work; the development of a community organization to assist in the location and securement of adequate housing; assisting families to gain access to community resources and community agencies, and assisting individuals to develop their own community centre. The school social worker may act as a community organizer, an enabler, a broker of services and a clinician.

The new interdisciplinary, collaborative and team resourcing roles of the school social worker require a complimentary, complex interplay of talents and knowledge that come together at appropriate times to produce a common valued end result. By having the school social worker participate in collaborative ventures, the education system attains solutions to problems that no single party could have accomplished (Lanier, 1980). Bridge (1989) states that the collaborative and team resourcing role of the school social worker:

1. makes available multiple professional resources in the problem solving process;
2. enables a greater impact to be brought to bear upon the problem through the collective judgment of the professional staff;
3. through direct and indirect strategies can reach a larger number of students or can employ a greater number of intervention techniques;
4. provides more opportunity for the early identification of problems and for the use of preventative services before crises arise;
5. provides better opportunities to resolve problems related to the various systems of the school; and
6. is able to develop supportive sanctions, both within the school and the community.

The Ecological Approach and the School Social Worker

The metaframework of the ecological approach can be used to frame the significance of the relationship between the different levels of tasks included in the school social worker's multiple roles (Levine & Mellor, 1988). The distinct function of the social worker being to work at the interface where people's coping patterns interact with the environment, provides the basis for the ecological role of the school social worker. With reference to the ecological approach, the school social worker provides primary preventative service at the interface between pupil, parent, school and community (Germain, 1982).

The school social worker is required to fulfill a number of roles both within the bureaucracy of the school system and the larger community. The school social worker has the ability to provide a variety of services to students and families. The policies of the National Association of School Social Workers state that the school social worker shall acquire and extend skills that are appropriate to the ecological needs of pupils, parents, school personnel and the external community (Hancock, 1982).

The Pupil / Family / Community : School Interface

Most school social workers have conceived of their role and social purpose to be helping children develop age appropriate social competence while influencing the school to be more responsive to the needs of children. This role is identified by Germain (1982) as helping children to reach out to the school while helping the school to reach out to the children.

The school can be perceived of as a real life ecological unit and the school's intimate interaction with the pupil is secondary in intensity to only the pupil's primary

family (Germain, 1982). As the school social worker is located within the school, s/he is physically at the interface between the school and the pupil (Germain, 1982). This is integral to the successful interventions of the school social worker as this interface differs from the interface the pupil experiences with a family agency worker or child welfare worker (Germain, 1982).

The school social worker is not only at the interface of the child and the school but is actually at the interface between the family and school, and community and school (Germain, 1982). Thus s/he is in a position to help children, parents, and the community develop social competence and, at the same time, to help the school's responsiveness to the needs and aspirations of children, parents and the community (Germain, 1982).

It is through the social worker's position that s/he can aid in the development of coping strategies to aid in the primary prevention of stress. Typically the school social worker strengthens coping by supporting self esteem and identity, rewarding motivation and coping efforts, providing information, teaching problem solving skills, and working to relieve anxiety or other threatening affects that interfere in the development of the pupil, the family and the community (Germain, 1982). It is through the strengthening of positive coping skills and social support that the school social worker promotes adaptive functioning and positive human development (Germain, 1982).

The School Social Worker / School Personnel Interface

The multiple skills that school social workers possess allow them to fulfill their professional duties from a position that adds positively to the ecological homeostasis of the current school system and its student population (Hancock, 1982).

When social workers enter a school setting to provide consultative or other services in a traditional, problem-focused model, teachers often resist or reject the intervention (Early, 1992). One way to overcome this conflict is to be understand that these interactions may be viewed as unwanted input from the external environment. According to Early (1992), information from the external environment which may upset the current homeostasis of the school setting is usually viewed negatively.

To overcome this negative perception, the school social worker must become part of the working group of the school (Early, 1992). One method of adapting and thus becoming accepted within the ecology of the school setting while in a consultative role is to ensure that the transactions with teachers become mutual exchanges rather than intrusive input (Early, 1992). This mutual transaction is more likely to maintain rather than threaten the balance of the work group. When the consultant and the consultee are considered transacting sub-systems within the school, the focus will be on exchange of information instead of deficits and power struggles of the consultee (Early, 1992). By using this transactional method, the concept of expertise is replaced by that of mutual exchange (Early, 1992).

Conclusion

The school system may be a bureaucratic and rigid system which is intended to educate and socialize. The traditional role of the school social worker was to attend to the child's performance in the classroom (Levine & Mellor, 1988). Current problems and issues presented by the population of the school has pressured both the school social worker and the school administration to re-define the school social worker's roles. Current role definitions have allowed the school social worker to intervene in a manner

consistent with the ecological approach. This re-definition of roles is reflected in the statement of the National Association of School Social Workers that the school social worker shall acquire and extend skills that are appropriate to the ecological needs of pupils, parents, school personnel and the external community (Hancock, 1982). The school social worker is in a position to provide a variety of social support, as s/he is physically located at the interface of social transactions between the pupil and the school, the family and the school, the school personnel and the school, and the community and the school (Germain, 1982).

CHAPTER FIVE

Practicum Setting Evaluation and Supervision

Description of Practicum Site

The practicum took place within a Learning Assistance Centre classroom (L.A.C.) from September 15, 1995 to February 20, 1996 within a school in the inner city of Winnipeg. Throughout the practicum I was affiliated with the Child Guidance Clinic. The staff of the L.A.C. classroom consisted of a teacher and two full time teaching assistants. The students within this class were referred by other teachers within the school division. The students were referred due to considerable behaviour and/or learning problems. The curriculum of the L.A.C. consisted of a morning of academics and an afternoon of outings that were focused on teaching the students life skills.

Ecological Intervention Approaches

The ecological intervention utilized many techniques and was implemented at many different settings and through many different levels. Interventions at the individual, family, group and community levels were implemented. The interventions at these multiple levels took place within the school, the clients' homes, and the general community.

Individual Level Intervention

Behavioral management and modification are currently the most widely used non-medical interventions for controlling undesirable behaviours (Lahey, 1979). These individually focused intervention techniques employ the presentation of positive reinforcement contingent upon either the non-occurrence of inappropriate behavior, or the occurrence of some alternate behavior; the withdrawal of positive reinforcement

following the occurrence of inappropriate behavior, and the presentation of aversive stimulation contingent upon inappropriate behavior (Lahey, 1979).

The alternate behaviors which included learning self-control techniques, were taught during individual counselling. Self-control techniques are especially important as it is usually impossible to monitor the youth at all times (Barkley, 1981). Other alternate activities that were rewarded are, compliance, completion of designated tasks, arriving to school on time, and general helping out in the classroom (Lahey, 1979). Behavior modification was used as it is a relatively easy technique to learn. It also effective in controlling a multitude of behaviors in a multitude of settings.

Family Intervention

Although the critical role of parents in the school success of their children has been widely recognized and acknowledged since the early 1920's (Algozzine, Schmid, & Mercer, 1981), the school system has done little to educate people for the role of parents. The role of parents is further complicated when the child is considered to be high risk. As the knowledge of appropriate parenting techniques has been deemed important for "normal" youths it could be deemed imperative for the parents of high risk youths. One significant family level intervention was the provision of parental and family counselling. These counselling sessions were intended to teach the family alternative coping skills and better behavioral management techniques.

Three strategies for counselling and training parents included informational strategies, psychotherapeutic strategies and parent training (Algozzine et al., 1981). These strategies are concerned with teaching the parents better coping skills and they were be taught in both individual and family sessions.

Informational strategies focused on providing the parents with knowledge concerning the high risk behaviours of their child. Psychotherapeutic strategies concentrated on helping the parents understand the conflicts and concomitant emotional difficulties that may emerge in both the parents and the youth. Many of the psychotherapeutic strategies involved helping the parents understand their feelings. Some of these strategies are appropriate for individual parent counselling only, as there may be extreme differences amongst family situations and many of the parents may not want to participate in family exercises (Algozzine et al., 1981). Parent training programs concentrated on teaching the parents effective techniques for dealing with the behaviors of the high risk youth. In many instances the training consisted of teaching the parents some coping skills and behavior modification techniques that were consistent with the school system's approach.

Group Work Intervention

Eight group sessions were held within the classroom setting at the end of the practicum period. The main goal of the group work intervention was to develop appropriate interpersonal skills. The sessions were loosely structured and content often reflected the teaching staffs' concerns about the students' behaviour. The concerns stemmed from the students' day-to-day classroom interaction. Another group worker's goal was to connect the students and the staff within the context of the classroom.

As the treatment group utilized a free flowing innovative process with high risk youth, parameters for group interaction and the goals of the group were fully established prior to implementation. In an effort to reduce disruptive and aggressive behaviour, the

group work intervention was implemented after a trusting, constructive relationship had been formed with both the teaching staff and the students.

Group Sessions Parameters

The following is a list of operational parameters that were part of the group intervention:

- 1) Each person within the group would have a chance to be heard and it would be appreciated if only one person at a time spoke so that each student could be clearly understood.
- 2) During the group sessions, the classroom was an environment in which some normal rules of the class were not applicable. Some swearing was allowed if it was relevant to the group session. Abuse of the swearing privilege would not be tolerated.
- 3) It was expected that members of the classroom would provide the group with ideas for role playing and modeling.
- 4) The students were able to earn back classroom bonus marks if they applied what they learned in the group sessions. Further, if the student participated in the group sessions and did not disrupt the class, a bonus money incentive would be paid in accordance with the classroom management program.

Goals of the Group Sessions

- 1) The main goal of the sessions was to alter the students' affective functioning by teaching the students some cognitive behavioural controls on anger and aggression (Wickham, 1993).

- 2) A secondary goal was to teach the students alternate responses to situations that may occur in day to day life. These situations may have recently taken place in the classroom or they may have been part of what was happening in the youths' lives.
- 3) To teach the students some life and street survival skills.
- 4) To teach the students a dialogue in which there were more feelings than anger. The group sessions were used to explain various feelings including confusion, sadness and embarrassment. It was a goal to have the youths identify these particular feelings and respond appropriately to them. Many of these youths had only one response to many different anxiety producing situations and this response was aggression.

Network Intervention

Network intervention at the neighborhood level consisted of connecting clients to effective people in the community, by obtaining both formal and informal help (Fuchs, 1993). I attempted to obtain informal help and assistance to provide caretaking, friendship and problem solving. Caretaking included such activities as providing material assistance as well as helping out with household chores. Friendship included a range of support from simply having someone to talk to, to providing emotional support to someone with a problem. Informal helpers also gave direct advice and links to other people in the informal network that could provide advice. The social worker sought out several types of informal helpers which included family, friends, neighbours, natural helpers, role-related helpers and people with similar problems.

Another networking intervention was to increase external formal agency help to families that were experiencing problems. The formal agency help provided both counselling support, and structured safe and secure extra curricular activities for the high

risk youth. Some of these extra-curricular activities included going to a movie with an agency worker and joining an athletic team. Herzfeld and Powell (1986) state that these structured activities not only provide the parent with a momentary care provider but the activities also provide a positive venue for the youth to reduce stress

Classroom Intervention

The high risk youth that participated in this practicum demonstrated considerable problems in functioning within the educational system. The problems existed because the educational setting requires the opposite of what these high risk youth presented, namely difficulties with restlessness, attention span and impulse control (Barkley, 1981). These high risk youth frequently disrupted the classroom by talking to other students, generally made noises while they worked and engaged in out of seat activity at inappropriate times. They also often displayed poor social skills in interaction with other youths and they were frequently aggressive to other students and school staff.

The classroom level intervention included being a consultant for the teaching staff on student behaviours, and the training of the school staff in the implementation of a behavior modification program. Within the guidelines of the token system, the teaching staff were taught how to dispense a certain amount of tokens or points for each desirable activity in which the youth engaged. The teaching staff were also taught how and when to take away a set amount of tokens or points for the emission of undesirable behaviors. Consistent with Barkley's (1981) token systems, tokens were then exchanged by the students for a reward that was chosen by the student.

There was a number of considerations in the development of this token system within the educational environment. One aspect was teaching the teaching staff how to

use praise while simultaneously utilizing stringent rules, commands and reprimands. It was imperative that the teaching staff learned to not only focus on the negative behaviors of the youth. A second factor was to increase the quality and quantity of training the teaching staff had in the use of the token system and other behavior modification techniques. The teaching staff was taught that peer group may at times be more reinforcing than the current token system. Through the consultative process, the teaching staff learned when and how to make effective program adjustments. Another problem the teaching staff encountered was the lack of support for the program by some parents. Without the support of the parents involved, the program will surely encounter problems as the process will not be encouraged at home (Barkley, 1981). The intervention also included a component which built a positive relationship between the teaching staff, the students and the parents of the students.

Family Demographics

During the practicum I was involved with nine male students and their families to varying degrees. All clients involved in the practicum provided written consent prior to any student involvement (see Appendix A). I received pre-test and post-test data on five of the students and they will be considered as the primary units of study. The other four students, for a variety of reasons, either did not complete both the pre-test and post-test measurement tools, or did not remain a member of the classroom for the entire year.

One common feature of all referrals is that the students demonstrated severe behavioural and learning problems and were considered high risk youth. Placement in this L.A.C. class was based on the severity of the presenting problems. If the student's difficulties were very severe, he would be placed in this particular L.A.C. classroom. The

students had a long history of problems within a number of systems and were referred through the special education program. Most of the students had been diagnosed by a Child Guidance Clinic Psychiatrist with either Attention Deficit Hyperactivity Disorder, Conduct Disorder or Fetal Alcohol Syndrome.

A brief synopsis of the families (families 1-4) that did not participate throughout the entire practicum process are provided in Appendix B. Additional demographic, assessment, and multiple intervention information with five families (families 5-9) will be discussed in detail in the following chapter. The names used throughout the practicum report are pseudonyms.

Measurement Instruments

In concordance with the proposed multiple interventions of the ecological perspective, multiple measurement tools were employed. The package was designed to measure the dynamic and multiple behaviors of the youths. These behaviors were measured in both the home (by the parent or care provider) and the school setting (by a member of the teaching staff). The youths involved also filled out self report measures concerning their overall behavior and feelings of self esteem in both settings. The purpose of using this self esteem measure was to ascertain whether or not the interventions had a residual positive effect. All measurement tools were filled out prior to actual intervention and upon completion of the intervention.

The Child Behaviour Checklist

The primary measurement tool employed to measure the students' behaviours was the Child Behavior Checklist developed by Achenbach and Edelbrock in 1983. This was used as the primary measurement tool because it is designed to measure the expected

changes in the behavior of the students from the perspective of various individuals involved (Bloom, Fischer, & Orme, 1995). Furthermore, the Child Behaviour Checklist has items which measure internalizing or externalizing behavior problems and assess social competence (Achenbach, 1991a). Three forms of the Child Behaviour Checklist were used: the Parent Report Form (CBCL), the Teacher Report Form (TRF) and the Youth Self-Report Form (YSR).

The 1991 edition of the CBCL (Achenbach, 1991a) consists of 118 items and takes approximately 15-20 minutes to complete. The checklist can be used to measure youths' behavior between the ages of 4-18 years. The checklist has demonstrated adequate test-retest reliability, interrater reliability, and internal consistency. The checklist demonstrates content and criterion-related validity and is predictive and treatment sensitive (Achenbach, 1991a; Barkley, 1990).

The 1991 edition of the TRF (Achenbach, 1991b) consists of 118 items and takes approximately 15-20 minutes to complete. The checklist can be used to measure the behaviour of youths between the ages of 5-18 years of age. Although the checklist has good internal consistency, it does not provide reliable data for interrater use. The checklist demonstrates content validity, criterion-related validity, and construct validity (Achenbach, 1991b).

The YSR (Achenbach, 1991c) consists of 119 items and can be completed by youths from the ages of 11 to 18 years old. It is similar in item content to both the parent and the teacher rating scales. The self report version is separated into two different scales, Competence and Behavior Problems. Acceptable test-retest reliability coefficients have been reported for both referred and non-referred adolescents. Greater

reports of stability have been found in older adolescents (Achenbach, 1991c). The checklist demonstrates content validity and criterion-related validity (Achenbach, 1991c)

Analysis of The Child Behaviour Checklists

All three of the Child Behaviour Checklists provide a variety of information about the student being measured. Scores are provided for eight separate sub-scales (Achenbach, 1991a). The eight different sub-scales include; I) withdrawn, II) somatic complaints, III) anxious/depressed, IV) social problems, V) thought problems, VI) attention problems, VII) delinquent behaviours, and VIII) aggressive behaviours. Five of these sub-scales contribute to two separate problematic behavioural syndromes of internalization and externalization. The internalization syndrome includes the three sub-scales of withdrawn, somatic complaints and anxious/depressed. The externalizing syndrome includes the sub-scales of delinquent behaviour and aggressive behaviour. The internalizing syndrome reflects behaviours that are anxious and inhibited while the externalizing syndrome reflects behaviours that are aggressive and anti-social. The three sub-scales of social problems, thought problems and attention problems are not considered to be significant contributors to either the internalization or externalization syndrome behaviour patterns.

The clinical cut-off scores for the total, internal, and external T scores on the CBCL, TRF and YSR were determined by an analysis which compared the distributions of total problem scores in demographically matched referred and non-referred children, separately for each sex and age range. As a result, scores in the normative samples ranging from about the 82nd to the 90th percentile were found to produce the most efficient discrimination for most sex/age groups on the CBCL, TRF and the YSR

(Achenbach, 1991a). Based on these percentiles, T scores of 60 to 63 demarcate the borderline clinical range, scores above 63 demarcate the clinical range and scores below 60 demarcate the non-clinical range (Achenbach, 1991a).

The borderline range on the sub-scales was chosen to provide efficient discrimination between demographically matched referred and non-referred samples. Based on these samples, a T score above 70, it is considered to be at the clinical level, a T score between 67-70 is considered in the borderline clinical range and a T score below 67 represents a non-clinical level (Achenbach, 1991a).

Self Control Rating Scale (SCRS)

According to Bloom, Fischer, and Orme (1995), one should employ secondary measures to increase confidence in the results. The SCRS (Kendall & Wilcox, 1979), was one of the secondary measurement tools used in this practicum.

The SCRS is a 33 item measurement tool designed to measure the degree to which a child's behaviour can be described as self-controlled (verses impulsive). The SCRS is administered by an observer who rates the child. In this practicum, the SCRS was filled out by the parents/care providers and one teaching assistant. The SCRS is based on a cognitive-behavioural model of self-control (Kendall & Wilcox, 1979).

Boys tend to score significantly higher on the test than do girls and persons scoring at or above 160-165 are said to be candidates for treatment for self-control problems. The SCRS has excellent internal consistency, with an alpha of .98 and good test stability with a test-retest correlation of .84. The SCRS also has very good construct validity with significant correlations or lack of correlations in predicted directions with the Peabody Picture Vocabulary Test, Matching Familiar Figures, Porteus Maze, and

observer ratings of behaviours. The SCRS also has good known-groups validity, significantly distinguishing between groups with high and low rates of off-task behaviours (Kendall & Wilcox, 1979).

Hare Self- Esteem Scale (HSS)

One goal of the practicum, was to increase the self-esteem of the students involved. To measure this anticipated change, the HSS (Hare, 1985) was employed. The HSS is a 30 item instrument which measures the self-esteem of school age children 10 years old and above. The HSS has three subscales which provide information concerning the self-esteem of the youth in the peer, school and home settings. Although there is no internal consistency data available, the measure has demonstrated good stability. It has also demonstrated good concurrent validity with the Coopersmith Self-Esteem Inventory and the Rosenberg Self-Esteem Scale (Hare, 1985).

Classroom Behaviour Management Program

Another tool that was used to assess the students' behaviour was of a non-standardized nature. I had access to data on observations of the youths' behaviour which was recorded to evaluate the effectiveness of a behaviour modification classroom management program (see Appendixes C and D). The behavior modification program was ongoing within the classroom and behaviours were monitored daily.

Operational definitions of the problem behaviors included.

- 1) Swearing (any common swear words)
- 2) Hitting (any type of physical hitting or aggressive physical contact, such as shoving).
- 3) Wandering around in the classroom (getting out of their chair without permission).

