

THE UNIVERSITY OF MANITOBA

AN INTERPERSONAL COMMUNICATION SKILLS
TRAINING PROGRAM FOR RESIDENTIAL CHILD CARE WORKERS
USING THE LABORATORY METHOD

by

GARY TENNANT

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CHAPTER 1

INTRODUCTION

This report will review the residential child care literature and describe a specific training program for child care workers employed in residential treatment centres for emotionally disturbed children. Kadushin (1967, p. 517), comments that "there are many institutions serving different kinds of children. Among them are the following: 1) Institutions for the normal, but dependent and neglected child ... ; 2) Institutions for the physically handicapped child; 3) Institutions for the mentally retarded ... child; 4) Institutions for the ... rehabilitation of juvenile delinquents; and 5) Institutions for the emotionally disturbed child, commonly known as residential treatment centres." (Underlining mine.) Reid and Hagan (1951, p. v.) describe residential treatment centres in an early study:

They have one thing in common — the development of a total approach to therapy. Individual psychotherapy with the child and his parents, a therapeutically designed living experience and remedial education are all seen as parts of a whole.

These treatment institutions, though diverse in their philosophy, origin and auspices, all result from attempts to find more successful ways of helping disturbed children. They have been established to provide treatment for the child for whom the child guidance clinics, foster care agencies, family agencies, and corrective institutions have been unable to provide adequate help.

Several authors comment on the considerable need for training programs for child care workers* in Canada and the United States. Kadushin (1967, p. 517) notes that there is a "disparity between the education and status

* In this report, the term "child care worker" refers specifically to residential child care workers who work with emotionally disturbed children.

of the child caring staff and their therapeutic significance to the child". Beker (1972, p. 359) concurs, adding that:

As institutional expectations for child care personnel have broadened from simple custodial care, through benevolent parenting and milieu therapy to the present emphasis on the integration of custodial and rehabilitative tasks, the skills needed by child care workers have become more sophisticated and complex. Standards for personnel have been unable to keep pace, however, since economic and social restraints have prevented the implementation of professional requirements for child care work comparable to those in such fields as teaching, social work and psychiatric nursing. This has led to an increasing disparity between expectations and performance, and only recently have major, widespread efforts been initiated to bridge the gap.

Kadushin (1967, p. 551) observes a trend toward increased professionalization and upgrading of staff but finds that relatively few are reached by such training. Adler (1978, p. 63) also finds that although some programs have been developed in universities, community colleges and within specific agencies, these programs "reach a relatively small number of potential and practicing child care workers". Writers reviewing the Canadian residential care field report similar findings. Hepworth (1975, p. 90), in a review of residential services for children in care, recommends:

As residential treatment work is physically, emotionally and mentally demanding, staff must therefore be mature, well-balanced and well-trained. In light of the almost total absence of training courses for such staff, residential social work should be recognized by provincial governments as an occupation for which basic training courses must be provided.

A. Review of Child Welfare Policies, Programs and Services in Manitoba

(Ryant, 1975, p. 184) reports that:

The only training programs for child care staff are two courses at Red River Community College; any other upgrading must be accomplished through in-service training. As institutions are often under-staffed, little priority is given to this important area in most institutions.

Several writers (Konopka, 1954; Hromodka, 1966; Adler, 1978) have identified the key role child care supervisors could play in the training of the child care worker. Konopka (1954, p. 154) designates supervision and in-service training of child care workers as the responsibility of the social group worker. In response to increased use of paraprofessionals in the social service field and the subsequent need for paraprofessional training programs, Bontje and Longres (1972) developed a social work educator stream as a separate program for Master of Social Work students. They advocate the development of more such "Social Services Educator" programs at the M.S.W. level.

The Child Welfare League of America Standards for Services of Child Welfare Institutions (1964, p. 119) suggests that the supervisor of child care workers "may be a trained and qualified worker in child care or a social worker competent either in group work, casework, or both". However, Hromodka (1966, p. 184) in a survey of treatment centres in the Eastern United States, found that:

The supervisors maintained they themselves needed to learn a great deal more about the child care process before they could provide meaningful guidelines and teaching experience to the child care workers.

Adler (1978, p. 70) concurs, adding that supervisors "need to develop pedagogical skills, in addition to acquiring the necessary knowledge base". These opinions concur with this author's own experience as a child care worker, that a need exists not only for the training of a child care worker but also for the development of pedagogical skills for those who will likely carry the responsibility of training these workers.

As a review of the literature will indicate, the role of the child care worker is a very broad one with extensive training needs. This writer

will concentrate his investigation on one specific area of training, namely the design and implementation of an interpersonal communication skills training program for child care workers using the laboratory method. The writer will report on a practicum conducted with a voluntary group of child care workers at Children's Home of Winnipeg, a residential treatment centre for emotionally disturbed children (February - May, 1976).

The literature review will identify the role of the child care worker in the residential setting and discuss the skills necessary for the execution of that role. Current training programs for child care workers will be reviewed with an emphasis on inservice training. The laboratory method has been extensively used in human relations and interpersonal communication skills training with positive results. This training method will be discussed and relevant studies of training programs for child care workers will be reviewed.

The planning and implementation of an interpersonal communication skills training program for child care workers will be described in some detail. The process used to involve supervisory staff and participants in the selection of program content will be outlined. The training program, structure, and curriculum will be described. Results of Bienvenu's (1972) Interpersonal Communication Inventory (ICI), an instrument which measures change in interpersonal communication skill, will be reported. The training program will be critically discussed. The usefulness of the laboratory method in the training of interpersonal communication skills to child care workers will be evaluated based on the writer's practicum experience.

The writer will reflect on his own learning as an outcome of completing the program and will reflect on implications the program has for training in the fields of child care and social work.

CHAPTER 2

THE REVIEW OF THE LITERATURE

In this chapter, the writer will review the child care literature with regard to the role of the child care worker, tasks performed by that worker and skills necessary to perform those tasks. The literature review will include an identification of types of training available to the child care worker. Available literature on in-service training for child care workers will be reviewed. The theme of interpersonal communication in the child care literature and training will be discussed. The laboratory method will be defined and examined in its application to training in the helping professions.

The Child Care Worker: A Definition and Examination of the Role

According to Maier (1971, p. 38) the child care worker may be defined as:

The person responsible for the daily care and nurturing living experiences of a specified group living unit of children and youth in a child-caring institution.

Maier comments that the child care worker is known by a number of titles including "the group living counsellor", "residential treatment worker" and "cottage or house parent". In addition to titles listed by Maier, the literature provides others: "teacher-counsellor" (Hobbs, 1966), "milieu worker" (Barnes and Kelman, 1974), "primary therapist" (Diggles, 1970), "educateur specialize" (Linton, 1971), etc. Maier (1971, p. 39) elaborates on the definition by describing the following four dimensions of child care work:

1. Nurturing care and management of children's recurring everyday requirements.

2. Therapeutic care and extraordinary management of specific requirements of children in a socially engineered living situation.
3. Leadership and management of the living group.
4. Partnership in the implementation of the total organizational program.

Birnbach (1973) observes that traditionally the mind of the child was the responsibility of clinical personnel while the body of the child was the responsibility of the child care worker. Diggles (1970) notes that the role of the child care worker in the United States has changed over the past several decades from a custodial role to that of a "primary therapist". Toigo (1975, p. 6) found that the child care literature indicates a gradual recognition by the residential child care community of "the meanings that can be attached to the "other 23 hours" by the boy, or girl in care," those hours actually spent in the living situation of the residential treatment centre and not in psychotherapy, one-to-one counselling or play therapy with the appropriate professional. Maluccio and Marlow (1972, p. 231) in a review of the literature indicate that:

The pioneering work of Bettelheim at the Orthogenic School at the University of Chicago and Redl at Pioneer House in Detroit contributed immeasurably to the development of residential treatment, particularly through emphasis on the role of group living and the child care worker.

This change in the role of the child care worker from custodial worker to "primary therapist" has been closely tied to the change in role of the child care institution itself from orphanage to residential treatment centre (Maluccio and Marlow, 1972). As the American Association for Children's Residential Centres (A.A.C.R.C.) (1972) indicates, however, the role of the child care worker can vary tremendously from institution to institution from custodial care to major therapist. The A.A.C.R.C. also finds that practice is often determined by expediency and tradition. Current work by

Barnes and Kelman (1976) advocates professionalization of the child care worker role in the model of the European "Educateur Specialise", a specialist in shaping and working within the day to day living situation, or therapeutic milieu.

Linton (1971) comments that Europe had a significantly different experience with residential care and the child care worker. The Second World War dislocated and traumatized large numbers of children in several European countries. New child care services had to be developed to serve large numbers of seriously disturbed children.

The consequence of this condition was the development of new child care approaches, methods, materials, and activities and, after the war, new professional-training programs utilizing the effective insights and techniques of these war-developed innovations. The result was the "educateur", a specialized child care worker. (Linton, 1971, p. 158).

Several writers (Linton, 1971; Wagner and Wagner, 1976) have commented that although the child care worker role has low status in North America, in Europe it is a high status role. Wagner and Wagner (1976) add that it is also a well established role. Training of professional child care workers in Denmark began in 1885.

Beker (1975, p. 245) comments that for some North American professionals in the field the term "child care work" "no longer suggests sufficient breadth, that its benign origins cause it to retain nonprofessional connotations, and that it does not reflect the dynamic initiatives demanded of the professional practitioner." He suggests that the proliferation of titles: "have emerged as descriptions of a particular approach developed from a conceptual or practical base ... to address ... questions of uniqueness and dynamic initiatives required by the milieu worker no matter what his discipline is called." (Beker, 1975, p. 245). The A.A.C.R.C. (1972,

p. 106) concludes that: "One of the difficulties of defining the child care job is precisely the fact that it has no tradition as a career and no outstanding practitioner to give it that aura or serve as a role model."

Maier (1963) advocated that child care be the fourth method of social work using the perspective current at that time — casework, groupwork and community development. The rationale provided was a comparison of Boehm's definition of the function of social work with Maier's conceptualization of the function of child care.

Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction of man and his environment. These activities can be grouped into three functions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunctioning. (Maier, 1963, p. 62)

Maier advocated the application of this definition to child care, commenting:

Child care work, because of its special emphasis upon provision of care and corrective living experiences for the rehabilitation of social dysfunctioning, is therefore, to be conceived, structured and practiced as a function of social work. (Maier, 1963, p. 62)

More recent attempts to place child care within a professional discipline (Beker, 1977; Maier, 1978) have discussed the emergence of a human services profession and have suggested that "the child care worker is a human services professional with a generic approach to children's services". (Beker, 1977, p. 87)

Beker (1975) indicates, however, that there is a debate in the literature over which comes first; 1) the conceptualization of the role of the child care professional or 2) the conceptualization of more effective programs for children "as a framework within which more effective roles for child care can be developed". Barnes and Kelman (Beker, 1975, p. 430) advocate the develop-

ment of the "role of the child care milieu professional, around which they would build residential group care and treatment programs". Whittaker (Beker, 1975, p. 430) suggests instead that program developers and agencies are central to the provision of more effective program models as a first step in the process toward more effective child care. Beker suggests that essentially both conceptualization tasks need to happen simultaneously. Beker (1975, p. 431) cautions, however, that the "critical question is, how can needed change, both within and beyond the child care field, be stimulated to move more quickly in a field that has proved so inflexible and resistant to change".

Essentially the literature presents the profile of a discipline struggling to conceptualize and establish a professional identity while concurrently examining its service delivery systems. In addition, the emerging discipline has found that change occurs very slowly in the field of child care.

Tasks and Skills of the Child Care Worker

Mayer (1965, p. 259) identifies one of the difficulties in training the child care worker is the "absence of a science of social living" (Italics Mayer's).

The modern institution has three major functions: social living, special education and training, and psychotherapy. In the fields of psychotherapy and education there has developed over the past decades a body of scientific information. It is taught through the official channels of academic structure, even though there are philosophical differences among various schools of thought within these professions. As far as social living is concerned, no such standardized body of knowledge has been developed. The child care worker is the instructor in the art of social living.

George Weber (1972, p. ix) recognizes a similar need:

Among the many things that are needed in the residential care and treatment of children is a technology of practice for child care workers. At a future stage in the development of such a technology, a child care worker might have a systematic repertoire of care and treatment techniques with which to help individuals and groups of children with behavioral problems. Were such a technology to become highly developed, not only would the child care worker's techniques be detailed but specific cues would indicate which techniques ought to be applied to which problems.

With such a technology of child care practice spelling out and integrating a variety of techniques, problems, and cues, one might even look forward to predictable outcomes from the actions of child care workers. However, until such a technology is developed, sophisticated curriculum materials used by sensitive instructors and supervisors can help child care workers move toward the most advanced level of practice of which they are capable.

William Schwartz (1971, p. 49-50) sets out criteria for a statement of the child care function:

1. ...The statement should identify a well-marked set of tasks that can be seen alongside those... (of other professionals in residential care).

2. ...the statement of function must emphasize what the child care worker is supposed to do, not what he should know, or be, or feel.
3. ...this action requirement — this demand to describe the doing — is not satisfied by the usual role designations that pass for operational description. To call a child care worker "patient", or a "nurturer", or an "ego-ideal", or an "enabler" is to beg the question of skill and settle for intent.
4. ...the worker's movements must be clearly related to those of his children; his work takes its meaning from theirs and his tasks can be understood only in interaction with theirs.
5. ...the statement must put its emphasis on process, rather than goals.
6. ..."instrumental" and "expressive" tasks must be treated as one.
7. ...the child care worker is responsible for "two clients" — the individual child and the group.

Hromodka (1966, p. 183) reports on an inquiry into the role and function of the child care worker conducted in the Eastern United States. He finds that:

management of and intervention in the group living process were characterized by a unique systematized method, which could be identified as the child-care method. This involved psychosocial, enabling, educative, and authoritative behavior ...

Hromodka (1966, p. 183) further indicates that each behavior involved a separate set of tasks: a) "Psychosocial" behavior - providing the warmth of companionship by physical presence, words and other demonstrations of "caring" to facilitate social and emotional comfort and growth; b) "Enabling" behavior - providing leadership in the group's activities and manipulating the environment to maintain group balance or achieve a goal; c) "Educative" behavior - instructing, guiding, demonstrating and counselling to facilitate learning; and d) "Authoritative" behavior - enforcing discipline and responsibility through physical presence and through controlling intervention, verbal or other.

In a description of the child care worker's role, Mayer (1958) considers the following themes: the child as an individual; the child in a group; the meaning of food; daily routine; recreation and play; discipline; parents; and team work. Trieschman, Whittaker and Brendtro (1969) discuss in some detail themes significant to the role of the child care worker including: understanding the nature of the therapeutic milieu; establishing relationship beachheads; program activities; managing wake-up, meal-time and bedtime behavior; understanding the stages of a typical temper tantrum; observing and recording children's behavior; and avoiding some roadblocks to therapeutic management. Diggles (1970, p. 511) states child care tasks as follows:

By managing relationships and experiences, the counselor uses the social system of the living unit to provide opportunities for resolution of conflicts, problem solving, and goal achievement and thus for the development of ego adequacy and identity.

For Diggles (1970, p. 510), these tasks are accomplished by "using what one can in the daily events of living; developing sensitivities to the environment; utilizing a vast range of therapeutic approaches". Foster et. al. (1972) suggest that the child care worker must understand normal child development as a prerequisite to understanding the behavior of the disturbed child. Other issues discussed by Foster et. al. include individualization, discipline, institutional policies, staff communication and developmental activity programming.

Schwartz (1971, p. 54-62) outlines six skills which are central to the role of the child care worker: (1) the ability "to talk with a purpose", (2) the ability to feel or empathize with the child's emotional struggle, (3) the ability to "avoid the battle of wills", (4) the ability "to reach past consensus" to ensure that real feelings are expressed so that the child

or group of children are not plagued by them later, (5) the ability to effectively demand and engage the child in "work" (ie. emotional-social growth) and (6) "the ability to integrate both feeling and task in a single moment." (Underlining Schwartz)

Birnback (1973) identifies several dualities in the responsibilities of the child care worker: (1) system maintenance of the organization versus individual therapy for the child; and (2) authority versus intimacy. He indicates that instrumental and expressive tasks cannot be separated because they are part of the same role. Maier (1971) also notes that every child care task has an instrumental and expressive component. Birnback (1973, p. 96) lists a number of skills a child care worker needs to master:

the ability to hear a call for help, to read clues, ...
to empathize, to set expectations, ... to clarify the
purpose of talk, ... to reach for obstacles that are
impeding work, to talk with directness, group skills ...

He also comments on the need for the child care worker to be able to respond quickly and effectively to situations as they occur.

Adler (1976) outlines specific tasks which the child care worker performs. These include: routines such as wake up, mealtime; money management; play and recreation; support in education; discipline and punishment; work with severe behavior problems; counselling; health care; medication; recording observations. Adler emphasizes the theme of relationships in the context of the residential setting. He discusses the child's separation from natural family; the child's relationships with individual children and the group; the child care worker's relationships with individual children and the group; the child care worker's relationship with parents of children in care; and the child care worker's relationships with staff of other professional disciplines.

Barnes and Kelman (1974) conclude that the role of the "milieu worker" includes four major responsibilities; individual work with children, group work, curriculum and integration. The term "curriculum" is used to describe a "curriculum of living" which is developed by the "milieu worker" in two ways: (1) by capitalizing on what happens in the setting - making use of present behavior and (2) by designing the environment, purposefully planning specific activities or events to achieve desired goals. The term "integration" is used by Barnes and Kelman to describe the various tasks of a case manager.

A "Report of the Standards Committee of the State of Washington Conference of Child Caring Institutions" (Foster, 1973) developed a set of standards for child care workers. The following skills were identified: counselling, team work, meeting developmental needs, disciplinary skills, individualization skills, group skills, an awareness of verbal and non verbal interactions, program activity skills, preparation of case summaries, effective use of routines, etc.

The Child Welfare League of America (1964, p. 61-66) Standards for Services of Child Welfare Institutions include a set of standards for child care work in the institution. The Standards stipulate the following responsibilities of the child care worker:

- 4.1 "As a team member" in planning for children
- 4.2 "Child-rearing responsibilities" - including parenting tasks, meeting developmental needs, physical care, development of habits, etc.
- 4.3 "Responsibility for discipline"
- 4.4 "Role in treatment of child's problems"
- 4.5 "Individualization of child in group"
- 4.6 "Providing group living experiences"
- 4.7 "Participation in recreational activities"
- 4.8 "Observation of children" and recording
- 4.9 "Housekeeping" in terms of supervision and assignment of chores
- 4.10 "Relationship to child's parents".

In summary, a review of the literature on the tasks and skills of the child care worker suggests a need for a science of social living or a technology of practice for child care workers. A statement of the child care function should meet seven criteria: (1) an identification of specific tasks differentiated from those of other disciplines involved in residential care; (2) an emphasis on what the child care worker does; (3) a description of skill rather than intent; (4) a statement of child care worker tasks which respond to the needs of the child; (5) an emphasis on process rather than on goals; (6) a union of instrumental and expressive tasks; and (7) a recognition of responsibility to two clients - the child and the group. The child care worker role has been viewed as a unique systematized method. Four behaviors are involved in this method: psychosocial, enabling, educative and authoritative. The method involves both instrumental and expressive tasks, a duality which increases the difficulty of role performance.

Child care worker tasks and skills reviewed in the literature may be summarized as: counselling; milieu and group work; discipline and limit - setting; responsibility for and supervision of daily routines; programming for recreation and play; observation and recording; contact and negotiation with various systems (family, internal agency systems, other agencies, etc.); and organizational skill. An ability to integrate instrumental and expressive elements of a task is necessary. Timing of interventions is suggested as a critical element to the child care worker role. Essentially responsibilities may be grouped into four categories: individual work with children, group work, curriculum and integration.