- 4) Refusing to do required work (verbally stating that they will not do the work or just sitting in their desk while not working on the required assignment).
- 5) General belligerent and disruptive behavior (i.e., throwing pencils, rocking in their chairs, throwing papers, slamming locker doors, putting cigarettes into their mouths and any other non-acceptable behavior that is disruptive to the running of a classroom)

All of these behaviors were all or none in nature and thus were easily identified by the teaching staff. If the students emitted one of the undesirable behaviours they would receive a check mark. Once the student emitted thirteen check marks they were asked to leave the classroom for the rest of the day. These behaviours were the operationally defined behaviors that were to be reduced in the classroom. A reduction in the frequency of these behaviors indicated a successful intervention.

The students were also provided with a monetary token for the emission of positive behaviour. The following is a list of behaviours that were rewarded: arriving on time for school, completing required schoolwork, participating in the group sessions, using positive social skills throughout the day, and participating positively in other school related or home related activities.

Consumer Satisfaction

Two consumer feedback instruments were designed and implemented. One instrument (see Appendix E) was completed by the parents and the teaching staff and the other instrument (see Appendix F) was completed by the students. The parent form consisted of eleven Likert scale questions and six open ended questions. The student form consisted of eight Likert scale questions.

Supervision

The practicum committee consisted of three members:

- 1) Dr. Diane Hiebert-Murphy, advisor;
- 2) Professor Don Lugtig member of the University of Manitoba Faculty with expertise in networking; and
- 3) Judy Tozeland, Social Work Clinician with expertise in providing social work services in the school system.

I met with the entire committee twice during the proposal and practicum process. Recording took the form of written notes that were prepared after each client contact. These notes were reviewed in weekly supervision with Diane Hiebert-Murphy, the primary advisor. If necessary, the other members of the committee were involved in the review of the notes. I also consulted with Judy Tozeland and Don Lugtig as deemed necessary.

CHAPTER SIX

Practicum Process

Case Studies of High Risk Students and Families Served

As the practicum was ecologically based, there were multiple interventions with both the high risk youth, the student group, the family, the community, external agencies and the school system. Of the nine male students involved in the practicum four students started at the beginning of the practicum and remained in the classroom until the end of the practicum period. The interventions with these four students will provide the focus of the write up. Notwithstanding, I also had one student who entered the practicum in the later stages of the intervention. I will include this student as his case demonstrated the impact of the classroom environment and the group intervention.

As each student had a unique life space within the family, the school and the community, each intervention was specific to his demands. There was however a similar process for each intervention. In the initial engagement process, the intervention focused primarily on individually based intervention with the youth. The purpose of this preliminary intervention was to provide coping skills through a supportive relationship that would be able to withstand further intervention at different levels. After the individual intervention and engagement process, intervention was focused on building communication with the family members or care providers. At this stage I was also building bridges between the school and the family members or care providers of the adolescent.

Once the individual class members were stabilized, the next stage was to provide group sessions once a week on a variety of pertinent and relevant topics. The group

sessions freed up time to deal with other external issues and obtain a variety of resources for the students and their families. Throughout the entire process, there was ongoing training for, and consultation with the school staff. Within the school setting I was also required to resolve and negotiate a number of conflicts between the staff and the students. I also had a number of contacts with a variety of outside agencies which will be discussed within the context of each individual case.

In addition to the intervention with the individual students and their families, I had extensive contact and interaction with the school staff and staff members at the Child Guidance Clinic. These contacts and interagency responsibilities will be discussed within the context of the client scenarios.

Process of Write-Up

The analysis of the assessments and interventions in each case include information from the individual, group, family and external environment levels. Although my involvement with these families was very extensive, I have opted to describe and analyze the most important interventions. These interventions will be described and titled, based on the level and type of interaction. Although dynamic multiple levels of intervention were employed simultaneously, I will provide outlines of the various levels of intervention separately. The reader will have to determine the non-mutual exclusivity of the information from the scenarios as they are identified from the different levels of intervention. To attain full understanding, the reader must assume that all levels of intervention interact with each other, with the understanding that the environments of the families were very complex and dynamic. Through the write up, I

will demonstrate the interplay of the various levels of intervention and the complexities which arose from the utilization of an ecological approach.

Group Work Intervention

I will first provide a description of the process of the eight group sessions to provide an understanding of the youth's involvement and development at this level of intervention.

Group Session #1

This first session was used as an introduction to the concepts of anger and aggression. Rules for the remainder of the sessions were discussed and goals were established. The guidelines and goals for the group intervention are described in Chapter Five.

Group Session #2: Incident on Self Control with Frank

The second session stemmed from self control that was displayed by the students. The session consisted of reinforcing the students' behaviour of self-control during an act of aggression by Frank. On the way to an event Frank became very aggressive towards the other members of the class. He spit on one student's head and hit a couple of them in the back of the head. The students remained under control and exhibited exemplary self-control.

During the session there was role playing by both the teaching staff and the students. These role plays consisted of other aggressive situations that had arisen. The role plays were used to demonstrate, in a concrete manner, effective methods of self-control. These role plays led to a discussion about individual choice and the different outcomes that may result from these choices.

Group Session #3: Developing Empathy

The inspiration for this session came as a result of my vehicle being vandalized and the subsequent theft of my stereo system. By utilizing this misfortune, the group session was intended to personalize the victim's perspective. Initially the students had a difficult time being serious and empathetic. This lack of empathy was more due to the effects of the negative group culture and the common belief that theft is acceptable and encouraged. To restructure this common belief, the teacher made up this story about one of the students lockers just being broken into. This intervention was effective and it immediately brought the feeling of being victimized to one of the students. Through this session, the students had the opportunity to understand and normalize a different set of values.

Group Session #4: In Your Space and in Your Face

This session stemmed out of the group's constant negative verbalizations towards each other and other people during outings. The teacher requested another session on self-control. This session became an extension of the self-control session that evolved from Frank's aggression in session two.

During this session the students were asked to create and role play a number situations in which problems with aggression occurred. For example, I role played with Joe methods of dealing with his brother and sisters who bother him while he plays video games. Alternative methods of coping with the interruption were discussed and role played. One method of coping was to use self-coping statements and these statements were handed out to the students.

This was the first session in which the group began to operate successfully. The group members participated in the role plays and began to develop a sense of how they were to behave within the context of the group.

Group Session #5: Negotiation

During the fifth session the students were having difficulty settling for the group session. As a result, I decided to do something different to gain their attention. To accomplish this I used the primary reinforcement of chocolate bars and soft drinks to teach negotiation skills. By using behaviour modification techniques we worked through the process of negotiation. In an effort to reduce the negative group belief that everything in their lives is unfair, this negotiation process was done in a very fair manner.

The last two students that participated in the negotiation had no check marks for the day and thus were deemed to have successfully negotiated their way through the day. For their ongoing self control, they were identified as already being successful negotiators. As a reward for their successful negotiation, these students received their treats immediately upon asking. In this negotiation session the students with no check marks learned that successful ongoing negotiation will provide positive results.

During this particular session, I had to be very aware of group contagion as a few members of the group were disruptive at the onset of the session. The positive reinforcement of treats was strong enough to override this negative effect of contagion. Another issue that was considered was that the time for this particular group session was shortened as the group members could only maintain their attention for a short period of time.

Group Session #6: Racism

The sixth session was used to address the misconceptions associated with racism. Many of the students believed that because they were Aboriginal, they would not be successful. To demonstrate the success of many minorities in a concrete method, I used successful movie and sports stars from a number of minority races. It was explained to the students that a number of successful people were of Aboriginal heritage. The teaching assistant reaffirmed this, as he personally knew some film stars who were Aboriginal. He also explained how they became famous. We ended the session by explaining that not everyone becomes stars but everyone, regardless of their culture, has the opportunity to be successful if they work hard, negotiate effectively and stay out of trouble.

During this session, the group demonstrated cohesion. By discussing racism through movie stars and professional athletes that were familiar to all of the students, the effect was open discussion and positive communication.

Group Session #7: Video Camera Interviews

With the objective of keeping the sessions innovative and interesting, I brought my video camera to the classroom and conducted interviews with the students. The goal of the session was to promote group integration through mutual understanding of the purpose of the LAC classroom. Video taping was a novel medium used as an incentive to get the students to participate. The following is a list of the questions that were asked:

- 1) Why are you here?
- 2) What have you learned this year?

- 3) What would you change?
- 4) What do you like about the classroom?
- 5) What do you want to learn?
- 6) What do you dislike about the classroom?
- 7) Where do you want to go from here?

In this video session the student that provided the most introspective answers was Glen. Glen defined the norms of the class as follows:

- 1) I am in the classroom because I am behind in my schoolwork. I have to catch up to other students in my school work.
- 2) I have learned to respect other people and not to lie.
- 3) I would change the way other people act like when they act like assholes.
- 4) I like the outings and the ability to earn money to buy food on the outings.
- 5) I would like to learn more sports, like hockey or weightlifting.
- 6) I dislike when the teaching assistant pulls on my ears.
- 7) I would like to go to California to go to school because it rules.

This session was very interactive, and the similar answers that were provided by the students indicated that they were assimilating the opinions and concerns of myself and the teaching staff.

Group Session #8: Final Fun Session

In the eighth and final group session, the students requested that I videotape some role plays of their choice. They did some funny skits and role played some street people. They also acted like rap stars, rapping songs from movies. The students enjoyed this closing session and were quite anxious to see themselves on television.

At this stage in the process, the students were able to set their own goals for the group. They worked in cooperation through the video taping and in the development of the role plays and singing.

Conclusion of the Group Sessions

Although the group sessions had a specific purpose, operational parameters and multiple goals, the topics for discussion were flexible, innovative and spontaneous. Based on class entry requirements the group's composition was relatively homogeneous. As the requirements were behavioural and learning problems it was challenging to develop group cohesion and positive group culture. It was often difficult to maintain the group's attention for more than twenty minutes, and often the time that was allotted for group sessions was shortened. To maintain the students' attention it was imperative to use topics which were concrete yet exciting, relevant, and stimulating to the students. In an effort to reduce the effects of negative contagion, I developed a positive working relationship with the individual students prior to the implementation of the group intervention. I feel that without this relationship the group sessions may have been a complete disaster.

The overall outcome of the sessions was difficult to assess although some of the students used the skills they learned in other classroom settings. As the students began to participate more fully in the group sessions towards the eighth week I also feel that they had developed some positive group culture, and had integrated some concerns and opinions of others. They also began to cooperate with the teaching staff, myself and amongst themselves.

Case Studies

The first two adolescents and their families (the Browns and the Penners) were the most demanding of all the families, and they consumed a majority of my practicum time. The write up of these two adolescents and their situations will be quite extensive in comparison to the other three client scenarios.

Family #5: The Browns

Frank Brown: Summary Information

The main client of the intervention, Frank, a 15 year old Aboriginal male, was a permanent ward of an Aboriginal child welfare agency. At the time of initial assessment Frank was living in a proctor situation and there was no involvement with Frank's biological family. The proctor was an individual by the name of Don (age, approximately 25 years of age) who, through another placement agency, provided a twenty-four hour living arrangement for Frank. Frank's home environment also included Don's live in girlfriend.

Frank's situation was extremely complex as he had severe behavioural problems and learning disabilities. He had been officially diagnosed with ADHD, fetal alcohol syndrome, conduct disorder and mild retardation. He was currently taking stimulant medication (Ritalin) for his ADHD-related symptoms. Frank had been physically, verbally and sexually assaulted by several members of his biological family.

Ecological Assessment

Assessment of Frank's Home and Family Environment

Don's Assessment of the Home Environment

Don stated that the home environment was stable and without conflict. He stated that the acting out behaviour Frank exhibited in school was rarely seen at home. Don could not understand why Frank was acting out so much in the classroom and he indicated that the school situation was causing much stress between Frank and himself at home. Don described his communication and discipline methods at home as authoritarian in nature. To summarize, his technique of discipline would be to increase the amount of punishment when Frank would increase his acting out.

According to my assessment, this authoritarian approach did not seem to be working. As Don increased his punishment, Frank increased his acting out. At initial assessment, it was apparent that Don's authoritarian approach reflected his value and belief systems. When I asked Don about his family's style of discipline, he stated that it was authoritarian based. He also stated that the authoritarian style was the only effective method of discipline. He remarked that he was skeptical about the professional's ability to assess and understand the situation any better than he did. He stated that the "do-gooder professional approach" would not provide Frank with the stern discipline he needed.

The proctor situation was further complicated as Frank had attempted to have anal intercourse with a three year old child that Don's mother was baby-sitting. The police became involved, and Frank was charged with sexual assault. As a condition of

the charges, Frank was required to undergo fifteen weeks of sexual offender group therapy for adolescents

Frank's Assessment of His Home Environment

During the initial interview Frank was well behaved and seemed to understand his situation. According to Frank, living with Don was not completely acceptable. Frank was quite upset because he was seldom allowed to watch what he wanted to on television. He also explained that he did not like the way he was treated by Don, as it was embarrassing to him.

The Teaching Staff's Assessment of Frank's Home Environment

Both the teacher and the teaching assistant expressed concern about Don's treatment of Frank. They were concerned that Don was controlling Frank's food intake, style of dress, and interpersonal interactions with others. The teaching staff expressed a need to teach Don some parenting skills. The school staff were concerned because Frank was often inadequately dressed for the season, and he often ate non-nutritious lunches.

Assessment of Frank's School Situation

Teaching Staff's Assessment

The teaching staff described Frank as an individual who displayed extreme levels of acting out behaviours. These behaviours were described as both chronic and extreme in nature. It was assumed that the acting out was associated with Frank's multiple difficulties as reflected in the diagnoses of fetal alcohol syndrome, hyperactivity, and conduct disorder. During the assessment interviews, the teaching staff expressed their concern about the difficulties

they had controlling Frank's behaviour in the classroom. They tried different approaches but none seemed to be effective.

Assessment of Frank's Community Environment

At the time of initial assessment, Frank was not allowed to interact with the community unless he was supervised by an adult. His community interactions were restricted because of his sexual assault charges. Frank was considered at risk to reoffend if not properly supervised.

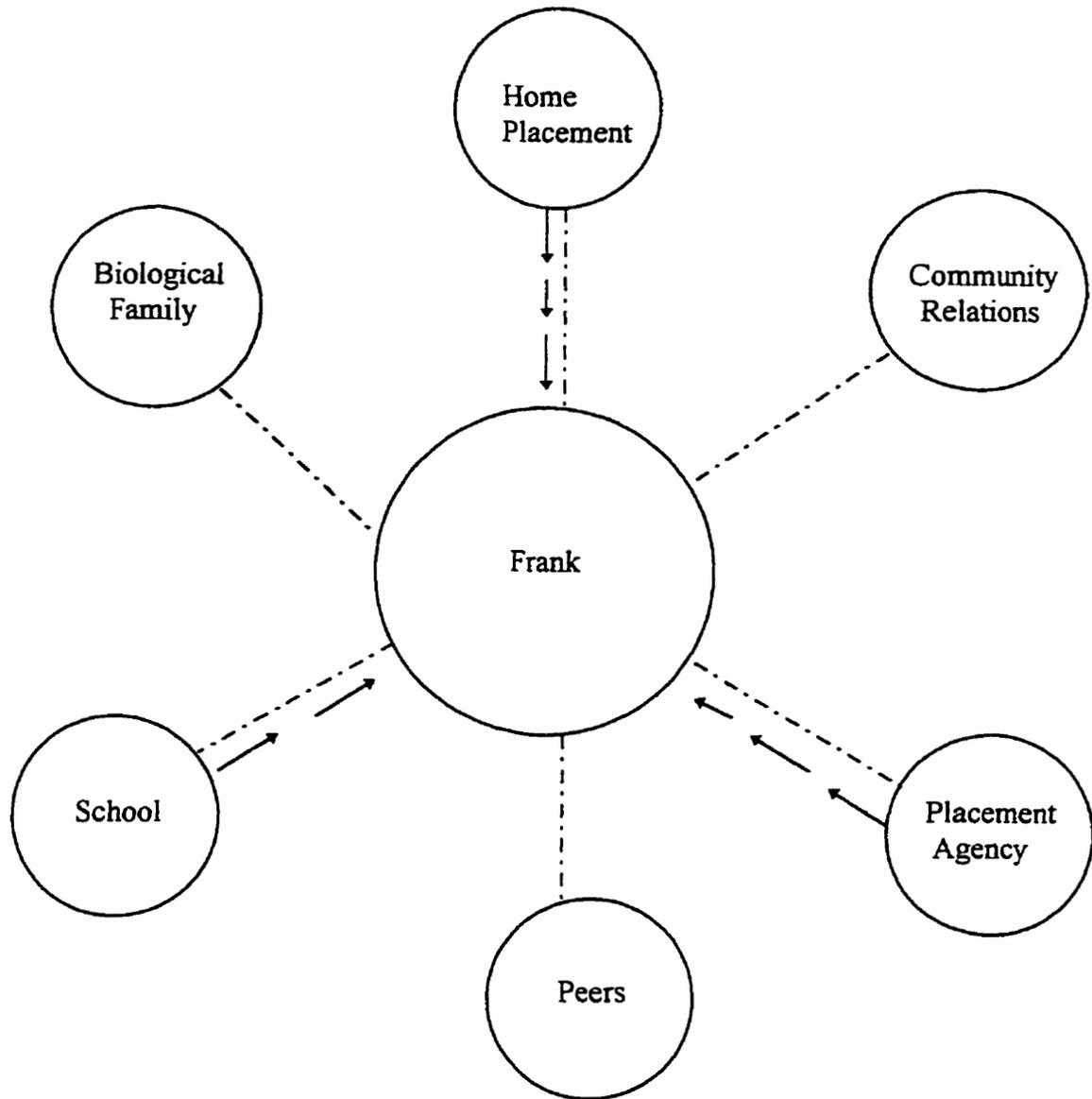
Conclusion of the Ecological Assessment

The ecological assessment as demonstrated in Figure 1, suggests that Frank was experiencing extreme stress in all of his environments. As he was acting inappropriately in the classroom setting, his relationship with the school staff was extremely stressful. Interactions with his peer group were both negative and stressful and he did not have the social skills to interact effectively with the other classmates. His home environment did not nurture Frank and was inundated with stress. The proctor placement was further stressed because of Frank's sexual assault perpetration and subsequent charges.

Don's limited coping skills, resources, experience, and training made it extremely difficult for him to provide effective care in such a complex case. The stress on the proctor placement was exacerbated as Frank often coped in offensive and aggressive ways.

At the outset of the intervention, the assessment of Frank's situation looked to be hopeless. It entailed extreme stress in all environments, coupled with multiple psychiatric diagnoses, and ineffective support systems. Further complications resulted from the twenty-four hour adult supervision conditions imposed by the courts.

Figure 1
Frank Brown's Eco-Map



————— = a strong relationship
 = a tenuous relationship
 - - - - - = a stressful relationship
 → → → = direction of energy flow

Interventions of the School Social Worker

Individual Level Intervention

Based on the initial assessment, it was determined that individual level intervention would be the initial level of intervention. The individual level intervention consisted of social skill building through behaviour management and modification. The goal of the individual intervention was to develop Frank's coping skills and self-esteem through social skill development. It was assumed that through the development of positive social skills, Frank would be able to reduce stress in other external environments. As Frank's support system was ineffective, I also provided emotional support, counselling, and guidance. As Frank had limited self-control, and limited self assessment abilities it was determined that the individual level intervention would be worker-managed.

Behavioural Management and Modification Intervention

Throughout the intervention I spent a considerable amount of time with Frank in the counselling room in an effort to develop a relationship and increase his level of functioning. Many sessions consisted of playing cards and other games of Frank's choice. Through constructive dialogue and the manipulation of the outcome of the games there was a noticeable increase in Frank's self esteem and frustration tolerance.

My role as supportive counsel was enjoyed by Frank and our meeting time eventually became a key positive reinforcer. As Frank wanted to spend time in counselling he became quite insistent and vocal that he be selected first for individual sessions. By utilizing the counselling sessions as a positive reinforcer I was able to manage Frank's classroom outbursts while increasing his self-control.

We first discussed the reasons why Frank should not use me to disrupt the classroom. We also contracted that Frank would have a specific guaranteed time with me if he was respectful while I was in the classroom. This arrangement served the following two behaviour modification purposes: a) as reinforcement, Frank was reassured that we would spend time together and b) as punishment, Frank would have to wait longer for our session if he could not control himself.