Training For Child Care Workers

As it stands now, to be a houseparent is to be on a dead-end road. Where can they go from here? ... The chances for promotion, for further development in the child care field, are extremely limited. The possibilities of receiving credit for experience as house-parents in the field of child care are practically nonexistent. If we could develop a training program for houseparents which would be conducted in connection with schools of social work or education, if we could recruit young people endowed with enthusiasm and the capacity to be group leaders, we would certainly be a step nearer to the goal of establishing a better group living staff ... We want them to be group leaders in a group living situation. We are sure that if we give them the opportunity to train for the job, professional supervision, recognition as an integral part of the institutional team, an in-service training program, and adequate financial remuneration, these group leaders will acquire a place for themselves, an ever more important one in our total child care field.

(Mayer, 1951, p. 115-116)

An early publication by the Child Welfare League of America (1960) reviewed current child care training programs in the United States. The C.W.L.A. found that few child care workers were being reached by the available programs. All of the programs reviewed were offered under the auspices of a university and/or state funding body; none were agency or institution sponsored. None of the programs reviewed offered university credit although several did grant certificates to graduates. All programs reviewed required that participants be currently working for a child care institution, several required a B.A. degree. Course duration ranged from five days to two years of part-time attendance. Content covered a broad range of topics including child development, child care routines, separation, discipline, role of the child care worker, group management, etc. Instructional methods included lecture, seminar, use of critical incidents, structured topic approach, etc.

A task force to examine "the role of the child care worker in residential treatment" was commissioned by the American Association for Children's Residential Centres (A.A.C.R.C., 1972) as part of a study of residential treatment for emotionally disturbed children. The A.A.C.R.C. reports that recruitment, training and professionalization are major issues in child care and views these issues as interrelated. In the area of training the A.A.C.R.C. (1972, p. 101) comments that "our tasks are 1) to upgrade the level of present personnel; 2) to develop a profession of child care based on formal training; and 3) to develop career lines directed at attaining full professional status". The A.A.C.R.C. advocates training at four levels: a two year associate degree, an additional two year Bachelor degree, a Master's degree, and in-service training.

Obbard and Pavia (1975) report on a survey of the child development or child care training programs of forty-three institutes of higher education. They identify five levels of training; certificate, associate degree, bachelor's degree, master's degree, and doctoral degree. Curricular goals of programs surveyed were categorized as follows: 1) basic developmental growth; 2) interpersonal relationships; 3) remedial and therapeutic care; 4) sensitivity and group dynamics; 5) programming and instructional skill; 6) supervision, administration and teaching; and 7) field work.

VanderVen (1976) provides a "Compendium of Training Programs in the Child Care Professions in the United States and Canada". Most of the programs listed are two and four year university programs, although some programs are offered by child care agencies or associations, in collaboration with degree or credit-granting institutions. Two Canadian programs are listed, Ecole de Psycho-Education of the University of Montreal and Child Care Programme, University of Victoria.

Several university level programs have been described in the literature. Chambers and Foster (1966) describe two child care worker training programs sponsored by the Department of Psychiatry, University of Pittsburg. Both are two year programs; one leading to a master's degree, the other leading to a certificate in child care. The master's degree curriculum is based on four principles: (1) Study of the normal child to precede that of the pathological child; (2) Study of younger children to precede that of older children; (3) Practical and theoretical aspects to a given subject to be taught concurrently; and (4) Emotional and intellectual, biological and sociological aspects of child development to receive concurrent and balanced consideration. (Chambers and Foster, 1966, p. 185) Emphasis is placed on observation, interpersonal relationship and communication, group dynamics, and activity planning. The certificate program examines the same areas from a less theoretical perspective. The Institute for Child Mental Health (Cohen, 1973) has developed a two year training program for child care workers as part of a B.A. program. The curriculum contains: basic skills of caring, guiding growth and rehabilitation; tasks and functions of the child care worker; organizational behavior; design of the therapeutic milieu; group dynamics; planning for recreational needs; use of self in child care; and use of authority.

Linton (1971) proposes a curriculum which would include: group process; diagnosis and remediation of learning difficulties; behavior modification; programmed instruction; precision teaching; project method; program planning; curriculum and teaching for basic educational skills; and program activity skills.

Hromodka (1964) studied approaches to training child care personnel in a number of European countries. He finds that child care training programs

are designing a new profession which draws from nursing, social work, teaching and psychiatry but is evolving as a separate discipline. Hromodka summarizes the goals of training with the following statements:

1. The central theme should be the development of the enroller's personality. ...
2. There should be a constant connection between theoretical knowledge and its practical application
3. The curriculum should include the following courses:
 (a) those which give knowledge about people, their environment, culture - psychology, social psychology, sociology, antropology, ethics, medicine, and hygiene;
 (b) those which instruct in useful methods - pedagogy ..., case work and group work, nursing, ... observation, diagnostic evaluation and treatment planning, reporting and recording; (c) those which relate to running an institution - social services, administration, ... and (d) those which develop appreciation of creative vocational and leisure-time activities for children. ...
4. Thorough training in psychology is needed, especially depth psychology. This training should have two aims: to enable the child care worker to look at himself and to study the conditions of others. (Underlining Hromodka) (Hromodka, 1964, p. 301)

Two writers, Mayer, (1965) and Swift, (1974), have suggested that educational programs be predicated on an examination of the learning needs of particular child care workers. Mayer (1965) comments that child care workers may be grouped into five different categories based on their background and experience. These categories are: (1) cottage parents; (2) people in search of a calling; (3) the professional child care worker; (4) people between jobs and (5) the professional social worker as a child care worker. Mayer maintains that each category requires a somewhat varied approach to training. He advocates differential training methods which would consist of a combination of three methods: individual supervision; intra-agency courses; and inter-agency courses offered by a university, government or social agency. Mayer advocates the development of a national training program with super-

visors certified through a national body such as the Child Welfare League of America. Workers would receive two years of academic and practicum training and would receive certification as a "Professional Child Care Worker". Swift (1974, p. 253) advocates "competency-based training" which would "develop a credential based on demonstrated competency rather than course credits". Swift (p. 253) proposes a "Spiral Curriculum" "in which the concepts to be learned are visited and revisited, in an increasingly complex and differentiated fashion as a student progresses up the academic ladder". Swift (p. 252) contends that child care students "must ... learn to respond affectively as well as cognitively; they need to have the skill to turn understanding into appropriate action".

In-Service Training

Despite the development of training programs for child care workers in universities and community colleges, most child care workers are not reached by this training (Kadushin, 1967; Hepworth, 1975; Ryant, 1975; Adler, 1978). In 1976, the U.S. Office of Child Development contracted Group Child Care Consultant Services, School of Social Work, University of North Carolina to "develop a set of basic course materials that can be used as a foundation for pre-service and in-service training of child care workers". (Bula, 1976, p. 63.) The Office of Child Development recognized that "there is no established national curriculum for systematic comprehensive pre-service or in-service training of child care staff, supervisors, or institutional administrators". (Bula, 1976, p. 63.)

Cohn (1972, p. 27) defines in-service training as:

an educational intervention in the existing pattern of operations in a social work agency. The purpose of this intervention is to increase agency output through the improvement of the trainees' professional competence.

The American Association for Children's Residential Centres (A.A.C.R.C., 1972, p. 109) recommends that in-service training promote an "understanding of the individual and the group and the interaction within the professional and administrative team".

In their survey of in-service training for child care workers, the A.A.C.R.C. found that any existing on-the-job training generally consists of individual and group supervision. Some institutions have provided in-service programs of various types including: instruction of child care workers by institutional staff professionals; use of outside experts, funding for child care worker attendance at workshops; some use of "sensitivity training, T-groups and leaderless groups as in-service training devices" (A.A.C.R.C., 1972, p. 108). The A.A.C.R.C. reports "serious shortcomings" with both the supervisory process and in-service training. These "shortcomings" include: the "supervisor's basic orientation in a professional discipline that has never involved direct child care practice"; supervisor's "different focus with respect to immediate solutions in crisis situations"; a lack of depth and continuity to in-service training; and a high rate of child care worker turnover which prevents the completion of training. (A.A.C.R.C., 1972, p. 110.)

The Child Welfare League of America (1964) Standards for Services of Child Welfare Institutions prescribe in-service training for child care workers to be provided by social workers, psychiatrists and psychologists. Training may include:

normal and deviant child behavior and development;
child care at various developmental levels; family
relationships; variations in child-rearing patterns;
types of emotional disturbances; effects of separation
and deprivation; discipline; group processes and their
impact on individual children; use of material, books
and records. (C.W.L.A., 1964, p. 119.)

Whittaker outlines several methods of child care worker in-service training: on-the-job training by senior child care workers, life-space supervision by professionals, individual supervision and group supervision. Whittaker contends that the reevaluation of the role of the child care worker is a prerequisite to the provision of adequate training. He further maintains that administrators and related professionals need to reexamine their conception of training. Several authors (Bontje and Longras, 1972; Adler, 1978) have commented on the need for administrators to develop pedagogical skill.

Wasserman and Gitlin (1963) describe a training program for child care workers from ten institutions. They view education as a process which "aims to integrate the emotions and the intellect for social use". The basic goal of the training programs is to: "reinforce the inherent strengths and capacities of the child care workers by introducing systematized knowledge." (Wasserman and Gitlin, 1963, p. 396.) Two hour classes were held on a weekly basis for a period of two semesters. Weekly sessions were preferred to a concentrated period of classroom time in order to encourage application of learning. Course content covered: "(1) human growth and development; (2) programming and skills, with emphasis on the cottage as a group; and (3) the institutional structure and community". The instructional method consisted of lecture and discussion. A co-ordinator position was used to interpret the training to the agencies of participants involved in order to integrate work experience and academic learning. In a follow-up examination of the training program Wasserman and Gitlin (1965) isolated four areas basic to their training program: self awareness, use of self, relationship and separation. The authors found that content was only meaningful when it was personalized by participants. Participants began to make conscious use of

themselves in interaction with children. It was found that such conscious use of self could result in changes in worker behavior which could place them in conflict with the expectations of their institution.

Cohn (1972) developed a multi-dimensional model for in-service training based on the perception that, in order to be successful, in-service training must be accepted by the administration. The model initially involves administration in a series of workshops relevant to administrative duties, followed by an examination of staff development needs. Training is then based on this examination. Cohn stresses the need for "growing space" for trainees to practice new skills on-the-job. She contends that unless "growing space" is available the effects of training are negligible.

The preceding review of the literature on training for child care workers indicates that the need for training has been recognized for some time but that most child care workers are not reached by existing training. Six levels of training have been identified: in-service, certificate, associate degree, bachelor's degree, master's degree and doctoral degree. The need for in-service training has been widely recognized. Difficulties supervisors have in the provision of appropriate training are identified as: a lack of experience in direct child care practice; a lack of pedagogical skill; and a need to reexamine the child care worker role. The need to involve administration in in-service planning was noted. Seven basic areas of curriculum content were identified: (1) child development; (2) interpersonal relationships; (3) remedial and therapeutic care; (4) sensitivity and group dynamics; (5) programming and instructional skill; (6) supervision, administration and teaching; and (7) field work.

Interpersonal Communication Skills

Solomon, et al. (1970, p. 28) indicate that the study of interpersonal communication group social work has origins in a variety of areas including counselling groups, and, more importantly, in the laboratory training group. Schindler-Rainman and Lippit (1975, p. 213) state that the development of awareness and the development of skills are "complementary core areas of laboratory training". They comment that "Lewin defined the "motoric functions" of the person ... as composed of two aspects: (1) the output or behavioral functions of doing, of action; and (2) the input reception functions of perceiving-seeing, hearing, sensing." (1975, p. 213). Schindler-Rainman and Lippit assert that skill can be achieved in both "behavioral functions" and "reception functions". Awareness learning includes an awareness of: self; one's own physiological and psychological functionings; the relationship between self and others; self and the larger environment (eg. home, community, etc.). Schindler-Rainman and Lippit (1975, p. 217) comment that "Increased awareness enables the learner to improve his perceptiveness and his verbal and non-verbal communications, and enriches his comprehension of the resources of self and understanding the resources of others. Skill development may be task centered or process centered. Examples of task centered skill development are goal setting, problem-solving, etc. Examples of process centered skill development are communicating feelings, diagnostic sensitivity, helping others express feelings, etc. Shell (1973, p. 6) has defined interpersonal communication skills as "those skills and techniques for communicating with others which may be learned and which may contribute to more effective interpersonal relationships."

A review of the literature prior to 1976 reveals little information on actual in-service training programs in interpersonal communication skills

for child care workers.* However the literature is suggestive. As previously noted, Chambers and Foster (1966) view interpersonal relationship and communication, and group dynamics as important areas of learning. The Institute for Child Mental Health (Cohen, 1972) has developed curriculum which includes the areas of group dynamics and the use of self in child care. The A.A.C.R.C. (1972) comments on the previous use of sensitivity training, T-groups and leaderless groups in child care in-service training but does not provide source information. The A.A.C.R.C. advocates training child care workers in a wide range of skills including group work skills and group process, communication and, at the graduate level, study in human relations.

Obbard and Pavia (1975) found that several programs offered sensitivity training and/or group dynamics courses. The goals of these courses were: (a) an awareness of self and others; (b) an increased perception of those conditions that permit and promote optimum development of a group within a group; and (c) an integration of those tools that foster those conditions.

Foster and VanderVen (1972, p. 8) believe a child care worker must develop "some awareness of the way in which his own feelings affect his behavior and in which he in turn affects the children". Hromodka (1964, p. 302) advocates training in psychology which would enable the child care worker to "look at himself and to study the conditions of others". Grosspard (1960, p. 28) comments on the need for the development of self awareness:

The cottage parent, using self as one of his most effective tools, must develop a degree of self-awareness, for no tool can be employed properly without a recognition of its attributes and dimen-

* Since 1976, several in-service training programs for child care workers in the area of interpersonal communication skills have been reported in the literature. See Hambling and Mossing, (1978); and Christiani, (1978).

sions. Self-awareness in this context is meant as a two-fold process — an understanding of one's self and an apperception of how one is viewed by others.

Grosspard (1960, p. 28) identifies the child as the reason for the need for development of self-awareness.

The disturbed youngster, anticipating danger from outside, often in self-defense develops great sensitivity to the outside world. He is uncanny in sensing the fine nuances of motivation of people. He detects the gap between the felt and spoken, of the expressed ideals and the actual meaning behind them.

Bettleheim and Wright (1955) comment on the personal growth of residential staff through their work with disturbed children. They observe that "psychological mechanisms operate in staff member and child" (p. 311). Several instances are described where residential workers encounter situations in their work with a child which cause the workers to examine their own life experience. Bettelheim and Wright indicate that part of the role of supervision and training is to aid the residential worker in this examination. Beker (1972, p. 11) also comments on the personal growth aspect of child care worker learning and training.

Effective child care work has an intangible quality that is difficult to communicate adequately in words. The best we can hope to do on a purely verbal level is to teach about child care; but merely knowing the facts does not make an individual an effective practitioner — just as one can "know" verbally all the facts about swimming without being able to swim a stroke. At least in part this is because effective child care practice involves subtle, nonverbal behavior and communication. Basic elements include comfort with oneself and an awareness and acceptance of one's feelings and the impact of the youngster's behavior on them. Becoming an effective child care worker is therefore a process of personal development.

Keith-Lucas (1974) examines problems that adults have in communicating with the emotionally disturbed child. Like Grosspard, Keith-Lucas (1974, p. 193) identifies the child's life experience as part of the difficulty:

many of the children ... with whom we want to communicate most are already suspicious of adults, partly (but not wholly) because adults' attempts to communicate with them in the past have been clumsy and unproductive.

Communication problems between adult and child which Keith-Lucas examines include: (1) the disparity in size; (2) difference in modes of communication ie. the adult uses verbal means, the child uses pre verbal means and body language; (3) society's rules for adult to child communication; (4) the inability of adults to permit expression of the emotions of anger or grief; and (5) a need on the part of adults to express an image of themselves rather than their actual selves.

Brendtro (Trieschman, 1969, p. 51-97) examines communication and the role of the child care worker. He discusses relationships, interpersonal barriers to communication, verbal and nonverbal communication and techniques child care workers might use to increase their effectiveness in communicating with the troubled child.

The Laboratory Method

Papell (1972, p. 46) comments on the genesis of the laboratory method from the "early roots" of Lewin's action research.

The early goal was to bring about a higher level of democratic functioning in human organizations ... The laboratory for this experimentation and study was a designed experience, "a cultural island", limited by time, space and structure wherein training and research for this purpose could take place.*

Bradford, Gibb and Benne (1964, p. 16) comment that the "laboratory is based on the assumption that understandings and skills of participation can be

* See also K.O. Benne, "The History of the T-Group in the Laboratory" in T-Group Theory and the Laboratory Method, Leland P. Bradford, J.R. Gibb and K.L. Benne, (New York: John Wiley and Sons 1964).

learned validly only through processes of participation in which the learner is involved". Bradford, Gibb and Benne (1964, p. 3) define the training laboratory as:

a community dedicated to the stimulation and support of experimental learning and change. New patterns of behavior are invented and tested in a climate supporting change and protected for the time from the full practical consequences of innovative action in ongoing associations. And help is provided in planning change efforts in associational life outside the laboratory.

Gibb (1975) provides a review of current research on the laboratory method. He identifies one hundred and twenty-seven studies which compare control groups with training groups. One hundred and two studies found significant positive differences in favour of training groups on a variety of measures. Twenty-one studies found no difference and three studies found significant negative differences between training groups and control groups. Dependent variables studied included: self-acceptance, internal control, risk taking, problem solving skills, etc. Negative changes identified included: increased defensiveness, reaction to authority, etc. Studies suggest these negative outcomes are a result of inappropriate training, trainer style or inappropriate groupings.

Gibb (1971, p. 852) provides a classification of laboratory training in which he isolates nine types one of which is the "inquiry group". The inquiry group is defined as:

relatively structured, with focus upon the opportunity to practice interpersonal skills, integrate presentations of personality theory into the total experience, and make use of a number of training designs such as simulation, role playing, data collection, structured practice sessions and demonstrations. (1971, p. 852.)

Shell (1973) used the "inquiry group" model to train social work students in interpersonal communication skills. In a study of the effects

of training Shell found that the students demonstrated "an increased level of self-actualization and increased skill in interpersonal communication skills" as measured by the Interpersonal Communication Inventory (Bienvenu, 1972) and the Personality Orientation Inventory (Shostrom, 1966). Shell (1973, p. 51) concludes that:

Enhancement of interpersonal skills for professionals, paraprofessionals and volunteers whose work requires more effective human relations is highly desirable and training programs similar to the I.P.C.S. laboratory should be made available to these groups.

Papell (1972) discusses her use of laboratory training in a social work faculty. She advocates the use of the method with cautions which include the need for skilled leadership, voluntary membership, and a recognition that the method is not a panacea for all social problems.

Prior to 1976, there is no report of laboratory training for child care workers. In a related area, however, Shapiro and Ross (1971) report on the use of laboratory training for paraprofessional staff in a correctional institution for adolescent offenders. The group leader focussed the attention of the group on feelings and here-and-now issues but did not otherwise direct the content of conversation. Research methods included the use of a pre test, post test, and one year post test; a control group; an external measure of change, and a standardized measure, the Shapiro Adjective Checklist (1967). Shapiro and Ross conclude that laboratory training techniques "have value in correctional institutions" and provide "members an opportunity to experience greater empathy, congruence, flexibility, and openness — all factors highly related to "therapeutic" behavior in communication" (1967, p. 721).

Laboratory training is planned change (Benne, 1975). Bennis (1964, p. 693) comments that:

Laboratory training ... is a device which de-routinizes, which slows down for analysis, processes which are 'taken for granted'. It is a form of training which ... attempts to unfreeze role expectations (the Lewinian re-educational and change process of 'unfreezing, restructuring and unfreezing').

The participant experiences the change process as a repeating "spiral ... of changing, decision-action-feedback-learning-new decision-new action" (Benne, 1975, p. 395).

The trainer or consultant leads the group or organization through a change process which has been described by Lippitt (1961, p. 161) as consisting of seven phases. These are:

1. The development of a need for change.
2. The establishment of a consulting relationship.
3. The clarification of the client problem.
4. The examination of alternative solutions and goals.
5. The transformation of intentions into actual change efforts.
6. The generalization and stabilization of a new level of functioning or group structure.
7. Achieving a terminal relationship with the consultant and a continuity of change-ability.