Problem Solving: The Development of Positive Coping Skills

Through the behaviour management process, parameters for the counselling sessions were established, the stress related to the counselling time was reduced, and Frank began to discuss his problems. It was through discussion of these problems that Frank learned positive problem solving techniques and coping skills. We problem solved issues concerning his home life, his classroom interaction, and his sexual offender counselling.

The following is an example of an issue that was discussed. Frank stated that he had problems trusting his sexual abuser counsellor. Frank also explained that it was embarrassing to talk about "sexual stuff" with a group of other kids. He said the group sessions were embarrassing and he did not like attending. I supported Frank in his uneasiness with the group sessions but also informed him that attending the sessions meant staying out of the Youth Centre. Frank decided that he did not want to go to the Youth Centre, and then decided to continue with the counselling. I supported Frank by asking him if he wanted me to discuss his concerns with the sexual abuser counsellor. Frank said that my talking to the other counsellor would be a good thing, if it would keep him out of trouble with Don.

Frank's Coping Skills

Later in the intervention Frank was experiencing elevated levels of stress in both his school and home environments. Frank demonstrated his method of coping with extreme stress during one individual counselling session. During this session Frank sexually acted out by shuffling the cards on his penis and his bum (with his clothing on). Frank was very aggressive and his behaviour escalated as he continued to shuffle the cards in a sexually explicit manner.

As the session took place within the rigid boundaries of the school I felt pressure to gain control of Frank's escalating behaviour. I eventually informed him that I was going to discontinue the session if he was not able to calm down. In an effort to maintain our relationship I informed him that I was not going to get angry with him and physically remove him. I instead informed him that he would be responsible for deciding when to leave the room. He told me he hated me and to "Fuck off" as he slammed the door on the way out. Although I was initially shocked, I soon realized that this was Frank's method of coping when I returned to the classroom, and he immediately sought my attention.

As Frank's life situation was very complex and very stressed, and his behaviour was consistently unstable, I provided ongoing individual level work through the duration of the practicum. Not until the end of the practicum intervention and in concurrence with his proctor placement breakdown did sexually aggressive behaviours reappear. When his environments became very stressed, Frank had difficulty maintaining self-control, and would act out.

Family Level Intervention

As there was stress in Frank's living environment, intervention at the family level was necessary. Initial assessment led to a family level intervention which included psychotherapeutic strategies, informational strategies and parent training.

Psychotherapeutic Strategies

As the sexual assault perpetrated by Frank was causing Don extreme stress, and Don was asking for someone to talk to, this scenario was utilized as an entry point for discussion. During this discussion, Don stated that this situation was placing undue stress upon him and his already strained family relationships. He explained that he was very upset about the recent disclosure of sexual abuse Frank had made about his uncles. Frank had disclosed in a recent group session that his uncles had anal intercourse with him on numerous occasions.

In an effort to reduce Don's stress, I reassured him that he was doing a "good job" in a very difficult situation. I also informed him that I would be available to talk about anything he wished to discuss. I also told Don that it was possible that Frank's behaviour would continue to escalate as a result of the stress related to this recent disclosure.

Informational Strategies and Parent Training

I took a very non-directive approach with Don as he had previously explained that he was uncertain about the ability of trained professionals to facilitate change. The teaching staff had also informed me that he would be resistant to any non-authoritarian disciplinary approaches. The teaching staff's previous attempts to provide new information had not been assimilated by Don.

Several cautious attempts to provide Don with new parenting information were attempted without success. It quickly became apparent that he was quite resistant to change. I then decided to contact Frank's proctor placement worker in an effort to strategize methods of teaching Don new parenting skills. Based on systems theory, information to family systems may come from individual members of the family or from supra systems of community and environment (Nichols, 1984). I was hoping that consistent information from other external environments would be more effective. This initiative is explained in the section on contact with the proctor placement worker.

Network Intervention

As Frank was not allowed in the community without adult supervision, it was difficult to intervene at the informal network level. Network intervention and the provision of support and information was thus brokered from the child welfare agency and the proctor placement agency.

The Child Welfare Agency

Several months into the practicum a regularly scheduled Individual Education Plan (IEP) case management meeting for Frank was arranged with Frank's child welfare workers. The individuals present included Frank, myself, the teacher, the teacher's assistants and two workers from CFS. The proctor placement agency worker was not present. During this meeting, scholastic goals were set and Frank's report card was discussed. His progress within the community and within group sessions for sexual offenders was also discussed.

The teaching staff stated that Frank had been a real problem in the classroom. The social workers from CFS stated that his participation in the sexual offender group

sessions was acceptable, but he was still acting quite silly a majority of the time. As I had observed this trend to act silly within the class and prior group settings, I suggested to the CFS workers that Frank be provided with some one-to-one sexual abuse offender treatment. The CFS workers noticed that Don was becoming extremely stressed and stated that he may need some respite. All the participants in the meeting expressed their concern about Don's ability to effectively manage Frank's living arrangement.

In an effort to broker appropriate services through this formal network, I explained that Frank may respond better in individual therapy. In another effort to support Frank I also suggested that he may need a medication review, as he was experiencing a lot of stress, and may be acting out as a result of extreme anxiety. A plan to address the issue of appropriate medication was discussed and later implemented.

One other IEP meeting was held during the second school semester. This meeting was similar in nature to the first meeting and addressed other issues of case management and the provision of various formal agency supports.

The Proctor Placement Agency Worker

As I was quite concerned with the home interaction between Don and Frank and Don's refusal to adapt his discipline style, I initiated contact with the proctor placement worker. The purpose was to gain, and possibly share, information about Frank and his situation both within the school and at home. I was also hoping to gain support for Frank through this worker. Another goal of this intervention was to discuss the possibility of working together in an effort to provide Don with new parenting information.

This attempt to work jointly in the provision of support was unsuccessful. The proctor placement worker was not willing to work collaboratively and informed me that I

should stick to my job at the school, as the home environment and what was happening within the proctor placement was none of my business. As I was not willing to give up, a long conversation ensued and she eventually agreed to meet with Don and myself with the goal of discussing possible behavioural management methods. This hostile conversation led me to believe that the stress in the home environment was the result of problems in multiple systems. The proctor placement worker never followed through on the meeting and these issues were never resolved constructively. Without success, other attempts to constructively resolve issues with the proctor placement agency were initiated.

Breakdown in the Proctor Placement

As Frank's school and home environments were quite stressed, the proctor placement eventually broke down. The stress in Frank's and Don's family situation escalated and they had an aggressive incident which involved the police. An allegation of abuse was made by Frank and the police took him into protective custody for a short period of time. Frank responded by running away on two occasions. He went to his biological mother's home and indulged in some sort of intoxicant. He then went to the school program and became quite abusive both verbally and physically towards the teaching staff and the other members of the class. As a result, this proctor placement with Don was instantly terminated and Frank was quickly transferred to a different proctor and was transferred to another school in another area.

Conclusion of Overall Ecological Intervention

Frank was an individual who presented a very complex environment-behaviour-person whole. As a result, the professionals involved in his care became stressed and

confused. This complexity led to a scattered, unfocused, fragmented and ineffective intervention. When Frank's formal support systems broke down his home environment became over stressed, and eventually broke down.

The stress of Frank's life situation would be difficult for a "normal" youth to handle. Frank's diagnosed disabilities of Fetal Alcohol Syndrome, ADHD and mental retardation likely made the stress he was undergoing extremely unbearable. These difficulties were further challenged by his history of sexual and physical abuse.

The breakdown in this case demonstrates the need for multiple environment case management, and worker cooperation. The importance of a complete systemic assessment and clear multileveled intervention can not be overstated. The result of this fragmented intervention was extreme acting out, sexually inappropriate behaviour, aggression, confusion and eventually disaster for Frank. If the ecological approach was fully utilized and managed effectively, the interventions at the many levels may have been consistent, relevant and effective.

I was disturbed that the failure of the intervention may have been due to professional mismanagement of the case. Frank had the ability, and at moments, demonstrated an individual willingness and determination to succeed. This ability was clearly facilitated when he was provided with an appropriate nurturing, supportive and understanding environment. This ability was also clearly subverted when he was provided with a negative, conflict laden, unsupportive external environment in which he felt stressed and powerless.

Family # 6: The Penners

Pete Penner: Summary Information

The Penner family consisted of the identified student, Pete a fifteen year old Caucasian male, and his mother. Pete had been diagnosed with conduct disorder and displayed behaviours characteristic of ADHD. Pete's father lived next door to the mother in another townhouse. Other family members, although not close emotionally, were also in close proximity. Pete's mother's sister lived in the lower level apartment and one of Pete's cousins lived across the street.

Ecological Assessment

The Home Visit

Pete's mother was described as hard to reach by the school staff. As a result, I determined that a home visit would demonstrate my willingness to develop an open relationship with her. I also wanted to meet with her in a place where she was in control. I further determined that the home visit would provide the opportunity to gain some insight into the family's boundaries and living arrangement.

Although Pete's home was located within a very poor, high risk, neighborhood, the home presented a warm and family oriented atmosphere. The house was in clean order and condition, and there were family photos in the living area. Pete's mother was friendly and following the initial greeting, she offered me coffee.

At this initial meeting, Pete's mother expressed her tendency to parentify Pete and she explained that she sometimes confided in him about adult issues. She also explained that she allowed Pete to smoke marihuana and consume alcohol within the house if she

was present to supervise. In fact they had smoked marihuana together on several occasions.

Kaplin (1986) explains that it is unproductive for the worker to dictate the family treatment goals. Kagan and Schlosberg (1989) state that it is very important to engage the client at whatever stage the client is at, thus I asked Pete's mother what her desired outcome would be following the year of intervention. She explained that Pete does not talk about his feelings. She indicated that she could use assistance in helping Pete as he develops into a male adolescent and she wanted Pete to understand the problematic relationship he has with his father. Pete's mother was very motivated to keep him in school and out of trouble. She understood that this year would be crucial to Pete's life as he would soon be making a transition to vocational school. She was concerned that his involvement with the law may increase if he did not alter his current life path.

During the home visit, I used what is referred to as common sense. Klein and Cnaan (1995) explain "common sense" as something which is not only based on good judgment and professional knowledge, and practice skills, but also on insights and "street smarts". An example of this common sense was to understand the usage of marihuana within the household and not overreact. The professional knowledge provided me with an understanding of parentification and my street knowledge allowed me to understand that I was being tested on my personal reaction to this statement on drug use. I assumed that Pete's mother was testing me to see what type of social worker I was and how I would handle myself.

Assessment of Pete's Home Environment

Based on disclosures from Pete's mother about their relationship, I ascertained that their relationship had role confusion and many power issues. The communication and interaction patterns indicated a mother/son sub-system which sometimes wavered from infantilization to parentification. Pete's father/son boundaries were also confusing and conflictual. This confusion may have been related to the father's emotional distance, coupled with his close physical proximity. It was apparent to me that Pete's parents were friendly to each other, but communicated ineffectively. Pete's father's primary role was to provide shelter for him when his mother was unavailable. The father was also disciplining Pete using methods that were authoritarian. These approaches were in contrast with the mother's permissive disciplinary approach.

Assessment of Pete's School Environment

Pete's Child Guidance Clinic file indicated that other professionals had minimal success in working with him and his family. Numerous single level interventions had been tried but were unsuccessful. Through direct classroom observations and initial interviews with the teaching staff Pete could be described as a youth with serious impulse control problems.

Direct observation revealed that Pete constantly talked out loud, walked around in the classroom and disturbed other students. At times, Pete was quite belligerent to the staff and verbally aggressive to the other students. The teachers stated that it was a constant effort to have Pete stay at his desk for even short periods of time and they were frustrated as they could not find an effective method of discipline. Pete was a student who consumed a majority of the teaching staff's emotional energy. As Pete was

preparing himself to enter a vocational high school program in the following year, this was a critical school year for him.

Assessment of Pete's Community Involvement

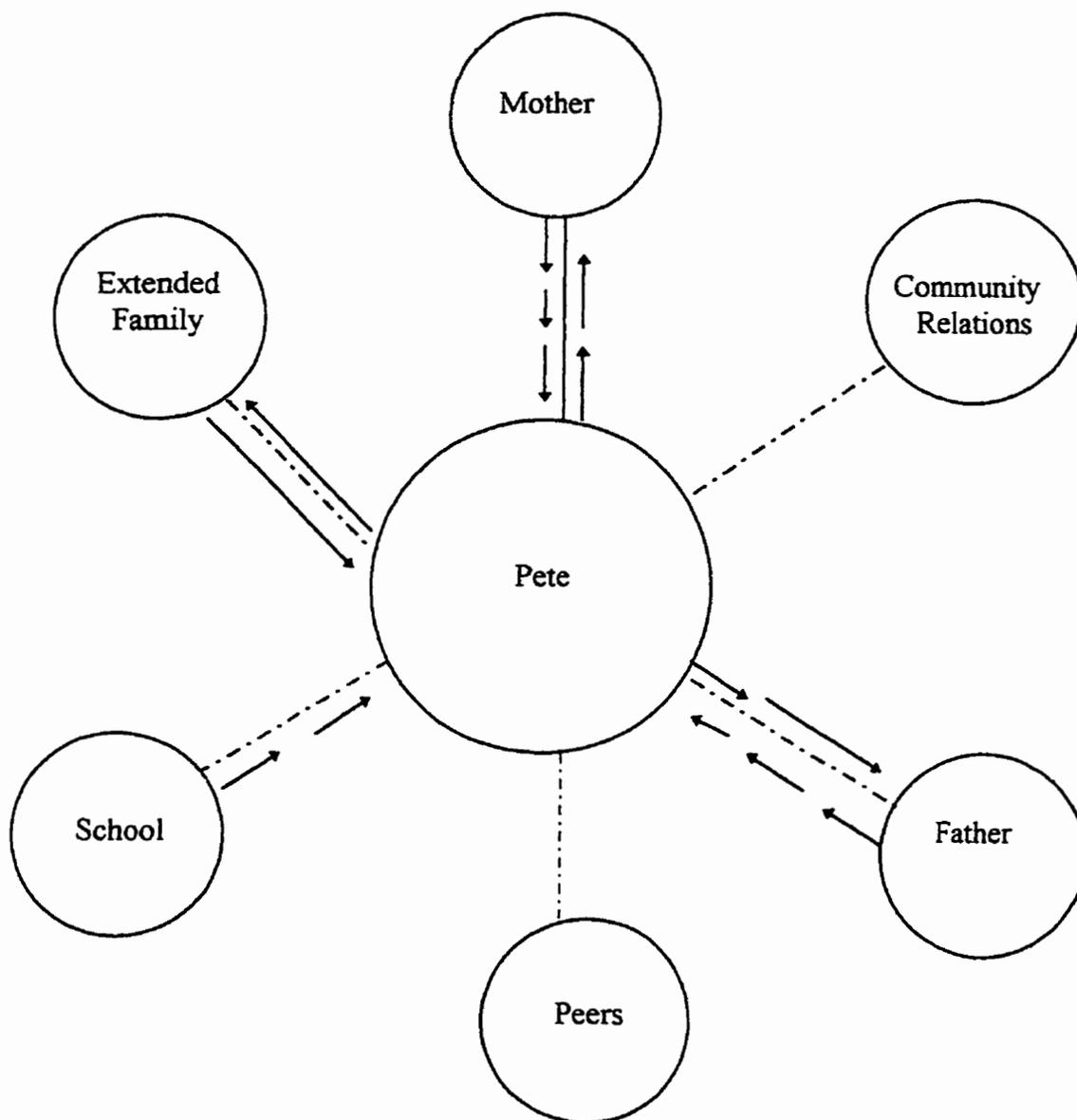
At the time of initial intervention, Pete was not involved in any groups or extra-curricular activities within the community. His recreational activities mainly consisted of wandering the streets with his only friend, his cousin Bob. He would also spend some time in the community with his mother. This time was usually destructive and it had been rumored that his mother was with him during a previous car theft.

Conclusion of the Ecological Assessment

The ecological assessment as demonstrated in Figure 2, suggests that most of Pete's contact within his environments were either tenuous or stressful. His family life was complicated by his parents' divorce and further complicated by their current living arrangements. His opinion of his extended family members was negative and he openly expressed his dislike for them. Despite his dislike for his extended family members and his father, with the exception of his mother, they were his only source of social support. His family life was further complicated as his mother wanted him to maintain the roles of both small child and adult friend.

Pete's school life was stressful as he was unable to conform to the classroom program and was always in conflict with the teaching staff. His inadequate social skills, inability to control his urges, and low frustration tolerance made it difficult for him to befriend classmates. Pete gained interpersonal power by bullying the other students. Pete's recreational activities and his external involvement with the community were

Figure 2
Pete Penner's Eco-Map



- = a strong relationship
- = a tenuous relationship
- - - - - = a stressful relationship
- → → = direction of energy flow

either non-existent or negative in nature. His most recent community participation ended up with Pete facing car theft charges.

Interventions of the School Social Worker

Individual Level Intervention

Based on the initial assessment of Pete's behaviour it was determined that intensive, social worker managed, individual intervention would be necessary. The intervention at the individual level consisted of social skill development within the context of a behaviour management and behaviour modification program. I also acted as a positive male role model for Pete. Although Pete had positive support from his mother, her parenting techniques may have been hindering Pete's adolescent development, and his current relationship with the school.

Behavioural Management and Modification Intervention

Intervention with Pete employed the constant presentation of positive reinforcement contingent upon either the non-occurrence of inappropriate behavior, or the occurrence of some alternate behavior, the withdrawal of positive reinforcement following the occurrence of inappropriate behavior, and the presentation of aversive stimulation contingent upon inappropriate behavior (Lahey, 1979).

Pete learned many alternate behaviors through the behaviour management program. These included the application of anger management and self-control techniques. Self-control techniques were especially important as it was impossible to monitor Pete at all times. Other alternate activities that were rewarded were compliance, completion of designated tasks, arriving to school on time, and generally helping out in the classroom.

The following is an example of a specific behaviour modification process. After some time of verbally rewarding Pete's positive behaviour and verbally punishing his negative behaviour, he demonstrated to the teaching staff a period of positive behaviour. To further reinforce Pete's behaviour, he was positively reinforced with a reward lunch. This lunch was a powerful reinforcer, and I used it to reward Pete for his past positive behaviour and to create an opportunity to model cooperative, positive problem solving techniques.

Social Skill and Relationship Building

As Pete expressed that he did not trust people, the majority of the individual sessions concentrated on engagement and relationship building. Through positive interaction, which consisted of general client focused conversation and game playing, a positive and trusting relationship developed. Through this period, I remained very patient and supportive in an effort to gain his trust. Although a relationship developed Pete refused to discuss any serious family issues or criminal activities.

Anger Management Intervention

Pete was a very angry youth and would quite often express his anger in destructive and inappropriate ways. This destructive aggressive behaviour provided ample opportunity to talk about alternative methods of dealing with anger and associated feelings. Many of the counselling sessions utilized a cognitive behavioural approach to behaviour management.

Pete learned how to self observe his anger and to develop a new dialogue from which to learn new skills for the management of his anger. Through these anger management techniques, Pete understood that his behaviours may be hurtful to others.

Morganett (1990) states that it is important for the client to learn new skills to replace destructive ones, and to have the opportunity to practice these new skills until they replace old skills. During one particular session we talked about Pete vandalizing a person's vehicle. During this session, Pete explained that vandalism of property was the way he reacted to situations that were out of his control. Pete believed that he did not have the power or position to confront issues in a constructive positive manner. He stated that if he could not take his anger out on someone, he would direct his anger at the person's property.

We discussed the need to learn and incorporate new constructive methods for controlling anger in various situations. I informed him that with a few changes in his behaviour these negative outcomes would not always be the result. We discussed physical and mental warning signs of anger, self talk, coping statements, and methods of conflict resolution. Gradually Pete began taking responsibility for his anger and he began to react differently in anger provoking situations.

Throughout the individual level of intervention there were numerous, daily opportunities to intervene and demonstrate positive methods of dealing with social situations and aggressive feelings. There was also numerous opportunities to implement behaviour management techniques. By the end of the intervention Pete was able to understand the difference between negative and positive behaviour, and when his negative behaviour was identified, he would acknowledge this behaviour and then attempt to change it.

Family Level Intervention

Based on a request from Pete's mother and direct observation, intervention at the family level consisted of informational strategies, psychotherapeutic strategies and parent training. Information strategies and parent training included parent driven behaviour management techniques, and information pertaining to Pete's developmental age. Psychotherapeutic strategies included counselling with reference to family boundaries, family sub-systems, family rules, family loyalties, and family communication.

Pete's Charges of Sexual Assault: The Catalyst for Family Level Intervention

As Kaplin (1986) suggests that an effective social worker will be available to the vulnerable family twenty-four hours per day, I had informed the teaching staff at the school that I would take calls at home. As a result, Pete's mother phoned me concerning a serious issue and family level intervention began with her initiation. She was in a state of crisis and asked me how to get Pete some counselling for sexual assault charges that had just been laid against him.

In an effort to demonstrate my willingness to extend myself beyond the usual office setting, a meeting was set up at Pete's house with his mother and himself to discuss the charges and the appropriate action to be taken. During this meeting the following areas for intervention were assessed: parentification, infantilization, family boundaries, family sub-systems, family rules, and family loyalties. As Pete's family was experiencing many systemic problems it was important to determine how to effectively intervene within each of these areas simultaneously.

Informational, Parent Training Sessions

Pete's mother informed me that she was very concerned about the way that Pete expresses his feelings. She was also concerned that Pete would resort to aggressive method of coping with stress. We had a discussion about the anger management techniques that I was currently teaching Pete. I also explained to Pete and his mother that anger and the reactions to anger are based on choices and consequences (Morganett, 1990). Pete told his mother that that he should think before he reacts to an event. He also understood that if he did something aggressive there would be negative consequences. Throughout the intervention with Pete's mother, numerous discussions took place of an informational nature.

Quite some time into the intervention, Pete's mother noticed some dramatic improvements at home, as Pete was taking responsibility for his own behaviour and was respecting household rules and a curfew. She stated that through these improvement in Pete, she was realizing that he was growing up. She also stated that she sometimes treated him like he was a child. She then asked for some information pertaining to age appropriate parenting. We discussed methods to help Pete think before he reacts in both school and home. We also discussed her need to help Pete develop age appropriate skills and participate in age appropriate conversations and activities. We discussed some of her parenting techniques, such as her permissive approach in allowing Pete to drink alcohol and smoke marihuana in the house, and her protection of Pete when he was in trouble with the school or other government systems.

Through these meetings she agreed that Pete should not be involved with either alcohol or the marihuana. She also stopped asking Pete for help with her marital issues

and her adult problems. She stated that she understood she often protected Pete and made excuses for him when he got in trouble at school. Based on this understanding, she offered to build a positive relationship with the teaching staff in an effort to support Pete's school placement. To further support this placement, she offered to spend time in the classroom with Pete, to help eliminate his aggressive behaviour.

Psychotherapeutic Strategies

Family assessment suggested that Pete's vulnerable family had many problems. Through further discussion with Pete, his mother and his father, fueled by the sexual abuse allegations, it was ascertained that Pete's family had problems defining appropriate family boundaries within different sub-systems. Psychotherapeutic strategies, which consisted of counselling the parents on the negative impact their relationship was having on Pete, were utilized to diminish the stresses between the mother/father sub-system and the mother/child sub-system and the father/child sub-system. Clear boundary expectations were also established within these subsystems. The disciplinary roles of both parents were clarified and new rules for communication and consistency were established. For example, Pete's parents agreed to communicate with each other in a respectful manner. They also agreed to become more consistent with their disciplinary approaches.

The key intervention was the development of new communication patterns between the sub-systems. It was identified that although Pete's mother wanted his father to provide better discipline, she constantly undermined his abilities. She wanted him to be effective in his discipline but she would identify him as stupid and incompetent in

front of Pete. The effect of this communication pattern was a mother/son stable coalition.

Through this new process of communication Pete and his family created open boundaries for dialogue which allowed for an influx of external information and the development of new coping skills. By utilizing the coping skills, of effective communication and conflict mediation, the family confronted many problems and successfully adapted to many life stressors. This intervention helped Pete's mother discuss with me further family issues, the school's demands, and the interventions of previous social service agencies.

Network Intervention

Pete had many problems with the following formal support systems: the school system, formal government systems, and the child welfare system. As the school social worker operates at the interface with many formal systems, I was able to help Pete and his family with many of their problems with these formal support systems. Jones and Jones (1974) state that when working with vulnerable families it is important that the practitioner contact other agencies that are involved with the family to ensure a coordinated intervention.

The School System and Intervention

Pete's conduct disorder and hyperactive behaviours often got him in trouble within the school setting. The school staff team was frustrated with Pete and would constantly call Pete's mother. Pete's mother at the time of initial intervention had become quite adversarial with the school as she was having problems supporting Pete in his school placement.

I was able to mediate many transactions between Pete and the school and between Pete's mother and the school. The mediation between the school's staff team and Pete often consisted of resolving aggressive disputes between Pete and staff members. Many consultative meetings with the school staff focused on specific changes to the classroom behaviour management. Through family level intervention Pete's mother eventually spent time within the classroom to help discipline Pete. After many discussions with Pete's mother she worked cooperatively with the school. At the end of the intervention Pete's mother asked me to see if I could arrange a psychiatric assessment, through the Child Guidance Clinic, of Pete in an effort to deal with the stress from the sexual assault allegations.

Formal Government Systems

During the period of the intervention, Pete was accused and charged with a sexual offense against a minor. I acted as a buffer at the interface between Pete's family and the criminal proceedings. As Pete's mother was unable to access and fully understand many of the government system procedures, she asked me if I would attend the meetings on her behalf. After I attended these meetings, we would discuss strategies on how to work with the systems. The following is a brief list of the systems in which I acted as a buffer:

- a) acted as a liason between the Child and Family Services worker and Pete's family
- b) acted as a liason between the Child Abuse Registry Committee and Pete's family, and
- c) acted as a liason between the Child Guidance Clinic staff and Pete's family.

The Child Welfare System

The social worker must advocate with and prepare both the family and the service provider prior to brokering services (Kaplin, 1986). In an effort to deal with the

possibility that Pete was the perpetrator of the sexual abuse I proceeded with an effort to broker counselling from Child and Family Services. I first discussed this possibility with Pete's mother and then arranged for a meeting with the child welfare worker to obtain the treatment. Although Pete's mother and Pete were willing to proceed, the CFS worker stated her extreme skepticism about getting Pete into counselling.

The following is a synopsis of the meeting. The CFS worker presented her side of the issue while Pete and his mother listened intently. Pete's mother was very patient and listened intently while the CFS worker talked. Pete's mother was then allowed to have her turn in the discussion and she entering into a constructive dialogue with the CFS worker. She clearly explained her position and Pete's denial of the charges. At the end of the meeting she agreed to enroll Pete in counselling, as provided by CFS, if it would help her son. Pete's mother coped exceptionally well in this meeting after a long adversarial relationship with CFS. With support, she was empowered to clearly articulate both her needs and the needs of her son.

Conclusion of the Ecological Intervention

The Penner family was truly a vulnerable family. They were a highly stressed family lacking in both physical resources and constructive coping skills. This family was in perpetual crisis in many environments which included fights with their neighbors, fights with their extended family, fights within their nuclear family, hassles from child protection services, hassles from the school and concerns that the child may come into trouble with the law.

It was very important for me to first clarify many of the issues and then to work simultaneously on many different systems with many different levels of intervention.

Through the individual level, Pete learned new positive coping skills. With these coping skills, he began to replace his aggressive behaviours with positive ones. As a result, the number of stressful interactions within the school environment, and the community decreased.

Pete's mother needed information and support. Through the process of intervention, I helped her identify her problems with her family, the school system, the child protection system and the legal system. I also helped her to become empowered as she approached each of these issues. I also acted as a broker for counselling and assessment services.

The multiple problems that Pete and his mother experienced were relatively extreme and perpetual in nature. Although I invested a copious amount of time and energy at the start of the intervention, at the conclusion of my intervention this family still needed long term intervention. The problems they exhibited at my initial contact had been somewhat resolved through the multi-leveled ecological intervention, but they still presented a number of systemic problems. Of all the clients in the classroom, this was the only family that was assessed as needing ongoing school social work services.

This problem with me leaving was that this family who took so long to trust, would now have to engage in the process with a new social worker. Although this case consumed an enormous amount of energy and time, with patience and persistence, the family overcame mistrust, anger, and resistance. Empowerment happened at all levels of the ecologically based intervention, and both Pete and his mother developed a number of coping skills to aid in future self-directed problem solving.

Family #7 The Johnsons

Bud Johnson: Summary Information

At initial contact, the Johnson family consisted of the identified adolescent Bud, a twelve year old Aboriginal male, and his mother. When I initially met Bud he was very quiet and polite. When I met Bud's mother for the first time, she presented herself as an individual with a very pleasant demeanor. When I asked her to complete the questionnaires she was initially unwilling. Only after I provided her with the option of myself asking the questions and herself answering them, did she agree to completing the questionnaire. It was discovered shortly after that Bud's mother was illiterate and could neither read or write.

Ecological Assessment

Assessment of Bud's Home and Family Environment

Upon initial contact Bud's mother demonstrated limited concentration and cognitive abilities. During the initial interview, her conversation was often off topic. It was also difficult for her to easily understand many of the questions on the forms.

Bud's mother stated that she had an extremely difficult time caring for Bud. Although she was the primary care provider for Bud, she only had minimal specific information about him. She stated that she had absolutely no control over him. During this interview it was disclosed that Bud had been living with friends recently and this was the only reason for his current regular school attendance. Bud's mother's main concern was that Bud's friend's living situation had changed recently and that Bud had not been able to stay there lately. The mother seemed quite frustrated with Bud and stated

that "I am more happy when he is not living at home". She also stated that "I've enough work just taking care of myself".

Assessment of Bud's School Environment

This was Bud's first year in the L.A.C. class, therefore the current teaching staff had minimal information. Bud's file at the Child Guidance Clinic identified Bud as a child that could become very violent very quickly. This assessment was opposite to the self-control that Bud demonstrated within the classroom setting. It was also discovered that Bud had a severe attendance problem. In the last school year, Bud attended only 12 days.

Upon direct observation, Bud rarely interacted with any of the other students, however, when he was directed by the teaching staff, he was quite eager to please. Bud presented himself as a quiet complacent student who was willing to work very hard at school related tasks.

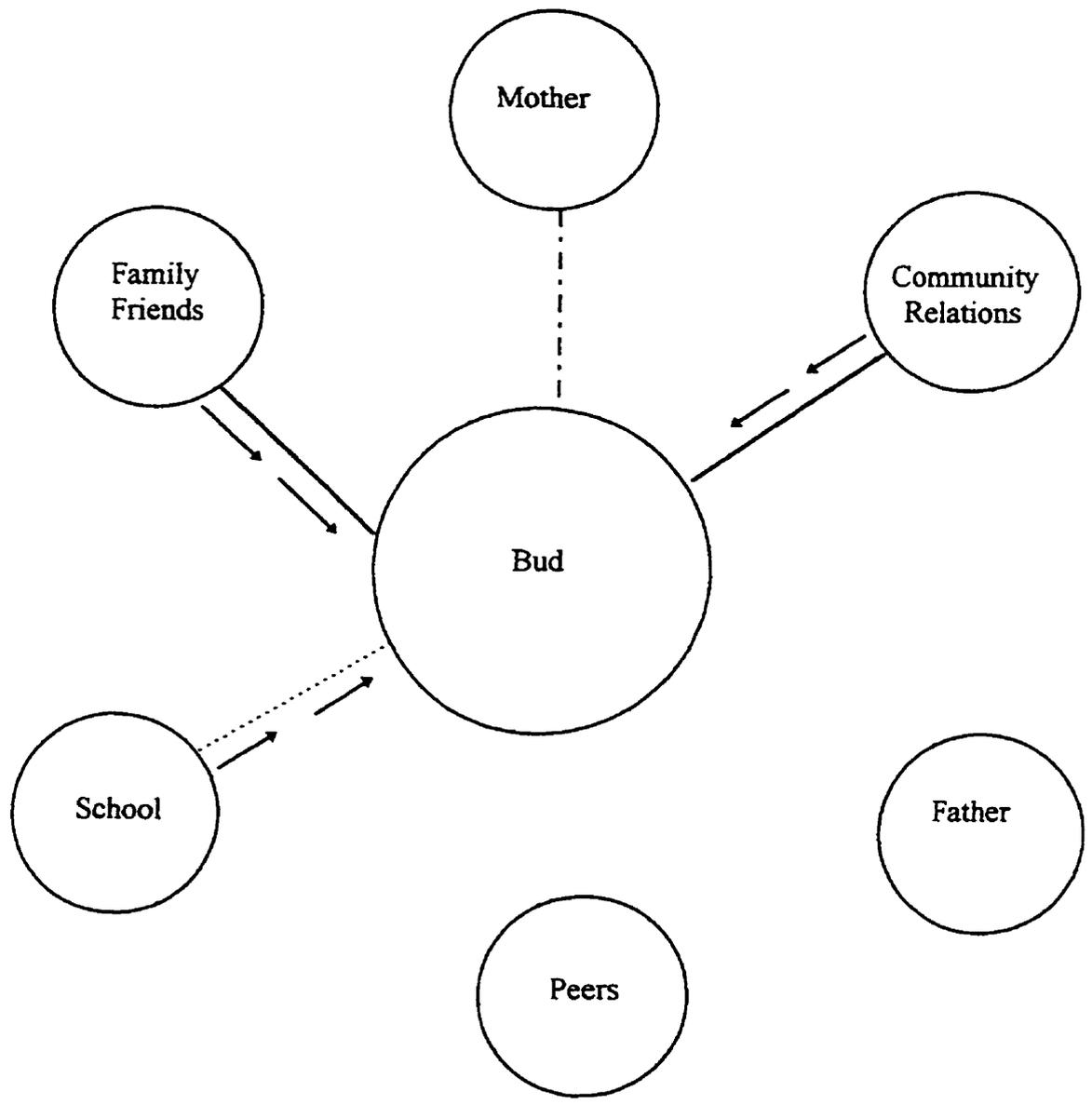
Assessment of Bud's Community Involvement

Bud was the only student in the class who was actively involved with a community group. He was a member of a church group that provided recreational services for inner city youth.

Conclusion of Ecological Assessment

As described in Figure 3, with the exception of his relationship with his mother, Bud's ecological environments seemed to be under minimal stress at the outset of the practicum. Although his living situation was tentative, he did not make any statements about his home life being disruptive. He was also a member of a community youth group. Although his past history with the school system suggested a severe attendance

Figure 3
Bud Johnson's Eco-Map



———— = a strong relationship
..... = a tenuous relationship
- - - - - = a stressful relationship
→ → → = direction of energy flow

problem, he was currently complacent in the classroom. His presenting behaviour was in contrast with his self assessment questionnaires. In these questionnaires Bud described himself as a youth who had many aggressive behavioural issues. This issues may have been due to his stressful relationship with his mother and his lack of involvement with any extended family members. At the time of initial assessment these questionnaires suggested some environmental stress. As I was unsure what the stressors were, conscious assessment was ongoing.

Interventions of the School Social Worker

Based on the initial assessment I determined that Bud may require individual level intervention to increase his social skills and some family level intervention in parenting techniques.

Individual Intervention

For the first six weeks of the intervention I spent approximately one hour per week with Bud in the counselling room. This time was spent building a relationship with Bud by playing either cards, or a game of his choice. Through this play, Bud demonstrated his ability to maintain both good concentration and attention. I also utilized this play time to negotiate boundaries and the expectations of our interaction. Through this play, Bud was taught appropriate methods of forming relationships with others. As a result of this play and social skill building, Bud began to interact with other members of the class.

Family Level Intervention

After approximately six weeks into the intervention I was informed that Bud had been involved in a break and enter and had been setting several fires in the neighborhood.

When I asked Bud about this he stated that he had set a number of fires in the past. I was concerned about this fire setting behaviour; some literature I had read, stated that fire setters are children who are chronically angry with their mothers for not loving them, having deprived them emotionally, and having cast them away (Sakheim, Osborn and Abrams, 1991). Sakheim et al. (1991) also state that intervention should be directed towards not only the fire setting behaviour but also the unexpressed anger that is resolved through fire setting. The conclusion of this study stated that fire-setters possess: poor judgment in social situations; weak social anticipation, poor planning and competence; and they are usually impulsive with poor self control. Although a conclusion based on this type of direct mother blaming literature may be hasty, it caused the scope of my assessment and intervention to change dramatically.

Through several interviews with Bud's mother, it was apparent that Bud did not spend much time at his mother's house but was always living somewhere else. I then decided to speak further with his mother to determine her feelings about her ability to manage the current situation. I also gained further information about her support system to determine if it was realistic to intervene and create some stability in this living arrangement.

Bud's mother stated that she had a difficult enough time taking care of herself. She also made it very clear that she always had a difficult time taking care of Bud, and that she would be unable to take care of him in the future. As Bud was enduring potential neglect and extreme stress while in the care of his mother, it was necessary to focus my intervention on obtaining a stable living arrangement for him.

Through further interviews with Bud's mother it was ascertained that when he was living with his "friends" he did not present any major problems within the classroom or the community. As a result, I decided to support Bud's mother in an effort to locate new living arrangements for Bud. It was assumed that a permanent living arrangement may result in dramatic, long term positive behavioural change.

I asked her if she wanted me to broker services from Child and Family Services in looking for a housing placement for Bud. She told me that she did not want this to happen as she did not like or trust CFS. I then explored with her the possibility of Bud continuing to live with her friend for a longer period of time. She concluded that she would ask her friend to see if Bud could stay there.

Network Intervention

Informal Social Support

Approximately eleven weeks into the intervention, Bud was permanently living with his mother's friend ("foster mother"). Bud's mother and the "foster mother" had made arrangements and the friend had agreed to provide housing for Bud. When I phoned the "foster mother" to express my thanks and to offer my support, she stated that she did not mind taking Bud in, but she would need some financial assistance. I asked her about past finances for Bud and she stated that Bud's mother used to provide her with a portion of her social assistance. The "foster mother" then informed me that this transfer of money would no longer occur as Bud's mother had already phoned the Provincial Welfare worker to have her funding for Bud discontinued. Bud's mother was apparently afraid of getting in trouble with the welfare office.

Through my own informal support network I was able to locate winter apparel and other clothing for Bud. I located a coat for Bud through a local group home and one of the teaching assistants supplied a number of second hand clothing items. Kaplin (1986) states that intervention should emphasize the present, the here and now. As the vulnerable family is often in need of basic needs such as food, clothing, housing and health care, achievement of these needs is an excellent area for intervention (Kaplin, 1986).

The "foster mother" also provided me with some important information. She explained that she did not mind providing a home for Bud, as Bud has had a very difficult life thus far. She told me that his mother would constantly reject Bud and could not provide for him. She also told me that other people that lived with Bud's mother would constantly verbally abuse Bud. She said that Bud literally hated his mother and did not want to have anything to do with her.

The "foster mother" was prepared to provide for Bud with the condition that he discontinue his excessive street drug use and attend school regularly. She also required that he do his share of chores around the house. The "foster mother" informed me that Bud was absolutely no problem around her house, as he seemed to make an effort to please her.

Formal Social Supports

In order to resolve the financial issue, I was required to gain information from both the provincial and city welfare offices. I first contacted Bud's mother's welfare worker and she explained to me that the provincial welfare office would no longer provide funding for Bud's mother for Bud if he was no longer living with her. She then

informed me that city welfare would be responsible for the funding of Bud. Through a personal contact at city welfare I contacted a welfare worker to obtain information about how one would attain funding for Bud. According to the city welfare worker, Bud would not be funded as he was not living with his mother. I then called CFS to determine if they could provide some emergency funding for Bud. CFS informed me that they did not have the money in their budget to provide for this type of situation.

The only feasible method of attaining financial assistance for Bud was to have the "foster mother" become his legal guardian. Another option was for her to become a legal foster parent to Bud, but this would take a long time due to the necessary bureaucratic process. The "foster mother" decided that she would attempt to attain legal guardianship as this was the quickest method to obtain sufficient funding so that she could provide basic needs for Bud.

Conclusion of the Intervention

At the beginning of the school year Bud was a pleasant but very quiet and withdrawn youth. His social skills were extremely lacking and he did not interact with the other students or staff. These personality characteristics may have been the result of the extreme deprivation in emotional, economic and psychological support he had to endure as a child. Although he had a history of fire starting, his behaviour was never especially problematic in the classroom. He would take direction from the teacher and when he did act out, consequences for his behaviour were accepted without incident.