Dimoch (1970) provides a useful planning procedure which outlines a continuous process of trainer intervention: (1) collection of group information; (2) clarification and analysis; (3) identify areas for participative action; (4) action plan for group involvement and change; (5) carry out plans; (6) assess results and replan. Lippitt and Schindler-Rainman (1975, p. 189) have formulated ten basic guidelines for the design of laboratory learning.

The following four guidelines are of particular relevance to this discussion:

2. Each training event or consulting event should be planned for the particular group with its particular learning needs and problem-solving confrontations in mind.
3. Designing to optimize participative involvement of the client and to ensure two-way influence in goal-setting, contract-defining, and problem solving work is a responsibility of the trainer-consultant.

8. Designing to help the client achieve methodological skills of inquiry, problem-solving and self-initiated change ... is a core responsibility of the designer.
10. One important feature of any design is its provision for flexibility, for openness to redesign on the basis of data from the ongoing helping process.

In summary the laboratory method has been defined and briefly discussed. Reports are cited where the laboratory method was successfully used in other helping professions. The laboratory method as a change process was outlined from both the participant's and the trainer's perspective. Finally, several guidelines for the design of laboratory learning are cited.

Summary of the Literature Review

In a review of the literature, the residential child care worker is defined as the person responsible for the daily care of a group of children and the provision of nurturing life experiences for that group. The literature review indicates that the role of the child care worker has changed over the past several decades from custodial to primary therapist and that professionalization of the role has been advocated. The tasks and skills of the child care worker are documented and may be summarized as: counselling; milieu and group work; discipline and limit setting; responsibility for and supervision of daily routines; programming for recreation and play; observation and recording; contact and negotiation with various systems; and organizational skill. Several authors suggest that a technology of child care practice has yet to be developed. Six levels of child care training are specified: in-service; certificate; associate degree; bachelor's degree; master's degree and doctoral degree. Documented areas of curriculum content are: (1) child development; (2) interpersonal relationships; (3) remedial and therapeutic care; (4) sensitivity and group dynamics; (5) programming and instructional

skill; (6) supervision, administration and teaching; and (7) field work. The need for in-service training is identified and a definition of "in-service" is provided. The role of the supervisor in the provision of in-service training is discussed. Several difficulties which a supervisor might encounter in the provision of appropriate training are identified, namely a lack of experience in direct child care practice and a lack of pedagogical skill.

The content area of interpersonal communication skills is discussed in some detail. The literature review concludes with a definition of the laboratory method and a brief discussion of its use in the helping professions.

CHAPTER 3

AN INTERPERSONAL COMMUNICATION SKILL TRAINING PROGRAM FOR CHILD CARE WORKERS USING THE LABORATORY METHOD

Introduction

This chapter will examine both the planning process and the training program. A discussion of the planning process will provide a rationale for the selection of the area of study, negotiation with the institution and staff for service delivery, the establishment of the training focus and the recruitment and registration of trainees. The process used to design the curriculum will be described in some detail. A discussion of the training program will describe the program's structure and content. A brief summary of each session will be presented.

The Planning Process

a) Rationale For An Interpersonal Communication Skills Training Program.

As indicated in the review of the literature, the role of the child care worker encompasses many areas of study. The need for education in all these areas is considerable. This writer chose to concentrate on one particular area, interpersonal communication skills, rather than attempt an overview of the field.

Discussion in the review of the literature demonstrates that interpersonal communications skills are considered a necessary attribute of the child care worker role. The theme of interpersonal communication has been discussed in both educational courses and texts for child care workers. A literature review indicates that the laboratory method has been used

successfully in skills training for social work students and paraprofessional staff. A search of the child care literature prior to 1976 has been unable to identify any training programs for child care workers in interpersonal communication skills using the laboratory method, although two surveys of training (A.A.C.R.C., 1972; Obbard and Pavia, 1975) indicate such training has taken place. The successful use of this method in related disciplines encouraged this writer to select the laboratory method for this training program for child care workers.

As indicated in the review of the literature, the design of training using the laboratory method should be planned for a particular group with its particular learning needs in mind; should permit client involvement in goal-setting; should transfer skills to client and foster independence from the trainer and should remain flexible to permit on-going redesign. The literature review also provides a seven phase description of the consultant's role in the change process. The success of the training program in meeting these criteria will be reviewed in chapter four.

b) The Institution Selected for the Program.

Children's Home of Winnipeg was selected as the institution to be served for a number of reasons. The writer had worked for the institution prior to entry into the Master's program so he understood its structure and orientation, thus minimizing "entry" difficulties. Traditionally Children's Home has demonstrated a willingness to accept and develop new programs which the writer reasoned might extend to an interpersonal skill development program using the laboratory training method. The need for staff training had been identified both by child care workers and management for several years.

A Review of Child Welfare Policies, Programs and Services in Manitoba

(Ryant, 1975, p. 318) found that Children's Home has:

a clear and demonstrated commitment to meeting the needs of emotionally disturbed children and their families in a progressive and objective manner. The capacity to evaluate the programs offered, in relation to the needs of the children, and to make changes accordingly is particularly noteworthy, as is quality of staff selected to work with the children and families served.

Children's Home of Winnipeg is a residential treatment centre for emotionally disturbed children. The children served range in age from six to eighteen. Children's Home is located in Winnipeg and (at the time of the practicum) operated five different homes or treatment units in five geographically separated residential areas. Each treatment unit served eight to twelve children. In addition, Children's Home operated one group home, a summer camp and, in conjunction with Winnipeg School Division No. 1, a school program called the Learning Assistance Centre.

The duties of a child care worker at Children's Home vary somewhat according to work location and particular shift. Generally duties include: basic child care, counselling children individually and in groups, behavior management, program planning, treatment planning, contacts with families, schools, social agencies, etc. Child care workers work in teams under the supervision of unit directors or school co-ordinators. The staff to child ratio is approximately 1-4.

Current employees range in age from twenty to sixty-five with the majority in their mid-twenties. Educational backgrounds vary from incomplete highschool to master's level. Experience in the child care field ranges from several months to ten years. The average stay of a child care worker in the agency varies but, in early 1976, was approximately one year and ten months.

The institution attempts to employ a fairly even number of males and females. Employees are hired on the basis of an intensive assessment interview.

c) Negotiation with Institution and Staff for Service Delivery

The proposal for a training program was first presented to the executive director of Children's Home. After securing the executive director's agreement, the writer attended a middle management meeting to describe the program to the six unit and school directors and to receive their response and suggestions. This meeting was followed by several unit staff meetings where the writer discussed the potential for an interpersonal skill development program with child care workers and requested their ideas about basic themes. Since many of the participants were experienced child care workers this writer thought their suggestions would have value in the choice of program content. As Hromadka (1966, p. 184) observes, child care is developing its own "method" which requires "further conceptualization, refinement and improvement". Experienced child care workers could have significant input into the "conceptualization" of this "method". In order to interpret the aims of the program to child care workers it was necessary to articulate specific elements of the laboratory method. "Experiential learning" or learning by doing was described as the educational method to be used in the training program. "Self awareness" or the ability to think and feel, to understand the self in a variety of situations would receive major emphasis. Training in communication skills would be an integral part of the program.

d) Establishment of Training Program Focus

The outcome of these meetings provided sufficient information to develop two broad guidelines for the training program:

1. The need for in-service training which would provide skill development for residential treatment workers.
2. The need for treatment workers to communicate effectively, accurately and supportively with each other.

The first guideline indicated that the program would concentrate on skill development rather than the acquisition of knowledge or the examination of values. The second guideline applied to the work situation but to worker to worker communication rather than to worker to child communication.

e) Recruitment and Registration of Trainees

These guidelines for the program were drafted into an application form outlining possible topic areas, the approach to be used, expectations of participants, the times of the program, etc. Because child care workers worked on a shift basis it was necessary to offer a morning and a late afternoon program. Each program would consist of eight weekly sessions. The child care worker could choose the program that best fit his/her schedule. Registration for the program was voluntary. Once registered, one of the stated expectations was that participants would attend every session. Staff were not paid for their attendance. Attendance was in addition to normal working hours.

f) Interpersonal Communication Inventory, I.C.I.

Although the major purpose of the practicum was for the author to gain skill in the design and delivery of an interpersonal communication skill training program for child care workers, an objective measure, the Interpersonal Communication Inventory (I.C.I., Bienvenu, 1971) was used to measure change in interpersonal communication skill of participants as a result of training. Previous use of this measure (Bienvenu, 1971; Shell, 1973; Bienvenu and Stewart, 1976) demonstrate its ability to indicate change in

communication skill. The I.C.I. is brief, consisting of forty questions which require checked responses of "usually", "sometimes" or "seldom". The I.C.I. provides an overall score and scores on eleven subscales (Bienvenu and Stewart, 1976). The subscales are: self disclosure; awareness; evaluation and acceptance of feedback; self expression; attention; coping with feelings; clarity; avoidance; dominance; handling differences; and perceived acceptance. A pre test and post test were administered.

It was assumed that results from the I.C.I. would provide some useful data on the effectiveness of the training.

The Training Program

a) Curriculum Design

Participants were actively involved in curriculum design. Part of the first session was used to identify individual participant's goals and concerns in order to establish a master list. Prior to the second session the trainer* grouped the items on this master list into themes and designed a tentative curriculum for the remaining seven sessions. This curriculum was presented to the participants. Following discussion and reaction to the proposed design, the curriculum was revised. In addition, at the end of each session the goals for the next session were examined and could be revised or changed. At the beginning of each session the goals for that session were once again reviewed and additional goals could be added as the group and trainer thought appropriate. These short and long term goal setting procedures permitted continuous participant involvement in the development of the program. In all instances, the tasks of designing, planning, and presenting each session were the author's.

* The term "trainer" will be used to describe the author in the training situation.

The participants' goals and concerns were grouped into six broad themes; communication, counselling skills, problem solving, controls and limit setting, personal concerns of individual participants and finally, the group and the milieu. In the development of the master list an effort was made to include issues raised by each participant. If a particular issue was not a shared concern it was listed either as an element of a particular theme or was included with the theme "personal concerns of individual workers".