Through the process of individual intervention and the provision of a supportive, stable home environment, Bud quickly eliminated his illegal drug habit and fire starting problems. He attended school for 101 days out of a possible 190 as opposed to his

pervious year's attendance of 12 days in school. To my knowledge, Bud did not become re-involved in criminal activity throughout the duration of the intervention. According to the teaching staff, Bud made substantial progress in his ability to interact with other significant people, and he learned how to obtain his needs by using positive and socially acceptable methods. This particular intervention demonstrates the dramatic systemic effect that a positive home environment can have on a youth. It also demonstrates how a change in one environment can effect a person and all the variables related to that person (Nichols, 1984).

Family #8 The Jones

Glen Jones: Summary Information

At initial contact the identified student Glen, a thirteen year old Aboriginal male, lived in a foster placement. This foster placement demonstrated long term stability as he had been with this foster placement since he was as baby. His foster parents, Mr. and Mrs. Jones both worked in social service capacities. The father was a group home worker for one agency and the mother worked within a different social service family centre. Glen had three other foster siblings. One sibling was a younger male child who had severe fetal alcohol syndrome. Another male foster sibling was the same age as Glen and had been both physically and sexually abused for an extensive period. The other foster sibling was a five year old female.

According to Glen's mother everything was "under control" at home. This assessment was disputed by the CFS social worker who stated that the house was a relatively chaotic environment. Notwithstanding, Glen was well provided for and was generally happy. The foster mother's main concern at the initial stages of intervention

was to have Glen improve his academic abilities and to reduce his negative impulsive behaviour.

Ecological Assessment

Assessment of Glen's Home and Family Environment

Although Glen's CFS worker described the home as chaotic, the family seemed to function effectively. Both parents seemed to be adequate in their ability to work, maintain the house, and foster four children. Glen's appearance was always acceptable and it was obvious that he was well provided for. Throughout the practicum I never met the father although I talked to him over the phone on numerous occasions. The mother was always available for meetings and school contact.

It was assessed that due to the complex composition of his foster family, Glen's parents spent minimal quality time with him. After consultation with my supervisor, it was assumed that the acting out behaviour may be a method for Glen to gain much needed attention from the school staff.

Assessment of Glen's School Environment

Glen was enrolled in the LAC class to control his behavioural problems associated with Fetal Alcohol Effect (FAE). Glen displayed behaviours that were both impulsive and hyperactive. He also had difficulty understanding the long term consequences of his disruptive classroom behaviour. According to the teaching staff, Glen made a joke about everything. One example of this acting out behaviour was his sporadic falling down on the floor. It became apparent that Glen would emit this type of behaviour to gain attention from the teaching staff. It was also apparent upon direct

observation, that although the teaching staff did not appreciate Glen's disruptive behaviour, they always laughed or smiled while they were disciplining him.

Glen was also delayed in his academic skills. Consistent with FAE, Glen had diminished capacity in memory, and his academic learning capacity (Barr, Sampson, & Streissguth, 1992). Thus another intervention was to increase Glen's academic skills. Although Glen had distinct learning disabilities, he was the least problematic of the four long term clients. Glen was inherently kind, and he was not violent, or destructive. When Glen was disruptive it was usually based on impulse and not vindictiveness.

Assessment of Glen's Community Involvement

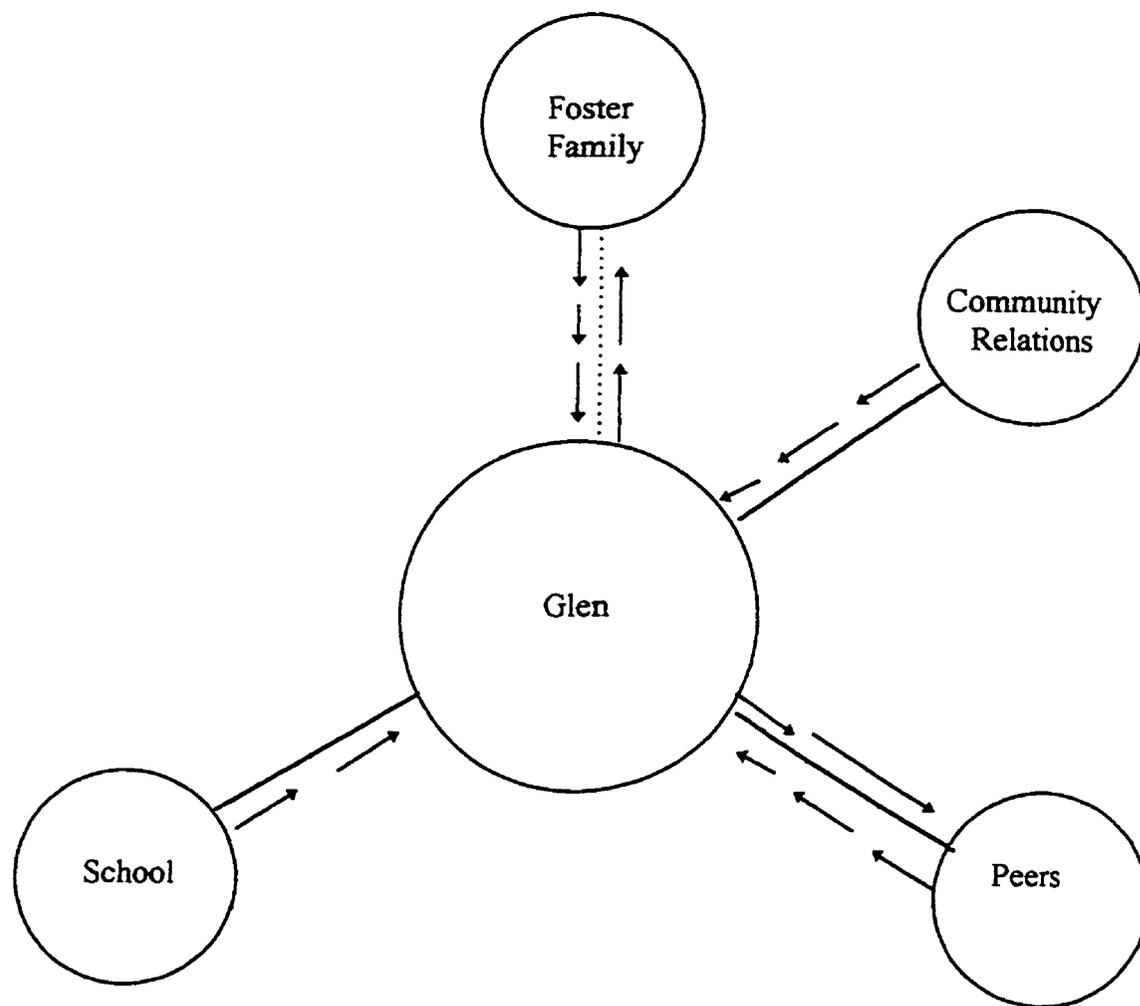
At the time of initial involvement, Glen was spending some of his evenings at a drop in centre. Through his involvement with this agency he participated in pool, weight training and other recreational activities.

Conclusion of the Ecological Assessment

As demonstrated in Figure 4, Glen's environments were relatively positive and stable. His family life, although described by his parents as tenuous at times, was relatively stable. He was well provided for both emotionally and materially. He had access to a number of recreational activities within the household and parents that supported him in his interactions with the broader community.

His problems in school could be attributed to Fetal Alcohol Effect. He was well liked by both the teaching staff and the other students. This affection was well deserved as Glen presented himself as a happy and loving individual. The problems he encountered within the class were usually due to his frustration with the required academic work, or his tendency to follow the poor judgment of other students.

Figure 4
Glen Jones' Eco-Map



- = a strong relationship
- = a tenuous relationship
- - - - - = a stressful relationship
- → → = direction of energy flow

As both his parents worked in the social service field, they were familiar with Glen's need for consistent structure. Fischer and Gochros (1975) state that caretakers who have established clear, consistent expectations and behavioural consequences are the ones who have the least problems and whose children appear to have done the best socially. For a child within the LAC class, Glen was rather well adjusted.

Interventions of the School Social Worker

Individual Level Intervention

As Glen did not present major problems within the classroom or within his home environment, the majority of the intervention was directed at the individual level. During the initial assessment it was deemed that Glen did not receive enough attention at home and this may be one of the reasons he was acting out. I therefore provided him with attention in individual counselling sessions.

Throughout the duration of the practicum, I spent one-to-one time with Glen in the counselling room mostly in play situations. We played a number of card and board games. Glen also seemed to enjoy the time he was allowed to talk about topics of his choice.

One of the main problems Glen had was his incessant stretching of the truth. During the initial sessions he was constantly making up stories that were either entertaining or were just plain silly. I used these stories and times together to slowly inform Glen that he did not always have to act foolish in order to gain my attention. I would then further discourage this type of behaviour in the classroom. I would employ the behaviour modification technique of ignoring the ridiculous behaviour and rewarding the positive behaviour. As Glen's behaviour did not present any need for crisis

intervention, these behaviour modification techniques and play interventions were provided with a consistent approach throughout the entire process of the intervention.

Classroom Level Intervention

As Glen's mother wanted him to attain better impulse control and academic skills, specific initiatives were implemented via the classroom behaviour modification program. During an educational planning meeting, it was decided that we could employ the classroom management program to increase Glen's on-task behaviour and impulse control while reducing his disruptive behaviour.

One problem the teaching staff encountered, was Glen's disruption of the class when he did not want to do his required academic work. Many times he would state that he did not want to do his work and all he wanted to do was sleep. If the staff insisted that he complete the work, Glen's disruptive behaviour would escalate to a point where Glen would not be required to complete his work. Many times he was sent to the time out room for his behaviour. This was very ineffective as Glen would sleep while in the time out room.

What I proposed the staff do was to allow Glen to take a voluntary time out if he did not feel like doing his required work. As a consequence he would have to do his left over work at home. We first contacted his mother and she agreed to this plan. This parental contact was done in an effort to maintain consistency between the classroom management program and the home environment.

This process solved many of the problems that Glen was causing in the classroom. Firstly, Glen was not receiving any resistance from the staff for not completing his work in class. This resistance served as negative attention for Glen.

Secondly, Glen was given the choice to complete his work in the classroom, or to take it home and complete it under the supervision of his mother. It did not take long before Glen made the choice to complete the work in class as he did not want to do homework. Through this arrangement, the teaching staff were also able to slowly increase the academic workload and have Glen choose to do it in the classroom without disruption.

Conclusion of the Intervention

Although Glen's home life could have been very complicated due to his FAE, he was the long term foster child of two trained foster parents. Both parents had the organizational ability to work and simultaneously provide a nurturing and supportive environment for Glen. As Glen did not present any major crises, the intervention process with him was fairly uncomplicated. At the individual level, the provision of one-to-one communication seemed to provide Glen with the positive attention he needed. At the classroom level, Glen was provided with a program with consistent rewards and consequences. The intervention was effective as Glen's disruptive behaviour decreased and he made the decision to work in the classroom.

Family #9 The Whites

Joe White: Summary Information

Upon initial assessment, the Whites consisted of the identified student Joe a twelve year old Aboriginal male, his mother and father, two younger sisters and one younger brother. Both of Joe's parents attended the school intake. Both the mother and father were very quiet, yet responsive to the questions that were asked of them. One interesting physical feature of the two parents was that they both had many home made

Indian ink tattoos. These tattoos are common among the "street crowd". The main identified problem was Joe's aggression within the school and at home.

Ecological Assessment

Assessment of Joe's Home Environment

A number of observations were made at the initial home visit with Joe's parents. Both the father and the mother were more talkative in their own homes. They told me that they were both feeling very lonely as they had just recently moved to the city from a remote reservation. They had also recently reconciled. They gave birth to Joe and the other children when they were much younger, but due to a number of issues the marriage dissolved. After the breakup, Joe's father became very distraught and turned to alcohol for solace. He began to drink heavily and at times became quite violent. On one occasion he seriously assaulted a man and was sentenced to jail time in a minimum security prison. The marital reconciliation began upon his release from prison.

Joe's father had spent time in anger management therapy with a local Aboriginal agency. Through this therapy and with the support of his wife he had made some serious life changes. Although he no longer abused alcohol or fights, he said that he sometimes misses that portion of his life. He said that sometimes his family and friends think he is a "sissy".

Joe's mother did not speak very much during the entire home visit. She often giggled and agreed with the father about the sequence of events. Although the father was lonely and wanted to move back to the reservation, the mother was very content with her city living arrangement. They were currently looking for a new housing within the city. Her main concern was that her children were fighting in the house.

Assessment of Joe's School Environment

Joe was transferred to the LAC classroom from an alternate class at the end of November. He was not a participant in the practicum from the onset. Joe was transferred to the LAC class as he was becoming aggressive and problematic in the less structured alternate classroom. It was decided by the principal, the alternate classroom teacher, and the placement officer from special education, that the LAC class would be an appropriate alternative. This placement within the LAC class was to be on a temporary assessment basis.

The alternate class teacher explained that Joe was not only becoming physically aggressive towards other members of the class, but he was also becoming vindictive. The teacher stated that he would build up anger and then take it out on unsuspecting students. It was the teacher's belief that Joe would plan to attack the other students if they were bothering or embarrassing him. The teacher felt that a better understanding of anger may help Joe control his aggression.

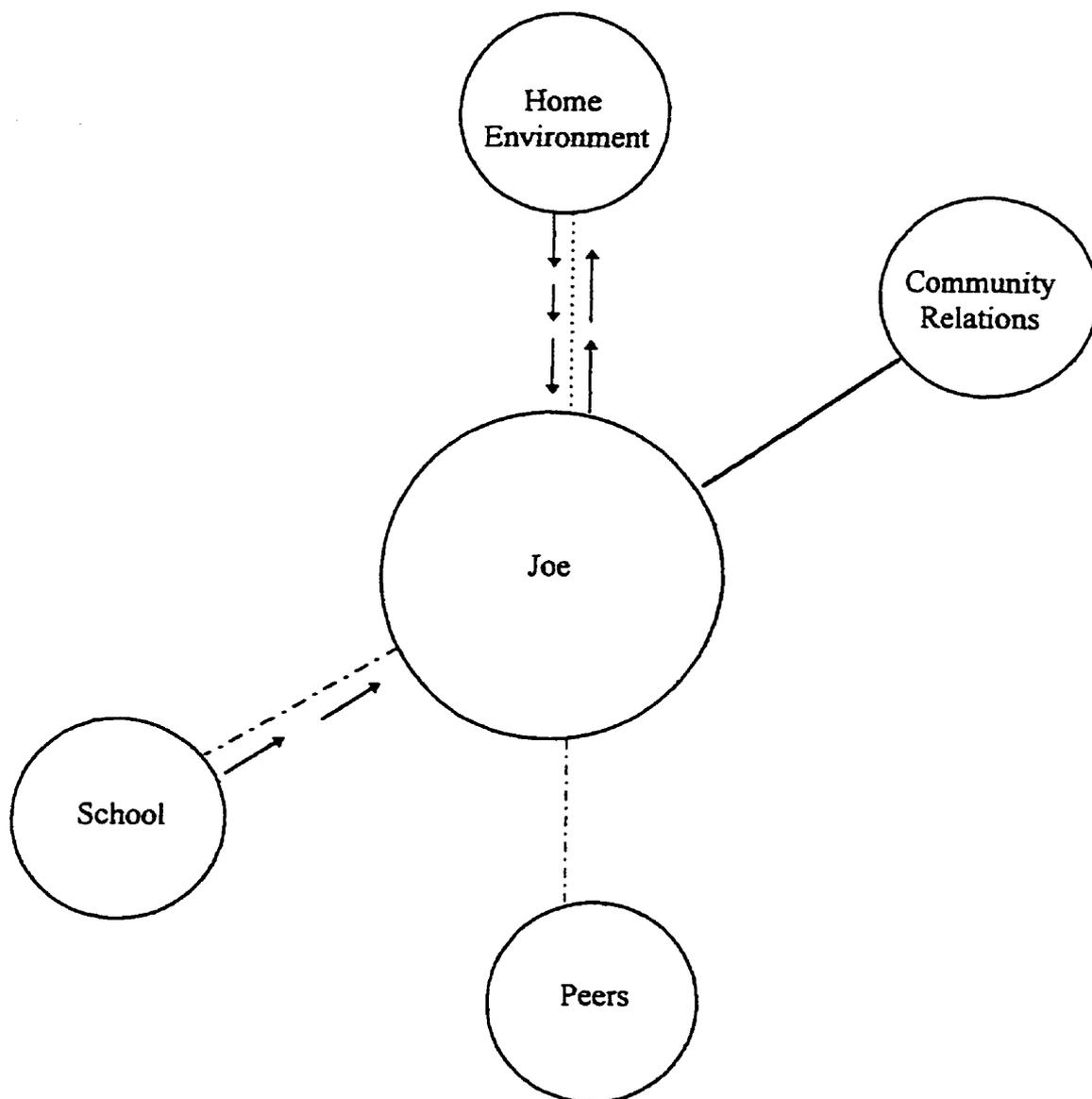
Assessment of Joe's Community Involvement

Joe and his father belonged to a boys club. The father explained that he enjoyed going to play floor hockey with his son once a week. Joe had also made use of a neighborhood drop in centre. The father wanted to participate in other activities but he was currently without transportation.

Conclusion of Ecological Assessment

As demonstrated in Figure 5, Joe's environments were all tenuous or stressful with the exception of his community involvement. My initial assessment was that this stress was mainly due Joe's problem controlling anger and aggression. Based on the

Figure 5
Joe White's Eco-Map



————— = a strong relationship
 = a tenuous relationship
 - - - - - = a stressful relationship
 → → → = direction of energy flow

information provided by his father, I assumed that he had a legacy of family violence. His parents were currently in a very stressful situation as they were trying to decide where to live, how resolve their marital problems, and how to deal with the father's issues of anger. During the home visit, the father explained that it was difficult to effectively discipline his children when there was so many other issues to deal with.

Joe was cognitively able to understand a number of issues and could be reasoned with. He had respect for adults and was not aggressive towards authority figures. It was assumed that the transition into a more structured LAC class with some one-to-one individual level anger management and social skill training may improve his individual behaviour. As there was a history of family violence, intervention at the family level was also necessary.

Interventions of the School Social Worker

Individual Level Intervention

As Joe entered the practicum process midstream and was not presenting severe control problems, minimal individual level intervention was needed. I spent a few initial sessions discussing anger and methods of self control. In the first session Joe told me that he was in the LAC to learn how to control his anger. He knew that he was violent to both the students in the alternative class and his younger siblings. When I asked him if he knew what it meant to take a "time-out", he had never heard of the concept. He told me that when other students in the school, or his brothers and sisters bothered him, he would bully them in order to be respected or to resolve disputes. This was the only method of negotiation that Joe was familiar with. He quickly understood the concepts of the anger management process and how to integrate them into his life. Through the

individual sessions Joe: a) became aware of behaviours that were hurtful to others; b) learned new skills and techniques to replace those destructive behaviours; and c) practiced the new positive skills until he was able to replace the old negative aggressive skills in practical real life situations. He learned that hitting other people was hurtful. He also learned the positive skills of self coping statements and self calming procedures. Once he was calm Joe was able to employ different methods of sharing and negotiating with his siblings.

Family Level Intervention

Joe's family was very difficult to access after my initial home visit. On numerous occasions attempts were made to contact Joe's father in an effort to provide supports. At the first home visit, Joe's father stated that he wanted to get involved with an agency in the neighborhood that provided services, and a group, for men. When it was time to pick Joe's father up he was not home. On another occasion, he had to tend to a relative who was ill, and on another occasion he had to go to a friend's home to fix his car.

Group Level Intervention

The main intervention that Joe participated in was the group sessions. Joe participated in all the eight group sessions that were offered in the classroom. Throughout the group sessions, Joe was willing to participate in the role plays. He was also one of the few students who offered scenarios to role play. Through his active participation in the group sessions, Joe learned new techniques for resolving aggressive situations. Consistent with the individual level intervention, Joe was taught to reduce aggressive behaviour through the use of self coping statements and self calming

procedures. Within the group setting, Joe was able to practice his new skills with other students.