An elaboration of the six themes identified by the participants follows. The theme of communication developed out of expressed goals to communicate effectively, to be able to provide "feedback" to both children and colleagues, and to effectively handle confrontation situations.

The desire for counselling skills was expressed in a variety of ways. Issues raised included a wish to develop insight into the behavior of the child. Others expressed the desire to learn how to "draw the child out"*, to aid the child to explore the feelings underlying a behavior. Another expressed a desire to maintain an attitude of "empathy for kids".

The theme of problem solving encompassed both personal and professional concerns. Several participants expressed a desire to examine their own career and life goals. Others expressed a desire to plan "treatment" objectives for individual children, program objectives for a summer or unit program, etc.

The theme of controls and limit setting surfaced with questions such as: "What are suitable punishments and consequences?", "What are effective ways to set limits?", and an expressed desire to identify realistic expectations for different children.

* All use of quotation marks in this section indicate verbatim remarks by participants.

Personal concerns of individual workers included: a desire to "gain insight and awareness into myself — to integrate positive changes"; to "set realistic expectations for myself"; to separate more effectively "work time" from "personal time"; to deal with a feeling of being "burnt out"; etc.

The themes of the group and the milieu were treated as a single heading since a number of the issues raised appears to involve both. A desire was expressed to learn how to work with group interaction. Participants wished to provide a safe environment for the children in their care, both physically and emotionally. Participants also wished to have an opportunity to share with staff from other treatment units and to discuss the issue of how to develop or maintain support systems for personnel on the job.

These themes and issues became the basis for the curriculum of the training program.

b) Program Structure

The program consisted of eight weekly sessions. Although two programs were conducted, for the purposes of this discussion the two training programs will be treated as one. The programs, conducted consecutively, commenced in February, 1976 and concluded in May of 1976. All sessions but the second and eighth were three hours. Sessions two and eight were each eight hours. Participants were expected to attend all sessions, participate actively in the learning process and keep a journal for their own personal use.

All training took place at the general office of Children's Home of Winnipeg. The primary room used was large, rectangular and carpeted. Audio visual equipment was readily available. Additional rooms throughout the building were used for specific activities.

Although content and procedures changed from session to session, the basic format remained the same. At the beginning of every session the objectives for the day were introduced and outlined on a flip chart. A brief description of the activities planned for that session was presented. Participants were asked to respond to the plan with additions, questions, etc.

After the introduction, the session began either with a brief lecturette on the concepts to be explored in the session or with an introduction to a particular program activity (eg. problem solving). The major part of every session involved the participants in active and experiential learning. New skills were practiced through the use of a variety of techniques such as role play, affective exercises, etc. The session concluded with group discussion, sharing of experiences during program activities and participants' comments on the session. The topics for the following week were then discussed and additions, deletions or changes were made in the outlined curriculum. Program materials and equipment used during sessions included flip chart, blackboard, handouts, note books and video tape.

c) Program Content

The curriculum was developed on the basis of the trainer's goals and objectives, the two broad guidelines of skill development and effective communication, and the goal setting process of the first session. A synopsis of the sessions follows.

The goal of the first session was to take a beginning look at the change process, to introduce the staff development program and discuss participants' goals and objectives. An introduction to the program's purpose, approach and expectations was provided. Participants were introduced to each other

and initial interpersonal dialogues began. The concepts of self awareness and experiential learning were explored. A group goal-setting process was used to identify individual goals and concerns and group goals to be explored during the program.

Session two was an eight hour session. The goal of this session was to further examine the change process and to explore apparent differences between observable behavior and motivation. Physical, intellectual and emotional aspects of self awareness were discussed and practised. Personal growth experiences and influential people were discussed in order to examine the "change" or "growth" process. The curriculum design based on the previous week's force field analysis of participants' goals and concerns was discussed and accepted. The concept of individual responsibility was discussed. The concept of self worth was examined using Satir's theory of five responses to stress. The technique of role play was introduced. Participants used the role play technique to examine responses to stress, the concept of self worth and the change process.

The goal of session three was to examine the concept of communication as a learnable skill and to practice that skill. The session began with a discussion of the concepts of congruence, nonpossessive warmth, empathy and genuiness. (See Appendix - "Levelling and Some Skills that Aid Levelling".)

The goal of session four was to discuss the counselling role and to practice the "assessment" phase of that skill. Participants continued to work with the concept of self awareness. Communication as a process was examined and discussed. Emphasis was placed on the apparent simplicity of communication and the actual complexity of that process. The counselling role was discussed. The child care worker as counsellor was discussed with



emphasis on the complexity and pressures of this role in a group setting. Practice in counselling skills was begun with initial work only on the "assessment" phase of counselling.

The goal of session five was to examine the issues of controls and limit setting within the context of a humanistic value system. Participants explored the use of skills, behaviors and attitudes which enhance the child's opportunities for successful independence, appropriate to his/her age level.

Session six examined the problem solving process. Weinstein's (1973) "Trumpet" problem solving process was used to engage participants in practice of the problem solving process in relation to a personal concern. Focus was placed on understanding, experiencing and practicing the problem solving process.

The goal of session seven was to apply the problem solving process to the child care setting. A review of the problem solving process with application to children was provided. The concept of "contracting" for change was examined. Role play technique was used to consolidate communication skills, counselling skills and problem solving skills.

Session eight was the final session and was eight hours in length. The goal of the session was to consolidate the material of the previous sessions, to provide participants with an opportunity to "tie up loose ends", and to conclude the program. The concept of confrontation was discussed and practiced. The theme of acceptance of self was explored to aid participants to achieve some consolidation of thoughts and feelings mobilized during the program. The program concluded with a summary of the sessions, a re-examination of personal goals set at the beginning of the program and a discussion of the program by participants.

CHAPTER 4

RESULTS

This chapter will provide a quantitative analysis of data of the Interpersonal Communication Inventory and a qualitative analysis of the planning, design and implementation phases of the training program.

Although trainees were trained in two groups, for the purposes of discussion the two groups will be combined and will be discussed as one training program. This decision appeared reasonable as the groups were composed of people who had similar ranges of experience, education, age and years worked for the agency. Additionally, training for both groups was conducted at approximately the same time. (See chapter five for further discussion of this issue.)

Quantitative Analysis

The Trainees

Fourteen people signed up for each program, a total of twenty-eight. Of this number, twenty-two remained in the program until its conclusion. Of the six who dropped out, two did so for personal reasons, one person felt unable to attend a morning session after working an evening shift, one person had time conflicts due to work demands, one person left the agency and one person did not comment on their withdrawal from the program.

All those who attended the program were full time employees of Children's Home. Ten were women; twelve, men. Seven participants had prior work experience ranging from six months to three years in a directly related area such as education or work in other child care settings. At the beginning of

the program, four participants had worked with Children's Home for less than six months, nine had seven to twelve months experience, six had one to two years experience and three had three to six years experience. Six participants were between the ages of twenty-one and twenty-three, twelve between the ages of twenty-four and twenty-seven, three between thirty and thirty-five and one between forty and fifty. Eleven participants had university degrees, five had two years post-secondary education, three had one year post secondary and three had completed their high school education.

Data Analysis of the Interpersonal Communication Inventory (ICI)

Of the twenty-two participants, eighteen (18) completed pre and post measures of the ICI. The ICI was administered in the first and last training sessions. Initial analysis of data indicated that a statistically significant positive change in overall score did occur between the pre and post measures of the ICI ($T = -.3.09$, $df = 17$, $p < .007$).

Category	T - Tests		
	Cases	Means	Probability
Total Pre-Total Post	18	99.11-104.74	$p < .007$
"Coping With Feelings"	18	7.72- 8.61	$p < .031$
"Evaluation and Acceptance of Feedback"	18	11.17- 12.61	$p < .067$
"Avoidance"	18	8.67- 8.22	$p < .072$

As indicated in the above table, one subscale "coping with feelings" ($T = -2.35$, $df = 17$, $p < .031$) reached significance and two other subscales approached significance: "evaluation and acceptance of feedback" ($T = -1.96$, $df = 17$, $p < .067$) and "avoidance" ($T = 1.92$, $df = 17$, $p < .072$). The

"avoidance" subscale is interesting because the change is in a negative direction. A possible explanation may be that trainees perceived their own avoidance behavior more critically at the conclusion of training than at the beginning and thus rated themselves lower.

"Coping with feelings" and "evaluation and acceptance of feedback" are likely areas of change in a training program which emphasized sharing of feelings in small and large groups and where role play and feedback were continually practiced. However, some subscales which did not approach statistical significance were also appropriate to the training program, for example, "self disclosure" and "awareness". Several explanations for this apparent contradiction are possible. It may be that those subscales which did not indicate statistically significant change are more resistant to change and would require a longer and/or more intensive training program in order to approach significance. It might alternately be suggested that the particular group was more resistant to change in particular areas. Or, finally it might be that the training program stressed particular areas more than others. More research is necessary to clarify these findings.

The findings of the "total pre-total post" T-test are supported by a crosstabulation.

		Post			Total Pre
		Low	Moderate	High	
Pre	Low	3	1	2	6
	Moderate		2	4	6
	High			6	6
Total Post		3	3	12	

The table shows that there was overall movement to higher scores with only three participants remaining in the low range in the post test while six participants moved up to the high range in the post test.

Sex

Tables show category of score compared by sex of participants for pre and post testing.

	Pre Test			Post Test	
	Male	Female		Male	Female
Low	3	3	Low	2	1
Moderate	3	3	Moderate	2	1
High	1	5	High	3	9

It would appear that there was movement to higher scores for both sexes.

		Cases	Means (Pre-Post)	Probability
T-Test	Males	7	96 -100.14	$p < .026$
	Females	11	101.09-107.64	$p < .046$

This was supported by a T-test which indicated the differences in both sexes comparing pre and post measures were significant (males, $T = -2.95$, $df = 6$, $p < .026$ and females, $T = -2.28$, $df = 10$, $p < .046$). A comparison of the pre and post mean scores indicates that females began training with higher mean scores than those with which males concluded. These results are consistent with Staley's (1979) findings in a study of Children's Home child care workers. In a comparison of current applicants with employed staff, however, Staley also found that the applicant group contained twice as many females as males while the staff group was evenly matched. It is an agency hiring policy to

attempt to evenly balance males and females in order to provide appropriate role modelling. Staley's finding would suggest that the greater number of female applicants allows the agency to select more skilled females than males. This finding would suggest that sex is likely a selection variable rather than an intervening variable.

Age

Tables show category of score compared by the age of participants.

Pre Test			Post Test				
	Age 21-23	Age 24-26	Age 27-50		Age 21-23	Age 24-26	Age 27-50
Low	0	4	2	Low	0	3	0
Moderate	1	4	1	Moderate	0	3	0
High	2	2	2	High	3	4	5

It would appear that there was movement to higher scores for all age groups.

	Cases	Means (Pre-Post)	Probability
T-Test Age 21-26	13	99.31-102.07	$P < .109$
Age 27-50	5	98.6-111.6	$P < .019$

Findings of a T-test indicated that the difference in the pre and post measures of the twenty-seven to fifty age group was significant ($T = 3.8$, $df = 4$, $p < .019$) while that of the twenty-one to twenty-six age group was not ($T = 1.73$, $df = 12$, $p < .109$). The T-test also indicates that the age groups selected for data analysis are very disproportionate with thirteen cases in the ages twenty-one to twenty-six group and five cases in the age twenty-seven to fifty group. These groupings were chosen at the beginning of the data collection

process. As this T-test indicates, this choice was clearly inappropriate. The results of this error are findings which are of little value. It is quite possible that because of the very small N, change occurred for the age twenty-seven to fifty group not as the result of an age factor but due to the change of particular individuals. Age remains an unknown factor due to the error in data collection method. Further research is necessary.

Education

Tables show category of score compared by education of participants.

		Pre Test				Post Test	
		Grade 12 - 2 Years Post	B.A.+			Grade 12 - 2 Years Post	B.A.+
Low		2	4	Low			3
Moderate		4	2	Moderate		2	1
High		2	4	High		6	6

It would appear that there was movement to higher scores for participants in both educational groups

	Cases	Means	Probability
T-Test - Grade 12 - 2 Years Post	8	104.38-107.63	$p < .295$
BA +	10	94.9 -102.4	$p < .01$

T-test results indicate that only the "B.A. +" group achieved statistically significant change. (B.A. +, $T = -3.28$, $df = 9$, $p < .01$; Grade 12 - 2 years post, $T = -1.13$, $df = 7$, $p < .295$). It is interesting to note, however, that the "B.A. +" group concluded training with a mean score less than the pre test mean score of the "grade 12 to two years post secondary education" group.

Length of Time Employed at Children's Home

Tables show a category of score compared by length of time employed at Children's Home.

		Pre Test		Post Test	
		1-11 Months	12-72 Months	1-11 Months	12-72 Months
Low		4	2	1	2
Moderate		2	4	1	2
High		6	0	10	2

It would appear that there was considerable movement to higher scores by the group employed for one to eleven months while the group employed for twelve to seventy-two months experienced less change.

		Cases	Means (Pre-Post)	Probability
T-Test	1 - 11 months	12	102.17-108	$p < .044$
	12 - 72 months	6	93 -98.17	$p < .065$

These findings are supported by a T-test which indicates that the group employed for eleven months or less ($T = -2.28$, $df = 11$, $p < .044$) experienced statistically significant change while the group employed for twelve months or more ($T = -2.35$, $df = 5$, $p < .065$) experienced change which approached statistical significance. Once again, however, there is a problem in the groupings selected in the data collection phase similar to the problem with the "age" category. Perhaps a selection of one to six months as one grouping would have allowed for more evenly matched groupings. As the results are reported here, it is quite possible that the scores of the group employed twelve months or more are a result of the low scores of particular individuals and not necessarily indicative of that particular group.

In summary, the quantitative analysis indicates that there was a statistically significant positive change in overall score between the pre and post measures of the I.C.I. A subscale, "coping with feelings", also showed a statistically significant change. Both males and females showed a statistically significant positive change in score between pre and post measures of the I.C.I. Those participants with a B.A. or greater showed a statistically significant positive change in score between pre and post measures of the I.C.I. but the post test mean score for that group was lower than the pre test mean score of those with less than a B.A. education. Participants with child care or related experience prior to Children's Home showed statistically significant positive change in score between the pre and post measures of the I.C.I. Results from two variables, "age" and "length of time employed at Children's Home", are not adequate for analysis due to disproportionate sizes of subgroupings.

Participants' Evaluations of the Program

An evaluation form was devised by the author to collect participants' responses to the training program. (See Appendix.) The areas explored by the evaluation form included identifying information, program structure, program content, facilitator's skill, program benefits to the participants and participants' recommendations. Of the twenty-two participants in the training program, only eight (36.36%) returned the written evaluation. There appear to be several reasons for this. Time was not allotted for the completion of the evaluation during the training program. The form was distributed in the final session and participants were expected to fill the form out on their own time and return it. Secondly, the length of the form (see appendix) and

the number of written responses required may have further dissuaded participants from filling it out.

Consequently the small sample size (N=8) cannot be considered representative of the total group (N=22) and findings from the evaluation will not be reported here. (Participants' responses to the evaluation form are reported in the Appendix.) Some responses of participants will be included below as anecdotal information.

Qualitative Analysis

An Evaluation of the Change Process

A comparison of the phases of the change process outlined in the review of the literature with the particular process developed by this trainer yields some useful data. Lippitt's seven phases of the change process (outlined in chapter two) are: (1) development of a need for change; (2) establishment of a consulting relationship; (3) clarification of client problem; (4) examination of alternative solutions and goals; (5) actual change efforts; (6) generalization of a new level of functioning; and (7) the conclusion of the consulting relationship and the continuation of change efforts. An application of these seven phases to the process used by this trainer indicates that the agency and staff recognized a need for training (phase 1) and a consulting relationship was established (phase 2). In this instance, the clarification of the client problem (phase 3) involved several factors. Both management and child care staff believed that child care staff required training. However, the trainer chose the topic area of interpersonal communication skills and the laboratory method based on the literature review, his previous child care experience, his particular interest, and prior to consultation with

the agency or staff. Consultation confirmed that this choice was viewed as appropriate and useful by management and child care staff.

But the difference between the approach used here and that of a broader consulting role should be noted. This trainer entered the consulting process with a particular "problem" or training area already selected. Had the management and child care staff disagreed with this choice, the consulting process would have ended and the trainer would likely have sought out another organization which desired training in interpersonal communication skills using the laboratory method. Given this difference the remaining steps in this trainer's process were consistent with Lippitt's seven phases. Alternative goals (phase 4) were examined and a training program (change effort, phase 5) was delivered. The results of the ICI would appear to indicate that a new level of functioning was achieved (phase 6) by participants. However no attempt was made to measure the permanence of the change. It is significant to note that change efforts were limited to a voluntary group of child care staff. Thus although the change effort was completed according to the agreement between the trainer, the agency and the participating staff, it would appear that continued consultation is required in order to generalize a new level of functioning throughout the agency (phase 6) and to establish on-going training programs (phase 7, continuation of change efforts).

The change process used in this training program will now be discussed in more detail.

Negotiation with the Agency and Child Care Staff

Although the planning process was time consuming in terms of contact with the agency, the author found the process helpful for several reasons. First, initial discussions with management and child care staff aided the author to

clarify the aims of the program. It was on the basis of these discussions that the two basic program guidelines were identified. Second, the initial planning phase permitted the author to enter easily into the agency, to have contact with a large number of staff, to introduce himself and the training program, to observe various parts of the agency in operation and to observe various agency subgroups in staff meeting situations. Such contact permitted the author to gather impressions about various parts of the agency, current styles of discussion and decision making, etc. This data was helpful later in understanding concerns of individual participants and in developing curriculum to meet those concerns. Third, the planning process permitted some child care workers to have initial "safe" contact with the trainer in their own work situation. They had an opportunity to hear about the proposed training program, to meet the trainer and to begin to decide whether this program was of interest to them or not. Fourth, the author's contact with the executive director and management staff provided them with opportunities to be involved in planning the training program and to make suggestions about program focus and content. Such inclusion resulted in their on-going support of the training program. The importance of administrative involvement in in-service planning has been discussed by Cohn (1972) in the literature review.

Recruitment and Registration of Trainees

As indicated in chapter three, child care workers were not paid for the time spent in the training program nor were they given time off work to attend. Trainees commented on this both during the training program and in their evaluations. Trainees commented on: difficulty participating due to tiredness; a pre-occupation with work related problems; and a preference for training during regular working hours. There was disagreement amongst trainees about

whether or not staff should be paid to attend the program. Opinions were also divided on whether or not the training program should be compulsory.

Spacing, Length and Number of Sessions

Trainees commented generally that the once per week spacing of sessions was satisfactory. The trainer found the spacing permitted sufficient time to plan and develop material for each session. Trainees generally appreciated the two eight hour sessions although some commented on tiredness. The combination of six three hour and two eight hour sessions also appeared to work well. It was the trainer's judgement that this combination of sessions would allow sufficient time for a complete training program without being too great a time demand of child care workers attending on a voluntary basis. As is indicated below, the eight sessions were not sufficient to adequately cover the goals generated in the first session.

Training Program Curriculum

The training program curriculum will be reviewed to determine the extent to which it responded to the training needs and learning goals developed during the design phase. The discussion will be based on how the goals developed in session one were translated into the eventual program content. These goals were communication, counselling skills, problem solving, controls and limit setting, personal concerns, and the group and the milieu. No attempt will be made by the author to evaluate the quality of the content as such an evaluation would be highly subjective.

"Communication" was the major theme of session three and was examined as an element of counselling in session four. The content of subsequent sessions was dependent on an understanding of communication as a process and on the

communication skills developed in these earlier sessions. "Counselling skills" were similarly a major theme of the training program. Initial training in the "assessment" phase occurred in session four. Various aspects of the "intervention" phase as it relates to residential child care were discussed and practiced in session five, "controls and limit setting", and in sessions six and seven on "problem solving".