Classroom Management Intervention

Joe responded both quickly and positively to the structure of the classroom behaviour management program. Once he fully understood the parameters of the program he became the highest money earner in the class. He liked the positive reinforcement of money and did not like the punishment of losing money and outings. He quickly became positively influenced by this structured environment.

Conclusion of Intervention

Joe presented a major problem in a less structured classroom. He was referred to the LAC class in order to gain control over his anger and to learn positive methods of interacting with other students. The class behaviour management program, and individual and group sessions that focused on relative anger management techniques, effectively taught Joe self-control. The results section demonstrates how dramatic the results actually were. Joe never became physically aggressive during his placement in the LAC classroom. He also stated that he ignored his brother and sisters instead of getting into fights with them.

Intervention With the Teaching Staff

The multiple skills that school social workers possess allow them to fulfill their professional duties from a position that adds positively to the ecology of the current school system and its population (Hancock, 1982). In an effort to perform multiple professional duties I had to become part of the working group of the school and had to become part of the adaptive fit (Early, 1992). One of my professional duties was to be a

behavioral consultant for the teaching staff. As I had previously designed the classroom behavioural management program, I was constantly required to provide direction on its use. I also fulfilled the role of consultant and mediator during classroom school staff meetings.

At the request of the teacher, the teaching staff and myself had meetings to discuss the staff's understanding of student progress. These meetings were used as a forum for the teaching staff to create and maintain solutions for specific student behavioural problems. These meeting were important as they allowed the teaching assistants valuable time to provide input on the direction of the classroom (Winnipeg School Division #1, 1994).

The following is an example of questions addressed at one meeting and the discussions which ensued.

- 1) How could the teaching staff contain the movements and behaviours of the students during the lunch period?
- 2) How could Frank's escalating behaviour within the classroom be controlled?
- 3) When was it most effective to pay money out to the students for the behavioural management program?

In order to resolve these issues, open discussions ensued with each member of the teaching staff providing their perspective on the issue, and a possible solution. From this open discussion, mutual workable solutions were developed and agreed upon.

Although there was some initial concern about meeting every Monday after school, the staff agreed that they would continue until they were comfortable with the classroom management program. It was also agreed that if there was a major concern,

the meetings would resume as a format for resolution. Within the teaching staff, meta rules, or rules to form rules, had been formed through the process of these meetings.

Involvement With the School System and the Child Guidance Clinic

In addition to the regular meetings with the teaching staff, there were also meetings with the special education support staff, the principal of the school, and school social workers from other school divisions.

Throughout the year I was involved in meetings with the special education support staff to help with student placement. I was in constant contact with these other professionals regarding placement meetings for the students in families one, two, three and four. We were in contact through IEP meetings to collectively decide upon appropriate scholastic plans for the students in families five, six, seven, eight and nine.

For example, with family number one, Jim was referred to another school social worker. I was required to facilitate this process by providing preliminary information to the teaching staff at the new school, the mother of Jim, Jim, and the new school social worker.

Upon the completion of my practicum I was required to meet with the head of special education and the area manager of the Child Guidance Clinic to determine which students would require on-going social work services. According to the teaching staff, the behavioural management program that was in place and the ecologically based interventions, stabilized most of the students. It was determined that the teaching staff had developed the necessary skills and resources to comfortably manage the class for the rest of the school year with minimal school social worker support. At the end of the practicum it was decided that Pete was the only student requiring on-going services.

CHAPTER SEVEN

Final Results and Evaluation

Evaluation Results on the Students in Families #5,6,7 and 8

The students in families 5,6,7 and 8 participated in the entire practicum process. Both pre-test and post-test information was completed on the students on all the measurement tools. The measurement tools that were completed were: the Youth Self Report (YSR); the Child Behaviour Checklist (CBCL); the Teachers Report Form (TRF); the Self Control Rating Scale (SCRS); and the Hare Self Esteem Scale (HSS). Please refer to chapter six for a more detailed explanation of these measurement tools.

Process of Analysis

In analyzing the information provided by the measurement tools, a table will be provided with the raw scores and the T scores for both the pre-tests and post-tests of the Auchenbach scales. This table will also provide results for the secondary measurement tools. The tables will be accompanied with an analysis of the information provided as well as an overall summary of the results.

#5 Frank Brown

Self Report

As displayed in Table 1, Frank showed a negligible increase in scores on the YSR from pre-test to post-test. At both pre-test and post-test his total T score, internal T score and external T score were in the clinical range. On the sub-scale anxious/depressed Frank scored in the borderline-clinical range on both the pre-test and post-test. On the sub-scales assessing somatic complaints and delinquent behaviour Frank demonstrated an

Table 1
Measurement Results for Frank Brown

YSR	PRE		POST	
	raw	t	raw	t
Total t score	76	68	87	71
Internal t	28	70	30	72
External t	26	67	30	72
Subscales				
Withdrawn	6	61	6	61
Somatic Complaints	7	67	9	73
Anxious/Depressed	16	70	16	70
Social Problems	5	61	7	68
Thought Problems	5	62	3	55
Attention Problems	5	51	9	64
Delinquent Behaviour	9	68	12	75
Aggressive Behaviour	17	65	18	67

CBCL	PRE		POST	
	raw	t	raw	t
Total t score	128	86	160	91
Internal t	30	77	34	80
External t	45	82	62	96
Subscales				
Withdrawn	10	76	12	82
Somatic Complaints	2	59	5	70
Anxious/Depressed	19	83	19	83
Social Problems	7	70	11	83
Thought Problems	9	85	10	88
Attention Problems	18	89	15	81
Delinquent Behaviour	13	76	23	94
Aggressive Behaviour	32	87	39	89

TRF	PRE		POST	
	raw	t	raw	t
Total t score	156	87	170	90
Internal t	28	73	28	73
External t	61	88	66	96
Subscales				
Withdrawn	9	67	11	70
Somatic Complaints	1	57	4	69
Anxious/Depressed	20	77	14	69
Social Problems	16	79	14	74
Thought Problems	10	85	12	90
Attention Problems	34	80	37	90
Delinquent Behaviour	12	78	16	93
Aggressive Behaviour	49	99	50	100

HSS	PRE	POST
Total Score	88	82
Peer	30	23
Home	31	32
School	27	27

SCRS	PRE	POST
Parent / Guardian	185	191
Teaching Staff	176	163

increase in problem behaviour from the borderline-clinical range to the clinical range. In the social problems and aggressive behaviour sub-scales, Frank demonstrated an increase in problem behaviour from the non-clinical range to the borderline-clinical range. On the withdrawn, thought problems and attention problems sub-scale Frank remained consistent from pre-test to post-test with his scores remaining in the non-clinical range.

This increase in negative feelings was supported by the information provided by the other self-report measures. Frank's total scores on the HSS test went from 88 to 82 indicating a slight reduction in his self-esteem. His scores on the peer self-esteem scale went from 30 to 23, his scores on the home self-esteem scale went from 31 to 32, and his school self-esteem scale remained constant at 27.

Parent / Caregiver Report

As displayed in Table 1, Don's assessment of Frank at pre-test and post-test on the CBCL indicates a slight increase in problem behaviours over the duration of the practicum. He was identified as in the clinical range on his total T score, internal T score and external T score at both pre-test and post-test.

The social problems sub-scale showed an increase in negative behaviour from the borderline-clinical range to the clinical range. On the somatic complaints sub-scale, there was an increase in negative behaviour from the non-clinical range to the borderline-clinical range. On the withdrawn, anxious/depressed, thought problems, attention problems, delinquent behaviour and aggressive behaviour sub-scales scores remained consistent, with the pre-test and post-test falling in the clinical range.

This increase in problematic behaviour was consistent with the information provided by the SCRS. Don's assessment of Frank on the SCRS test went from 185 at the pre-test to 191 at the post-test indicating a slight decrease in Frank's self-control.

Teaching Staff Report

As displayed in Table 1, the TRF as assessed by the classroom teacher demonstrates a slight increase in problem behaviours over the duration of the practicum. Frank was identified in the clinical range on his total T score, internal T score and external T score at both pre-test and post-test.

On the somatic complaints sub-scale the teacher reported an increase in behaviour from the non-clinical range to the borderline-clinical range. On the withdrawn sub-scale, Frank remained in the borderline-clinical range. On the social problems, thought problems, attention problems, delinquent behaviour and aggressive behaviour sub-scales the teacher's assessment of Frank remained consistent with pre-test and post-test assessments falling in the clinical range. The teacher reported a positive change from the clinical range to borderline-clinical range on the anxious/depressed sub-scale.

This increase in problem behaviour was however not supported by the information provided by the SCRS. The teaching assistant's assessment of Frank on the SCRS test went from 176 at the pre-test to 163 at the post-test indicating a slight increase in his self-control.

Summary of the Evaluation Data

Throughout the practicum Frank's situation presented many challenges. While Frank was dealing with the stress related to his sexual offending and his own sexual abuse, his home environment was extremely unsupportive. In fact his home environment

became so stressful that the proctor situation eventually dissolved. As a result of the extreme stress on Frank, it is not surprising that his negative behaviours continued to increase. The increase in the somatic complaint sub-scale in all three environments was another possible indicator of the extreme stress that Frank experienced. Frank was stifled in his external expression of needs and was unable to express himself positively. It can be hypothesized that his unexpressed need may have manifested itself in somatic symptoms. Due to many extenuating circumstances, it appears that the ecological/systemic intervention was not effective in reducing or even stabilizing Frank's tumultuous multi-problematic life situation.

#6 Pete Penner

Self Report

As displayed in Table 2 Pete showed a slight increase in scores on the YSR from pre-test to post-test. He scored within the borderline-clinical range on both his pre-test and post-test total T scores. At pre-test he scored in the non-clinical range and at post-test within the borderline clinical range on the internal T score. He scored within the borderline-clinical range at pre-test and within the clinical range at post-test on the external T scores.

On the somatic complaints sub-scale Pete demonstrated an increase in negative behaviour from a pre-test score within the borderline-clinical range to a post-test score in the clinical range. In the delinquent problem sub-scale, Pete remained in the borderline clinical range. Pete remained in the non-clinical range on the withdrawn, anxious/depressed, thought problems, attention problems, and aggressive behaviour sub-scales. Pete had a decrease in negative behaviours on the social problems sub-scale from

Table 2
Measurement Results For Pete Penner

YSR	PRE		POST	
	raw	t	raw	t
Total t score	56	60	62	62
Internal t	15	57	18	61
External t	20	61	24	65
Subscales				
Withdrawn	5	57	3	50
Somatic Complaints	7	67	9	73
Anxious/ Depressed	3	50	6	54
Social Problems	8	70	4	57
Thought Problems	3	55	4	59
Attention Problems	8	60	6	54
Delinquent Behaviour	9	68	10	70
Aggressive Behaviour	11	55	14	61

CBCL	PRE		POST	
	raw	t	raw	t
Total t score	73	72	77	73
Internal t	22	71	27	75
External t	28	70	28	70
Subscales				
Withdrawn	8	70	11	79
Somatic Complaints	8	77	8	77
Anxious/ Depressed	7	62	9	65
Social Problems	6	68	6	68
Thought Problems	2	64	4	70
Attention Problems	10	67	11	70
Delinquent Behaviour	12	74	11	72
Aggressive Behaviour	16	65	17	66

TRF	PRE		POST	
	raw	t	raw	t
Total t score	137	83	171	90
Internal t	29	73	40	83
External t	54	83	63	91
Subscales				
Withdrawn	11	70	15	87
Somatic Complaints	4	69	5	70
Anxious/ Depressed	16	71	22	80
Social Problems	12	70	16	79
Thought Problems	6	75	8	80
Attention Problems	36	87	39	97
Delinquent Behaviour	12	78	16	93
Aggressive Behaviour	42	88	47	96

HSS	PRE	POST
Total Score	77	81
Peer	25	24
Home	24	30
School	28	27

SCRS	PRE	POST
Parent / Guardian	139	147
Teaching Staff	171	179

a pre-test score in the borderline-clinical range to a post-test score in the non-clinical range.

This decrease in social problems was supported by the information provided by the other self-report measures. Pete's total scores on the HSS test went from 77 to 81 indicating a slight increase in his self-esteem. His scores on the peer self-esteem scale went from 25 to 24, his scores on the home self-esteem scale went from 24 to 30, and his school self-esteem scale went from 28 to 27.

Parent / Caregiver Report

As displayed in Table 2, Pete's mother's assessment of Pete indicates almost no change in her perception of his behaviour problems over the duration of the practicum. She scored him in the clinical range on his total T scores, internal T scores and external T scores at both his pre-test and post-test.

The withdrawn sub-scale showed an increase in problem behaviour from the borderline-clinical range to the clinical range. On the thought problems sub-scale there was an increase from the non-clinical range to the borderline-clinical range. On the somatic complaints and delinquent behaviour sub-scales scores remained consistent, scoring in the clinical range at both pre-test and post-test. The social problems and attention problems sub-scales also remained consistent with scores remaining in the borderline-clinical range. Scores remained in the non-clinical range on the anxious/depressed sub-scale.

A slight increase in problem behaviours was ascertained from the SCRS. Pete's mother's assessment of him on the SCRS test went from 139 at pre-test to 147 at post-

test. Both scores on the SCRS were below the clinical cut off score. These scores indicate a slight decrease in Pete's self-control.

Teaching Staff Report

As displayed in Table 2, the TRF as completed by the classroom teacher, demonstrates an increase in problem behaviours over the duration of the practicum. Pete was identified in the clinical range on his total T score, internal T score and external T score at pre-test and post-test.

On the withdrawn and social problem sub-scales the teacher reported an increase in problem behaviour from the borderline-clinical range to the clinical range. On the somatic complaints sub-scale, Pete remained in the borderline-clinical range. On the anxious/depressed, thought problems, attention problems, delinquent behaviour and aggressive behaviour sub-scales, Pete remained in the clinical range from pre-test to post-test.

This increase in negative behaviour was supported by information provided by the SCRS. The teaching assistant's assessment of Pete on the SCRS test went from 171 to 179 indicating a slight decrease in self-control.

Summary of the Evaluative Data

In both the school and home environment, Pete was assessed with clinically significant behaviour problems at pre-test and post-test. Considering Pete's extreme number of negative behaviours it may have been difficult for the classroom teacher, Pete's mother, and myself to identify any significant positive change in behaviour within the parameters of the formal measurements.

Given the increase in stressors over the course of the practicum, the increase in the number of Pete's negative coping behaviours was understandable. Although the number of behaviours increased, it was believed that the severity of the behaviour decreased. The negative behaviours were also often exhibited in safe and controlled environments. Despite sexual abuse charges and ongoing conflict with the school, Pete's behaviours did not get him into any new trouble with the legal system. In fact, Pete felt that his self-control and self esteem increased. Pete's mother also indicated that she felt more confident to deal with crises since the intervention. It can be assumed, that through the practicum, Pete and his mother developed and implemented a number of adaptive skills necessary to overcome a number of crisis situations.

#7 Bud Johnson

Self Report

As displayed in Table 3, Bud showed a slight increase in scores on the YSR from pre-test to post-test. At pre-test he scored within the non-clinical range and at post-test total he scored within the borderline-clinical range on the total T score. There was a change from the non-clinical range to the borderline-clinical range on the internal T score. The external T score remained consistent within the borderline-clinical range.

Bud demonstrated a change from the non-clinical range to the borderline-clinical range on the social problems sub-scale. On the delinquent behaviour sub-scale Bud scored within the borderline-clinical range at the pre-test and post-test. On the withdrawn, somatic complaints, anxious/depressed, thought problems, attention problems, and aggressive behaviour sub-scales he scored within the non-clinical range at pre-test and post-test.

Table 3
Measurement Results for Bud Johnson

YSR	PRE		POST	
	raw	t	raw	t
Total t score	53	59	57	61
Internal t	12	54	18	61
External t	22	63	20	61
Subscales				
Withdrawn	2	50	6	61
Somatic Complaints	3	56	4	59
Anxious/ Depressed	7	56	9	60
Social Problems	3	53	7	68
Thought Problems	3	55	1	50
Attention Problems	6	54	7	57
Delinquent Behaviour	8	67	9	68
Aggressive Behaviour	14	61	11	55

CBCL	PRE		POST	
	raw	t	raw	t
Total t score	47	64	25	54
Internal t	13	62	8	55
External t	20	64	11	56
Subscales				
Withdrawn	5	62	5	62
Somatic Complaints	5	70	0	50
Anxious/ Depressed	4	56	3	53
Social Problems	2	55	3	59
Thought Problems	0	50	0	50
Attention Problems	2	50	2	50
Delinquent Behaviour	9	69	6	65
Aggressive Behaviour	11	58	5	50

TRF	PRE		POST	
	raw	t	raw	t
Total t score	9	47	68	65
Internal t	6	55	23	69
External t	1	46	19	62
Subscales				
Withdrawn	4	59	11	70
Somatic Complaints	0	50	3	67
Anxious/ Depressed	2	53	10	65
Social Problems	1	52	1	52
Thought Problems	0	50	2	65
Attention Problems	2	50	23	63
Delinquent Behaviour	1	53	8	68
Aggressive Behaviour	0	50	11	59

ESS	PRE	POST
	Total Score	83
Peer	29	24
Home	28	27
School	26	24

SCRS	PRE	POST
	Parent / Guardian	115
Teaching Staff	54	129.5

These minimal changes were consistent with information provided by the other self-report measures. Bud's total scores on the HSS test went from 83 to 75 indicating a slight decrease in self-esteem. His scores on the peer self-esteem scale went from 29 to 24; his scores on the home self-esteem scale went from 28 to 27; and his school self-esteem scale went from 26 to 24.

Parent / Caregiver Report

As displayed in Table 3, Bud's mother's assessment of Bud at pre-test and his "foster mother's" post-test of the CBCL indicates a possible positive change in his behaviours over the duration of the practicum. At pre-test he obtained a score in the clinical range on his total T score, a score in the borderline-clinical range on his internal T score and a score in the clinical range on his external T score. At post-test Bud scored in the non-clinical range on the total T score, the internal T score and the external T score.

On the somatic complaints and delinquent behaviour sub-scales Bud was assessed in the borderline-clinical range on the pre-test. On the remaining sub-scales, Bud's scores were in the non-clinical range at the pre-test stage. Upon completion of the practicum intervention, Bud was identified in the non-clinical range on all sub-scales.

This positive result was consistent with the information provided by the SCRS. Bud's mother's assessment of him on the SCRS pre-test was 115. His "foster mother's" post-test assessment of him on the SCRS was 87. These scores indicate a slight increase in his self control. Although the scores indicate an increase in positive behaviour from pre-test to post-test, comparisons must be made with caution as the testing was completed by two different people.

Teaching Staff Report

As displayed in Table 3, the TRF as assessed by the classroom teacher, demonstrated an increase in behaviour problems over the duration of the practicum. He was identified as non-clinical on his total T score, internal T score and external T score at pre-test. At post-test he was scored in the clinical range on the total T score and internal T score, and was within the borderline-clinical range on his external T score.

The pre-test scores were all in the non-clinical range on all sub-scales. At post-test Bud scored in the borderline-clinical range on the withdrawn, somatic complaints and delinquent sub-scales. The teacher's assessment remained in the non-clinical range on the anxious/depressed, social problems, thought problems, attention problems and aggressive behaviour sub-scales.

This increase in negative behaviour was consistent with the results of the SCRS. The teaching assistant's assessment of Bud on the SCRS test went from 54 at pre-test to 129.5 at post-test indicating a dramatic decrease in his self-control.

Summary of the Evaluative Data

The ecological intervention impacted on two of Bud's three environments. Bud's assessment of himself remained rather constant from pre-test to post-test. What changed positively was his behaviour in the home.

Although the CBCL was filled out by two different people, the intervention of locating a new living arrangement for Bud seemed to have positive behavioural outcomes. He had a pre-test CBCL total T in the clinical range when he was living with his mother, but when he lived with his "foster mother" he was assessed to be in the non-clinical range. According to Bud and his "foster mother", Bud was no longer using drugs

and he was no longer starting fires. Although many of the behaviours Bud exhibited within the classroom were consistent with the negative culture and values of the students, many of the life and social skills he developed helped him to change from an adolescent who did not interact socially, to one who did. As there was a decrease in negative behaviours within the home environment, an increase in social behaviour and a dramatic increase in school attendance from 12 to 101 days, the ecological intervention could be considered somewhat successful.

#8 Glen Jones

Self Report

As displayed in Table 4 Glen showed some minor positive changes in scores on the YSR from pre-test to post-test. He reported a score within the clinical range on his pre-test total T score, but scored within the borderline-clinical range on his post-test total T score. At both pre-test and post-test he remained within the non-clinical range on the internal T score. There was also a change from a score in the clinical range on the pre-test to a post-test score in the non-clinical range on the external T score.

Glen changed from a pre-test score in the borderline-clinical range to a post-test score in the non-clinical range on the thought problem sub-scale. He also changed from a pre-test score in the clinical range to a post-test score in the non-clinical range on the delinquent behaviour sub-scale.

On the sub-scales assessing withdrawn, somatic complaints, anxious/depressed, social problems and aggressive behaviour Glen maintained a score in the non-clinical range. Glen however did experience a negative change from a pre-test score in the

Table 4
Measurement Results for Glen Jones

YSR	PRE		POST	
	raw	t	raw	t
Total t score	84	70	54	60
Internal t	15	57	6	45
External t	24	65	17	58
Subscales				
Withdrawn	3	50	2	50
Somatic Complaints	6	65	4	59
Anxious/ Depressed	6	54	0	50
Social Problems	6	64	5	61
Thought Problems	8	70	4	59
Attention Problems	11	70	12	74
Delinquent Behaviour	14	80	6	62
Aggressive Behaviour	10	53	11	55

CBCL	PRE		POST	
	raw	t	raw	t
Total t score	93	77	80	74
Internal t	16	66	12	61
External t	43	80	33	73
Subscales				
Withdrawn	5	62	3	55
Somatic Complaints	5	70	4	67
Anxious/ Depressed	6	60	5	58
Social Problems	9	77	7	70
Thought Problems	5	73	6	76
Attention Problems	14	78	12	73
Delinquent Behaviour	12	74	12	74
Aggressive Behaviour	31	86	21	70

TRF	PRE		POST	
	raw	t	raw	t
Total t score	124	79	92	72
Internal t	29	73	12	61
External t	38	70	33	68
Subscales				
Withdrawn	14	83	5	61
Somatic Complaints	4	69	2	64
Anxious/ Depressed	13	69	5	59
Social Problems	8	66	7	64
Thought Problems	6	75	8	80
Attention Problems	37	90	29	68
Delinquent Behaviour	12	78	9	69
Aggressive Behaviour	26	68	24	67

HSS	PRE	POST
Total Score	71	70
Peer	31	23
Home	14	17
School	26	30

SCRS	PRE	POST
Parent / Guardian	194	182
Teaching Staff	150	143.5

borderline-clinical range to a post-test score in the clinical range on the attention problem sub-scale.

The other self-report measure demonstrated almost no change. His total scores on the HSS test went from 71 to 70 indicating almost no change in self-esteem. His scores on the peer self-esteem scale went from 31 to 23; his scores on the home self-esteem scale went from 14 to 17; and his school self-esteem scale went from 26 to 30.

Parent / Caregiver Report

As displayed in Table 4, Glen's foster mother's assessment of Glen at pre-testing and post-test on the CBCL indicates a slight decrease in negative behaviours over the duration of the practicum. At pre-test he was identified in the clinical range on his total T score, internal T and external T score. At post-test, Glen was in the clinical range on his total T score, in the borderline-clinical range on his internal T score, and in the clinical range on his external T score.

The biggest positive change for Glen was the change from a pre-test score in the clinical range to a post-test score in the borderline-clinical range on the social problem and aggressive behaviour sub-scales. Glen's scores at pre-test and post-test for the thought problems, attention problems and delinquent behaviour sub-scales remained within the clinical range. Glen's somatic complaint sub-scale also remained within the borderline-clinical range. Glen was scored in the non-clinical range at pre-test and post-test on the withdrawn and anxious/depressed sub-scales.

This positive outcome was consistent with the information provided by the SCRS. Glen's foster mother's assessment of him on the SCRS went from a pre-test of 194 to a post test of 182. These scores indicate a slight increase in his self-control.

Teaching Staff Report

As displayed in Table 4, the teacher report as assessed by the TRF demonstrates a slight decrease in negative behaviours over the duration of the practicum. At pre-test he scored within the clinical range on his total T score, internal T score and external T score. At post-test he was scored within the clinical range on his total T score, within the borderline-clinical range on his internal T score and within the clinical range on his external T score .

Positive changes were identified in the change from a pre-test score in the clinical range to a post-test score in the non-clinical range for the withdrawn sub-scale and within the borderline-clinical range on the attention problems and delinquent behaviour sub-scales. Glen also attained positive results while changing his pre-test borderline-clinical range score to a post-test non-clinical range score on the somatic complaints and anxious depressed sub-scales. Glen maintained scores in the clinical range on the thought problems sub-scale, in the borderline-clinical range on the aggressive behaviour sub-scale and within the non-clinical range on the social problems sub-scale.

This decrease in negative behaviour was supported by information provided by the SCRS. The teaching assistant's assessment of Glen on the SCRS test went from 150 to 143 indicating an increase in his self-control.

Summary of the Evaluative Data

Although Glen was not provided with an extremely intense intervention he showed improvement on all three primary measurement tools. Glen was in the LAC class as he had FAE and the behaviours associated with it. Glen had a stable foster home

and through the duration of the practicum was never in crisis. The interventions of individual therapy, group therapy coupled with a few changes in the classroom behaviour management program, seemed to positively affect Glen's behaviour.

#9 Joe White

Self Report

As displayed in Table 5, Joe showed a small positive change in scores on the YSR from pre-test to post-test. At both pre-test and post-test, his total T score fell within the non-clinical range. He remained within the non-clinical range on the pre-test and post-test internal T scores. Joe scored a pre-test within the borderline-clinical range and a post-test within the non-clinical range on the external T score.

Although all pre-test and post-test scores on the sub-scales fell within the non-clinical range there were some noticeable improvements in the delinquent behaviour and aggressive behavior sub-scales.

This positive change was supported by the information provided by the HSS. Joe's total score on the HSS test went from 78 to 87. His score on the peer self-esteem scale went from 30 to 29; his score on the home self-esteem scale went from 25 to 30; and his school self-esteem scale went from 23 to 28.

Teaching Staff Report

As displayed in Table 5 the teacher report as assessed by the TRF demonstrates a positive change in behaviour over the duration of the practicum. At pre-test, he was within the clinical range on the total T score, internal T score and external T score. At post-test he fell within the borderline-clinical range on the total T score, within the

Table 5
Measurement Results for Joe White

YSR	PRE		POST	
	raw	t	raw	t
Total t score	47	56	31	48
Internal t	9	50	12	54
External t	21	62	10	49
Subscales				
Withdrawn	4	53	5	57
Somatic Complaints	4	59	4	59
Anxious/Depressed	1	50	3	50
Social Problems	6	64	5	61
Thought Problems	2	50	0	50
Attention Problems	4	50	2	50
Delinquent Behaviour	7	65	2	50
Aggressive Behaviour	14	61	8	50

CBCL	PRE		POST	
	raw	t	raw	t
Total t score				
Internal t				
External t				
Subscales				
Withdrawn				
Somatic Complaints				
Anxious/Depressed				
Social Problems				
Thought Problems				
Attention Problems				
Delinquent Behaviour				
Aggressive Behaviour				

TRF	PRE		POST	
	raw	t	raw	t
Total t score	77	68	58	63
Internal t	15	64	26	71
External t	33	68	10	57
Subscales				
Withdrawn	11	70	16	91
Somatic Complaints	1	57	1	57
Anxious/Depressed	3	55	10	65
Social Problems	8	66	5	61
Thought Problems	3	68	2	65
Attention Problems	13	56	14	57
Delinquent Behaviour	9	69	1	53
Aggressive Behaviour	24	67	9	58

HSS	PRE	POST
Total Score	78	87
Peer	30	29
Home	25	30
School	23	28

SCRS	PRE	POST
Parent / Guardian		
Teaching Staff	134	80

clinical range on the internal T score and within the non-clinical range on his external T score.

Positive changes were demonstrated from a pre-test score within the borderline-clinical range to a post-test score within the non-clinical range for the thought problems, aggressive behaviour and delinquent sub-scales. One area of concern was Joe's increase from a pre-test score within the borderline-clinical range to a post-test score within the clinical range on the withdrawn sub-scale. Joe remained within the non-clinical range on the somatic complaints, anxious/depressed and attention problem sub-scales.

This decrease in negative behaviour was supported by the SCRS. The alternate classroom teacher's assessment of Joe on the SCRS pre-test was 134. The L.A.C. teaching assistant's assessment of Joe on the SCRS post-test was 80. This seemed to indicate a dramatic increase in his self control. It must however be noted that there were different people rating Joe at pre-test and at post-test.

Summary of the Evaluation Data

Joe was in the L.A.C. classroom for observation as he was aggressively acting out in his alternate classroom placement. Although Joe only participated for a portion of the practicum, he demonstrated a decrease in delinquent and aggressive behaviour on both his YSR and TRF. The results of the measurement suggest that Joe benefited from the anger management skills acquired during individual sessions, the group sessions, and the structure of the classroom management program. The change from pre-test to post-test on the TRF must however take into consideration the rating by different teachers.

Summary of Client Feedback, Results and Evaluation

Clients were asked to anonymously fill out feedback forms which were used to evaluate the intervention. The parents, the teaching staff, and the students filled out a questionnaire (see Appendixes E and F). Based on the responses from the consumer feedback surveys, it could be concluded that there was a high level of satisfaction with the services received. One of the families felt they overcame many problems as a direct result of the practicum intervention. The teaching staff also indicated that the training they received, and the information that was provided, was very helpful. Based on the client feedback forms, it can be assumed that the practicum intervention was delivered in a satisfactory and appropriate manner. The following are some responses: a) Ron has been very helpful to my family with deals in and out of the school. I think I would not have gotten the help I needed if not for him; b) Ron improved communication between the school and the home, the token system, and general student behaviour within the classroom; c) It was good to have someone with the time to work in homes and with parents and other agencies; d) I've been more aware of the problems at hand with my child; and e) I would not change anything except him spending more time with my child.

Conclusion

As the students' Child Guidance Clinic files described many prior ineffective interventions, the minor reduction in negative behaviour for most clients may be significant. The severity of the students' behavioural and learning problems, and the constant crises within their vulnerable families, may have contributed to the ineffectiveness of these previous interventions. Although only a minor reduction in negative behaviour was indicated by the standardized measures, there were other promising improvements.

The teaching staff noticed an increase in class attendance, and a reduction in the number of suspensions. They also noticed a decrease in extreme aggressive behaviour and an increase in positive social behaviour. Some of the parents stated that they had developed a better understanding of their child, and had developed skills to cope with the negative behaviours. Pete's mother in particular, made a clear effort to open her personal boundaries to include external government agencies. Through these efforts she was able to successfully resolve many long term issues. The key indicator of a successful intervention was the teaching staff's ability to continue through the remainder of the year with minimal social work support. The staff felt that they had obtained the family links and the skills to successfully manage the classroom behaviour management program. With the exception of Pete, the staff also expressed confidence in their ability to manage the students' problematic behaviours.

CHAPTER EIGHT

Major Themes

Throughout the process of the practicum, a number of themes emerged. These themes are central to the overall understanding of the need for multiple roles and interventions employed by the school social worker. The following are common themes which emerged: (a) theoretical issues of the vulnerable population and the school social worker, (b) the culture of the vulnerable family and implications for engagement and intervention, and (c) the complexities of building relationships with other agencies and colleagues.

The Role of the School Social Worker with Vulnerable Families

The school social worker is in an excellent position to work ecologically with vulnerable families. The diverse roles of the school social worker allows for the assessment of multiple problems and the ability to implement multiple interventions in multiple environments.

For example, Frank Brown had problems within multiple environments, and with multiple agencies, and multiple workers. Within the role of the school social worker I attempted to coordinate a consistent ecologically oriented approach with all of the systems involved. Although my practicum intervention was unsuccessful in significantly changing Frank's behaviour, I firmly believe that the school social worker could have managed the case to a more positive outcome. In retrospect, the failure of Frank's intervention may have been due to the inability of workers from other agencies to assume diverse roles.

Another example of the need for diverse roles was the problems presented by Pete Penner and his family. This vulnerable family had problems such as poverty, sexual abuse, drug and alcohol abuse, truancy, and a number of vulnerable family members. By utilizing my diverse roles, I was able to intervene at many different levels using many different techniques. I began at the individual level, providing Pete with some counselling on anger management and self control. I then provided parent counselling and information sessions to increase communication and effective discipline. I was also able to provide support for the family through the process of sexual abuse allegations and subsequent involvement with the Child Abuse Registry. To support the school placement, I intervened at the interface between the school and the family to establish a relationship between Pete's mother and the school.

The family of Bud Johnson also experienced a number of different problems. Bud's home environment was very unstable and he was constantly unsure of where and when his physical needs would be fulfilled. I was able to facilitate a new living arrangement and access information necessary to aid in financial support. I was able to provide some concrete physical resources. By utilizing the diverse roles of the school social worker I was also able deliver both individual, family and classroom intervention.

As a school social worker I was allowed the flexibility and had to develop the skills necessary to address the constant crises of the vulnerable families. Through my diverse roles I was able to intervene using multiple methods that were designed to maintain a better match between the families' needs, and the circumstances of their physical and social realities.

In considering the intervention, it is important to note that I am a male practitioner and all of the students who participated in the practicum were also male. Gender should not be overlooked as a factor shaping both the nature of the students' presenting problems and the context in which those problems existed. As well gender may have been an important variable in how I was perceived and the roles I performed within the intervention. The experience of being a female practitioner and/or working with female students may be quite different from what occurred in this practicum.

Engagement and Intervention with Vulnerable Families

The school social worker must be extremely patient while understanding the culture of vulnerable families. Through an understanding of this culture, the social worker can remain focused on the larger therapeutic intervention and not become overwhelmed by the families' interactions and value systems. To be effective, the social worker should understand that treatment goals will be ascertained and carried out in an environment that is wrought with family norms of chaos and crisis.

According to Kagan and Schlosberg (1989), assessment and intervention of vulnerable families must begin where the clients are at. It is also important that the school social worker validate and respond to family concerns as they arise. As many vulnerable families have been involved negatively with social service agencies it is extremely important to approach the engagement process with caution.

Vulnerable families have a belief system in which they expect to be blamed. This is because they have a long history of negative involvement with multiple agencies, courts, hospitals, schools and child protective placements. In many situations,

professionals are believed to be uncaring intimidating figures that threaten the stability and integrity of the family (Kagan & Schlosberg, 1989).

As a result of this belief system, the social worker must be forthright in all interactions with the families to gain their trust and respect. One of the most important engagement procedures to demonstrate a willingness to respect the family is the home visit. Through the home visits I had the opportunity to portray myself as a professional who was both caring and open to new settings and ideas. During these home visits and conversations however, it was important to be constantly aware of the different values inherent in language, dress and social interaction. Once the families' trust was obtained, communication proceeded in a relaxed, open and casual manner.

In engagement with the students, it was extremely important to do so from their perspective. During the initial stages of the intervention, the students would test the limits of my authority with them. For example, they would use inappropriate language or smoke in front of me to see what kind of response I would have. I was not initially concerned with their testing as I understood this behaviour to be part of their value system and social norms.

Through an understanding of their street level values, my response was to not overreact. It was more important to gain their trust than it was to provide discipline. I assumed that once the trust and respect were gained, the students would reduce their testing behaviours. This is in fact what happened during the group sessions. As a parameter of the group sessions, the students were allowed to swear and become aggressive if the scenario demanded it. At the beginning of the group sessions, the students enjoyed testing the limits but when they received no disciplinary responses, they

began to interact without the swearing and comments. In fact, during the group session on "in your face and in your space", I wanted the students to swear at me so that I could exhibit an appropriate response, and they would not do it. This change in behaviour may have demonstrated the influence of the newly developed group culture.

The main goal of this particular practicum was the reduction of the students' negative behaviours within the classroom and the larger social environment. By understanding the socio-economic status, and the families' experiences of inadequacy, I realized I had to resolve a number of concrete issues before focusing my energies on the main goal. The following are a few examples of the concrete interventions that were implemented: a) I had to get a taxi ride for Jim Smith to and from school in order to have him attend on a regular basis, b) I had to facilitate Bud Johnson in his attainment of suitable housing, clothing and bus access to the school, and c) I had to spend an enormous amount of time in casual conversation with Pete Penner's mother before proceeding with parent training.

The importance of gaining mutual respect from the students and their families cannot be overemphasized. I honestly do not think I would have been effective if this respect was not gained during the engagement process and maintained throughout the practicum. However, to be an effective professional social worker, it was important to simultaneously maintain my focus on the multi-leveled intervention. It was integral to the success of the intervention that the families trusted me as a friend and helper, while respecting my role as a school social worker.

Building Relationships with Other Agencies, School Staff and Colleagues

The school social worker is in the unique position of being able to facilitate change in a number of environments while working within a large and powerful bureaucratic system. The school social worker is in key position to influence the teaching staff and the multiple agencies that are involved with the students and their families. To be effective in these interactions the school social worker must understand that s/he may be perceived as an external force which may interrupt the homeostasis of a number of other bureaucratic systems.

It is important that the school social worker becomes an integral part of these other systems in order to help attain new homeostasis. The most effective method of doing this is to have the school social worker interact from the framework of mutual information exchange rather than that of expert (Early, 1992).

If the school social worker presents him/herself as a neutral individual with the intention of working from a mutual exchange framework within the school setting, it is important that s/he attain knowledge of the professionals/paraprofessionals with whom s/he will be working. If the school social worker does not fully understand the perspective of the others involved, and does not operate from the perspective of other colleagues, then s/he may unintentionally interrupt the current homeostasis in a negative manner. To collaborate with other colleagues, school social workers should approach them from the same perspective as they would the vulnerable family. The school social worker should approach other colleagues from a non-intrusive, non-threatening, non-directive manner. School social workers must also assess their colleagues' abilities, level of training, coping skills and stress before initiating multiple agency intervention.

According to a publication by the Winnipeg School Division #1 (1994) on working with teacher assistants, there are a number of factors to consider if the school social worker is going to be effective with teaching assistants. The main factor (which subsequently affects the rest of the sub-factors) is the lack of formal training these paraprofessionals obtain prior to employment. As a result of this limited formal training, teaching assistants experience burn-out from the following factors: a) misconceptions about the roles of others, b) poor salaries, c) lack of career advancement, d) lack of recognition, e) isolation, f) undefined role descriptions, and g) stagnation (Winnipeg School Division #1, 1994).

To reduce the stress associated with these factors, I involved the teaching assistants through the process of joint meetings and role definition. Through these meetings the teaching assistants were encouraged to fully participate in the decisions that would affect their day to day operating procedures. They were encouraged to partake in the discussions and inservice days to increase their understanding of the decision making process. Through these inservices I provided valuable training on intervention methods for working with special needs youth.

During the course of the practicum, I had the pleasure of interacting with a number of colleagues, from a number of different agencies. I experienced a number of very positive interactions but also a few confusing and very difficult situations.

The interaction with "non-profit agencies" that were service oriented generally provided the most positive interaction. These agencies were always willing to provide information about their service, and to help with the client intake process.

As was previously described in the practicum process portion, I encountered a major problem with an agency worker that provided services to Frank Brown, and a potentially serious issue with the Child Abuse Registry.

During my intervention with Frank's case, I had extreme difficulty working effectively with an agency worker. From our first conversation it was apparent that this was going to be a very difficult process. The worker was very stressed about the situation and did not allow any outside information to upset her position. I had more difficulty maintaining a positive and constructive dialogue with this particular worker than I did with many of my vulnerable clients. Each and every interaction was hostile and non-productive. This particular worker had formed very rigid boundaries with respect to Frank's therapy and living environment. The caregiver had serious trouble in his interaction with this particular worker, the teacher had trouble with his interaction, and I encountered hostility with my interaction. Further, when I attended a multi-disciplinary meeting, Frank's sexual abuser counsellor indicated that I should attempt to reduce the animosity and stress that was noticed between the proctor placement worker and Don.

While acting as an advocate for Pete and his mother, I unknowingly entered into a precarious and potentially career damaging situation. Some of the problem was due to my naiveté and lack of understanding about the purposes and procedures of the Child Abuse Registry Committee and my lack of knowledge of sexual offending. Some of this problem was also the result of the perspectives of the members of the Child Abuse Registry Committee and the lack of information that was provided by the Child and Family Services worker.

My intention of attending the meeting was to gain information about the evidence the committee had on Pete. I expected to be a relatively silent, yet noticeable presence, during the course of the meeting. What happened was extremely different. I was asked my perspective on Pete's situation, and then was required to ask specific questions about the sexual abuse evidence in particular. After presenting my perspective of the client and his situation, I was instantly overruled. Further, when I asked the questions about the evidence that was available I was reprimanded for not asking it in a "victim oriented manner".

This interaction was frustrating, as the information I provided was overruled and had absolutely no impact on the proceedings of the committee. The importance of this observation cannot be overstated. To be an effective ecologically based school social worker, one must realize that there are many people in the social services field that have different motivations and perspectives. If one is to be effective, s/he must realize that many other colleagues have very different opinions and practices concerning the roles of social workers. Although one professional social worker has a certain goal for, or understanding of, his/her client, there are often many professional and paraprofessional colleagues that have a different understanding. It is important that clear communication of intentions and outcomes be mutually established.

CHAPTER NINE

Critique of Practicum

Evaluation of Professional Learning

I feel that my professional learning goals were met by the following: clinical supervision, extreme co-operation from school staff, support from the Child Guidance Clinic and co-operative agencies, families and students.

Having a very skilled and eclectic clinical supervision team provided me with ongoing insight and clinical information. My primary advisor challenged me in a manner that helped me to develop my skills that were consistent with my own beliefs as a professional social worker. Her continual support and impeccable, professional, therapeutic persona were coupled with theoretical advice and personal example. Through this clinical supervision, I learned a number of methods for assessing and intervening in a truly ecological manner.

Whenever there was a difficult issue, I was provided with just enough information to gain insight and thus formulate my own approaches to intervention. This approach to clinical supervision will long be integrated in my own development as an individual and a therapist. Through my clinical supervision, I learned how to not only be a therapist but how it feels to be a client of a true professional.

The skill to be completely understanding and open to new approaches and perspectives was the most important skill I learned through the practicum process. My clinical supervisor understood where I was coming from and guided me through the process. This guidance facilitated my understanding of the clients and the importance of beginning the intervention process from their perspective and position in life.

I was extremely fortunate to having a teaching staff and school administration that were extremely supportive and open to new direction and the implementation of new techniques for classroom management. Through the calculated modification of the overall classroom behavioural program I was able to use some behavioural modification techniques with a number of students and their families. I was also able to provide the teaching staff with training sessions on the appropriate and effective use of positive, and effective behavioural control techniques. Through the constant modification of the classroom behavioural management program, I was continuously challenged to discover new ways to apply the same program to a number of behavioural issues.

The teaching staff were also very supportive in my unconventional approach to group therapy. They were always willing to provide valuable information for the daily sessions. They also assisted me in motivating a very unmotivated group of students. The teaching staff provided insight and a number of very interesting perspectives throughout these group sessions.

By utilizing the ecological approach, it was necessary to access a number of agencies and workers from those agencies. By employing the ecological approach I was required to provide accurate assessments of families and their needs. Through this process, I developed my ability to communicate my needs and the needs of my clients to a number of agencies within the city. Through this interaction and dialogue with a number of agency workers, I developed a good working knowledge of the agencies that are available within the city. I also learned a number of skills that were necessary to access these services.

Another important skill I developed through my interaction with a number of agencies was the attainment of various professional terminology. I learned how to speak as a professional social worker, with numerous members of the social services community.

Through my contact with CFS I gained knowledge of the power that a large mandated agency can have. I also learned about the importance of cooperation between the legal system, the school system, the social assistance system and the child welfare system. I now understand that these government agencies can be complicated, confusing and sometimes very frustrating.

In assessing my own personal development, I saw many changes in my personal perspectives and some interactions in my own personal life became quite different. Throughout the process I was required to challenge many of my own prejudices and preconceived generalizations about human behaviour. Through my clinical supervision, I learned to have a basic respect for all people because they are human beings and we all have a number of shortcomings. The only difference between "us and them" is that we are all at different stages of development in our humanity. If one is to be truly effective as a social worker, s/he must attain the ability to gain new objective perspectives of life and the human race. I learned that in order to change another person's perspective we must first go through a process of introspection and change ourselves.

Strengths and Shortcomings of the Ecological Approach

I found the flexibility of the ecological approach to be integral in working with vulnerable families. As vulnerable families have multiple problems with a number of

crises and long term issues, the ecological approach allows the practitioner to work on multiple issues as they arise.

As the extensive files on these students consistently documented resistance to change, my method of applying the ecological approach seemed to motivate the students to change some of their behaviour. At the conclusion of the practicum, only one of the most severe cases was deemed in need of ongoing social work intervention. Although many of the measurement tools did not demonstrate a dramatic change in the students' behaviours, the subjective feelings of both the teaching staff and the parents demonstrated that the intervention was effective. Many parents expressed that through social support from a number of interventions in a number of environments, they gained the emotional strength to change many of their long term coping patterns. One of the most noticeable changes was the positive and ongoing communication between parents and the school system.

The flexibility of assessment and intervention was not only the ecological approach's greatest strength, it was also its greatest shortcoming. The ecological approach, although very effective, is extremely time consuming. In order to be effective, the school social worker must first assess a number of environments for each client and then must develop a number of interventions, on a number of levels, to provide comprehensive intervention.

As was demonstrated in the case with Frank, the effectiveness or thoroughness of your assessments and interventions may still fail due to factors that are beyond your control. In order to provide ecologically oriented services to students, they would have to remain within the classroom and under the jurisdiction of the school division. Once the

students leave the school or the jurisdiction of the school services, the social worker is not be able to provide services under the auspices of the Child Guidance Clinic.

The ecological approach could also be interrupted by the loss of the client to another area school social worker. Thus, the major shortcoming using the ecological approach within the school system, especially with vulnerable clients, is the inability to use the approach over a long period with a transient population. I had encountered this problem with almost half of the classroom members. To be effective with vulnerable families, the families must be committed to a long term intervention, or the system needs to be set up to track families. In the duration of my practicum, a number of life circumstances and crises prevented some vulnerable families from benefiting from a long term, school based ecological intervention.

Overall Critique of the Practicum Process

By using the Child Guidance Clinic and the school system as a location for my intervention, I was able to utilize the authority that came with an agency. Through this position with the school board, I was able to fully attain all of my learning objectives. I was provided legitimate access to a number of agencies, and was able to attain their co-operation with my practicum.

I was fortunate enough to be in the company of such an exceptional supervisory complement, which allowed me the guided freedom to ascertain many of my own theories on human development. The teaching staff was also exceptional in the provision of a venue to perform and integrate many of my own theories on behavioural control.

The families that I worked with furthered my belief that there is good in all people. The vulnerable families that I worked with were resilient and kind enough to

participate in such a risky endeavor. The true heroes of this practicum were the families, as they were the ones that provided most of the effort. They solidified my belief that humans can solve almost any problem and can overcome most obstacles if they are provided with the necessary resources and support.

This practicum was a very difficult and time consuming process through which I learned an enormous amount about vulnerable people, a number of other professionals and lastly my own values and prejudices.

Conclusion

In my concluding remarks on the use of the ecological approach, I will sum up the major themes and ideas that most shaped my learning.

The ecological approach is a very difficult approach to employ within the school system. I also believe that it would be a very difficult intervention in any circumstance. The difficulty of utilizing the ecological approach is determined by the number of issues facing a family or target of intervention.

By definition, the vulnerable family experiences continual crises coupled with a number of very difficult underlying issues. Thus, to effectively employ the ecological approach, the social worker must become very skilled in various intervention techniques. It is also important for any social worker to realize his/her clinical skill limitations, and his/her limitations in effecting change at more macro levels. As I have previously mentioned, I was not adequately prepared for intervention in certain areas. In some circumstances, overestimating one's ability could cause irreparable damage to the clients and the overall intervention.

Notwithstanding, I feel that the intense multi-level ecological intervention that was utilized in this practicum had a positive effect on different levels for all that participated. Further, if the ecological/systemic approach is employed successfully, the families that receive this particular intervention will have less stress, will feel more confident, and will be able to change long term patterns of behaviour. The overall result, was a classroom that required ongoing social work intervention for only one student.

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Appendix A
Consent Form

Dear Parent/Guardian,

My name is Ron Morrice and I am working on a Masters degree in social work. I will be doing a practicum in the Isaac Newton classroom throughout the next school year.

During the practicum I will be supervised by two professors from the University of Manitoba as well as a staff member from the Child Guidance Clinic of Winnipeg. I will be working with families where there is a child who has problems associated with Attention Deficit Hyperactivity Disorder. I will be helping children and parents deal with the difficulties associated with Attention Deficit Hyperactivity Disorder.

Throughout the practicum, only my supervisors will have access to the information obtained in order to provide accurate guidance for myself. The final results of the practicum will be presented in a report. This report will be written in such a manner as to ensure client confidentiality.

If you agree to participate, I will ask that you, your child and the teachers fill out some questionnaires throughout the process. The information that is obtained from these questionnaires will also be confidential in nature.

Your participation in this practicum would be greatly appreciated and I feel that we may all learn something in the process.

I _____ agree to have both my child and myself involved in this practicum from the time of September 10/ 1995 to the end of February or beginning of March 1996. I also understand that I can withdraw, without consequences, at any time.

Appendix B

Other Participating Families

Family #1: The Smiths

The Smith family consisted of the identified student Jim, a twelve year old adolescent, his younger brother Tom (three years of age), and his mother. The father of Jim was not currently living in the same household as he had a history of physically abusing the children and the mother. Jim had just been transferred from another elementary L.A.C. class. The reason for referral was learning disabilities and behavioural difficulties attributed to ADHD. Jim also had a history of being strongly affiliated with one of the more prominent youth street gangs.

The mother requested intervention to remove Jim from serious street gang activity and to eliminate his severe temper outbursts. The gang activities were quite serious and threats of drive by shootings from a rival gang were also an issue. The temper outbursts led to Jim hitting both his younger sibling and his mother. His mother was also quite concerned about the father's violence and the possibility of it reoccurring even though he was not living in the same house.

On one occasion, the mother phoned while intoxicated and expressed her extreme fear about the possibility of Jim being shot in gang related activities. It was during this time that she disclosed that the father and her brothers were heavily entrenched in a more organized, violent adult street gang

Jim was not attending school regularly. It was discovered that Jim had to walk through rival gang turf in order to come to school each day and this was why he was not attending. It was then arranged that Jim be driven to and from school in a taxi or by one

of the teachers. This initiative was effective in increasing Jim's school attendance, but was not effective at reducing his time spent in rival gang turf during school hours.

Other intervention with Jim involved addressing the gang issues and safety issues. I also helped Jim deal with issues of anger control and respect. Jim was making some progress in the classroom and his behaviour was improving with regards to his temper both at home and within the classroom.

This progress was quickly halted when one day in Physical Education class he became involved in an altercation with a rival gang member. After the fight, one of his uncles came to the school with bloody knuckles and wearing his gang colours, demanding safety for his nephew. The school could not supply a sufficient plan for Jim and thus he did not return to school. The lack of a safety plan for Jim was further complicated by the lack of a safety plan within the school. In essence the school had not been sufficiently prepared for any gang related activity. The school principle was extremely apprehensive about allowing Jim to return to the school under the current circumstances. These two factors eventually led to Jim being transferred to a school within his own gang turf. The case was then referred to the school social worker for that area.

Family #2: The Sampsons.

The Sampsons consisted of the identified student, Dick, a 14 year old adolescent, and his mother and father. He was referred to the class more for behavioural issues than learning disabilities. Dick had been in this class for the prior year and thus was well known to the teaching staff. Dick spent the majority of the school year in the Manitoba Youth Centre, a youth prison. When he was out of prison, the main concern of his

mother was that he attend school. She however was not personally enforcing this. Dick's probation officer eventually became responsible for getting Dick to class. As Dick only entered the program later in the year and was barely ever in school, I had only minimal contact with him.

Family #3: The Hurtigs

The Hurtigs consisted of the identified student, Sam, a thirteen year old adolescent, and his mother. During my limited contact with Sam there was absolutely no contact with the father. Sam was referred to the L.A.C. classroom mainly for behavioural difficulties. Prior to Sam's admittance to the class he was in the Manitoba Youth Centre. It was apparent from the beginning that Sam's academic skills were above that of the other students in the class. Sam only stayed a short period of time in the class as his behaviour settled enough to be transferred to a higher level L.A.C. class.

Family #4: The Blacks

The Blacks consisted of the identified student, George, a thirteen year old adolescent, and his mother. At the time of referral, George was living in a group home. His mother was in a program offered by Child and Family Services for family reunification. George came to the L.A.C. program at almost the same time as I was finishing my involvement. He presented as an individual who had both learning and behavioural issues. As a direct result of my involvement, George was also diagnosed by a Child Guidance Clinic Psychiatrist as having ADHD. He was then put on stimulant medication which it turn helped to resolve some of the attention span and behavioural problems.

Appendix C
Behaviour Monitoring Chart

DATE:					
TIME:	9:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 1:00	1:00 - 2:30
(name of student)					
RULES					
LANGUAGE					
SEAT					
COOPERATION					
ASSIGNMENTS					
(name of student)					
RULES					
LANGUAGE					
SEAT					
COOPERATION					
ASSIGNMENTS					
(name of student)					
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RULES					
LANGUAGE					
SEAT					
COOPERATION					
ASSIGNMENTS					
(name of student)					
RULES					
LANGUAGE					
SEAT					
COOPERATION					
ASSIGNMENTS					

Appendix E
CLIENT FEEDBACK

Below is a list of questions concerning the services you have received. Could you please answer these questions as honestly as possible as they will help to provide better services in the future. Negative answers to these questions will not affect future services.

Please circle the most appropriate number based on your satisfaction of services!

1) Did the counsellor effectively attend meetings and follow through on time commitments?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

2) Was the counsellor clear in their communications?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

3) Was the counsellor easy to access if necessary?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

4) Did the counsellor demonstrate a "down to earth" approach?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

5) Did the counsellor demonstrate concern about the presenting problems?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

6) Did the counsellor encourage and help you to utilize your own resources to solve problems?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

7) Did the counsellor provide a relaxed atmosphere in which to communicate?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

8) Did the counsellor present information in a manner that stimulated growth and new understanding?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

9) Was the counsellor effective in acting as a bridge between formal agencies and clients?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

10) Did the counsellor demonstrate competence in their understanding of the presenting issues?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

11) Was the counsellor open to new ideas?

1	2	3	<u>4</u>	5	6	7
Always			Sometimes		Never	

Please Answer the Following Questions in the Space Provided

1) What do you feel has changed over the last year as a result of the counsellors involvement?

2) What did you find to be the most helpful in the services you received?

3) What did you find to be the least helpful in the services that were provided?

4) What would you change?

5) What would you have remain the same?

6) Any other comments.

Appendix F
CLIENT FEEDBACK

Please answer the questions with the appropriate answer.

1) My counsellor was helpful.

- 1) Not True 2) Sometimes True 3) Very True

2) My counsellor listened to me when I had a problem.

- 1) Not True 2) Sometimes True 3) Very True

3) My counsellor made learning about things fun and interesting.

- 1) Not True 2) Sometimes True 3) Very True

4) My counsellor talked about stuff that was important to me.

- 1) Not True 2) Sometimes True 3) Very True

5) My counsellor helped me to think about things differently.

- 1) Not True 2) Sometimes True 3) Very True

6) I got along well with my counsellor.

- 1) Not True 2) Sometimes True 3) Very True

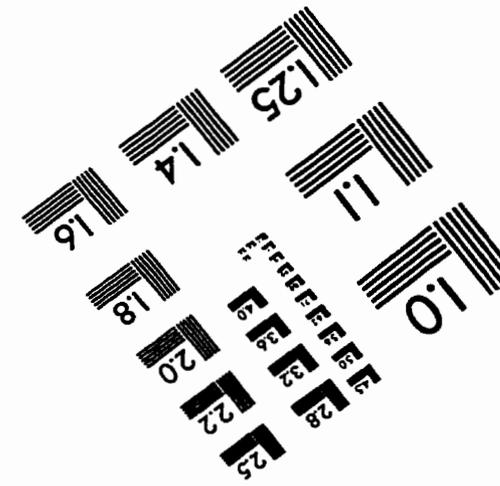
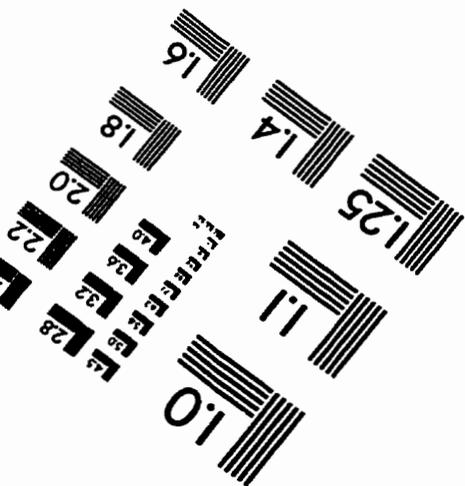
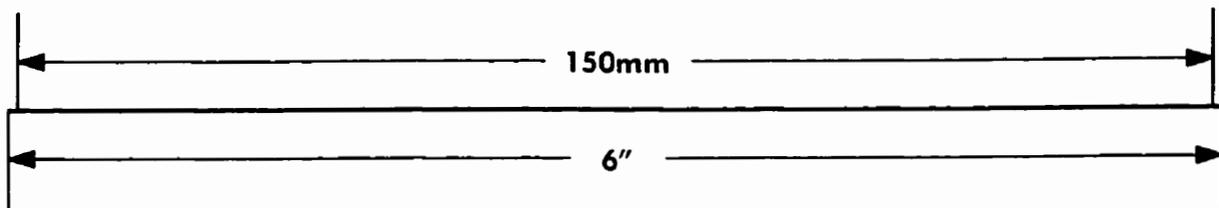
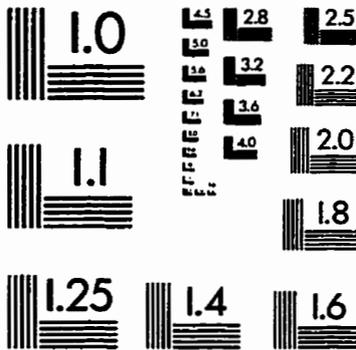
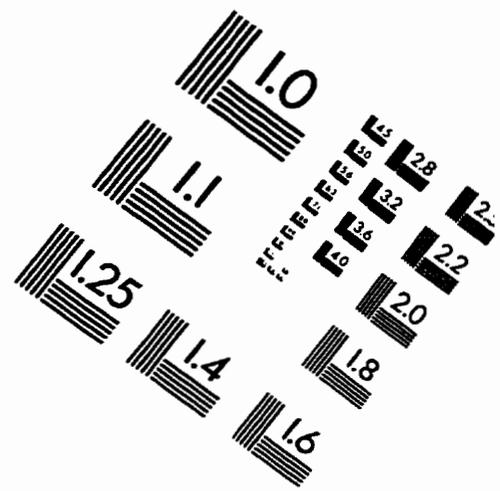
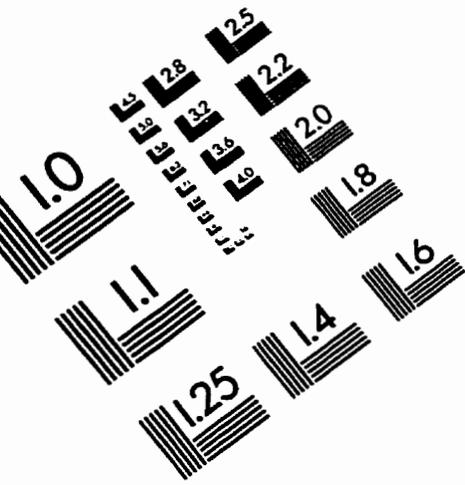
7) My counsellor got along well with my teachers.

- 1) Not True 2) Sometimes True 3) Very True

8) My counsellor got along well with my parents or guardians.

- 1) Not True 2) Sometimes True 3) Very True

IMAGE EVALUATION TEST TARGET (QA-3)



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