The goal of "controls and limit setting", stated in session one, was the topic of session five. The theme of "problem solving" stated in session one was examined in sessions six and seven. In session six the method was taught experientially thus meeting the needs of those with personal concerns. The method was applied to the child care setting in session seven, thus meeting the needs of those with professional concerns.

Session six also provided participants with opportunities to examine personal concerns which they had expressed in the goal-setting process. Other opportunities to examine personal concerns were provided in all the sessions and in journal work.

The theme of the "group and the milieu" did not have any one specific session devoted to it. The issue of a safe physical and emotional environment was examined as part of session five, "controls and limit-setting". In addition, participants had opportunities throughout the training program to share their own "milieu" experiences with staff from other treatment units. The subject of group interaction was only briefly touched upon during the training program. On occasion, the trainer shared observations of the group interaction and possible application to the child care setting. Theoretical concepts of group process were not presented nor were participants trained in skills of group leadership.

With the exception of the "group and the milieu" each of the learning goals articulated in session one were responded to by the curriculum.

Curriculum Design

The curriculum design process used in this training program presented several problems for the trainer. Although the two basic guidelines of "communication skill development with children" and "effective communication with each other" had been identified earlier, the specific program content was not known to the trainer or participants until after the curriculum design process of session one. Thus the trainer had a considerable amount of curriculum content to develop in a short period of time.

Another problem was that program content needed to be designed or revised as the training program progressed. This process demanded that the author often prepare or revise sessions in one week rather than several weeks in advance. These two difficulties were increased by the exploratory nature of the training program itself and the subsequent need to develop new program ideas or materials, or to extensively adapt materials from other sources.

The limited time frame and the on-going revision of the curriculum in response to the needs and requests of participants necessitated deletion of content decided upon at session one (ie. group interaction).

In the opinion of this writer the curriculum design did meet three of the criteria suggested in chapter three completely and one partially. The training program was designed for a particular group, participants shared in setting goals and the program did remain flexible to change and redesign. Results of the ICI indicate that interpersonal skills did increase. It would appear that the aims of the training program were met by the program design and content in that skills were transferred to the participants. However the nature of interpersonal skills and communication skills are such that additional training is required before full independence in this area could be achieved.

CHAPTER 5

CONCLUSIONS

This chapter will state conclusions of the practicum report based on the results of the Interpersonal Communication Inventory and the author's evaluation of the training program. Implications for future interpersonal communication skills training programs for child care workers using the laboratory method will be discussed. Several recommendations with regard to the role of social work in the education of the child care worker will be suggested.

Conclusions of Quantitative Analysis

Conclusions Based on the Interpersonal Communication Inventory

The interpersonal communication skills training program appears to have been effective in the improvement of the communication skills of child care workers as measured by the ICI. These results are consistent with Shell (1973). The variable of child care or related experience prior to employment at Children's Home appears to positively affect interpersonal communication skill as measured by the ICI. It would appear that an education of a B.A. or greater negatively affects initial communication level as measured by the ICI.

Effectiveness of Training

Based on the results of the ICI, it appears that the training program was effective in increasing the communication skill level of a voluntary group of Children's Home child care workers. The training program was effective with

both males and females. The program was effective with personnel who had a B.A. or equivalent degree or greater. The program did not significantly affect the higher scoring group of personnel with two years post secondary education or less. The program was effective with personnel who had child care or related experience prior to employment at Children's Home.

Limitations of the ICI Findings

The research has several major limitations. The first limitation is the small size of the sample (N=18). In the analysis of the data some of the variable subgroups are quite small (age 27-50, N=5; Tenure 12-72 months, N=6, etc.). The small sample size can permit atypical responses due to individual participant's low or high skill level; and prevent findings from achieving statistical significance when the mean increase or decrease is small.

The second limitation is the lack of a control group. This limitation is partially overcome by Shell's (1973) previous use of the ICI with another independent measure, the Personal Orientation Inventory, POI (Shostrom, 1966) in a two group time series design. Shell found that the measures were significantly correlated and both showed change in the predicted direction. Changes as measured by the ICI occurred only during treatment. One may assume then that a positive change did occur in participant perceived communication skill level. The more major limitations to the one-group pre test-post test design remain, however. There is no certainty that the training program in this particular instance caused the increase in communication skill level. Plausible rival hypotheses include: the effect of testing on participants' perceptions, understanding and evaluation of their communication skills; unrelated organizational change; etc. (Isaac and Michael, 1971).

The design permits the possibility of several errors: a variation on the Hawthorne effect where personnel perform better in response to being in a special research project (Isaac and Michael, 1971, p. 58); the effects of measurement as a change agent with "practice" on the pre test leading to improved performance on the post test (Isaac and Michael, 1971, p. 58).

The third limitation is that participation was voluntary and involved conscious choice of training in interpersonal communication skills. It is possible that a group of personnel with enough motivation to participate in training on their own time would improve their communication skill regardless of the quality of training or in the absence of training.

The fourth limitation is that the ICI is a self administered measure which relies on participants' perceptions of their own communication. No independent raters were used to evaluate change in communication skill. The measure permits the possibility of subjectivity.

The fifth limitation is that the data presented is a combination of data from the morning and afternoon group. The decision to treat the two groups as one training group was based on their homogeneity and similarity of working conditions. Involvement and participation of staff was similar in both groups. Further, an attempt to perform a separate data analysis on each group would have reduced the N to a point where statistical validity would be unlikely.

The sixth limitation applies to laboratory training in general. Both Gibb, and Lieberman, Yalom and Miles have found that the behavior of the leader has a critical effect on training outcomes (Shell, 1973, p. 50-51).

Implications of the ICI Findings for Future Training

Because of the considerable limitations of the research design caution will be exercised in stating implications of the findings for future training programs.

It appears that laboratory training in interpersonal communication skills for child care workers was effective in the increase of interpersonal communication skills as measured by the ICI. Further research into the variables of sex, age, education, child care experience prior to Children's Home and years experience in Children's Home appears to be warranted. Similar training with another residential child care agency would appear useful both for the communication skill development of personnel and to further investigate the findings reported here. Similar training conducted by other trainers would be useful to investigate the limitation of the trainer variable.

The findings suggest that although the training program was generally successful it was more successful with some participants than with others. Future curriculum design and trainer behavior may need to respond to what appear to be different training needs of participants of different educational backgrounds and prior or no previous child care experience. The positive effect of the variable of prior experience in another child care setting or related area warrants further research as it may have major implications for in-service training. Should further research support the finding, child care agencies may wish to consider co-operative exchanges of staff as part of a training process.

Conclusions of Qualitative Analysis

Implications of the Trainer's Experience for Future Training

A comparison of Lippitt's (1961) phases of the change process (outlined in chapter 2) with those actions taken by this trainer (chapter 4) indicates that continued consultation with the agency is required to provide additional training and also to establish a mechanism for on-going training programs to be provided by the agency to its child care workers. According to Lippitt (1961) part of the consultant's role is to generalize and stabilize a new level of functioning (phase 6) and to establish within the organization the ability to continue programs upon conclusion of the consulting relationship (phase 7). These tasks were beyond the scope of this practicum and remain as challenges for the agency.

This writer recommends that Children's Home provide child care workers with on-going training in interpersonal communication skills.

Learning occurred for this writer in a variety of areas during the design and completion of this program. Examination of the child care literature helped the writer to consolidate his thinking about the role of the child care worker. The transitional nature of the role, the variety of opinions about the role and the lack of a sophisticated conceptualization of the role present difficulties and challenges for the student or researcher of child care. These difficulties have been described by several writers in the review of the literature. This writer experienced similar difficulties. Future studies might attempt some form of task analysis of the child care worker role in residential settings. Such an analysis could yield useful information for further conceptualization of the role.

The exploratory nature of the curriculum design technique used in this training program lent an air of discovery to the training process. The use

of the technique was a continual learning process for this writer. This process involved learning how to use the ideas, concerns and comments of participants, how to design a curriculum based on these ideas, and how to continue to involve the participants in the curriculum development process. It is the author's impression that the technique appears to be especially useful for in-service training of relatively experienced staff. The technique aids the trainer to identify major concerns of participants within the chosen training topic and to develop learning goals in response to those concerns. This writer would encourage other trainers to use the technique. The one caution as outlined in chapter four is that the trainer needs to be prepared for almost any topic or theme within the particular training area. This possibility necessitates that a trainer have a thorough understanding of residential child care and the time to develop adequate content and processes which respond to stated concerns. The trainer also needs to be open to exploratory learning and be willing to admit his/her ignorance on occasion.

The practicum provided the writer with the opportunity to practice the use of the laboratory method. The writer found the method useful in training child care workers in interpersonal communication skills and would recommend its use in future training programs. However, prospective trainers should have prior training in the laboratory method.

The curriculum developed for this program could be used in whole or in part with future groups. This writer was satisfied with the themes of goal setting, emotional growth, communication skills, counselling skills, controls and limit setting and problem-solving as curriculum content. The order chosen by the group and trainer was effective in that the concepts and skills of each session complemented those of previous sessions. At least one additional three

hour session would be necessary to include the topic of group process and the curriculum would be stronger for its inclusion. The curriculum as presented here would appear to be a useful starting place for child care in-service in interpersonal communication skills using the laboratory method. It was this writer's experience that at the end of training participants requested additional laboratory training often on a particular topic.

The issue of payment of child care workers for training attendance was raised several times by participants. As indicated earlier participants were neither paid for attendance as overtime nor given time off work for their attendance. For future training, it is this writer's opinion that staff attend training sessions during their normal working hours. A comparison with in-service training for public school teachers may be useful to support this opinion. Public school teachers are allotted 11 school days per year for in-service training. Several programs of similar length to the one described here could be completed by child care workers during that time. The question of financial support for in-service training of child care workers needs to be addressed by child caring agencies and government funding bodies.

The issue of agency payment of staff for training time raises an additional issue — compulsory versus voluntary training. On the basis of the literature review, this writer would advocate compulsory, comprehensive training for child care workers in all areas of child care work. However, this issue becomes clouded with regard to laboratory training. Papell has recommended that such training be voluntary. For this writer the deciding factor would be the degree of self-disclosure required in the particular training design. It is the opinion of this writer that a person required to participate in in-service training as a condition of employment should

not be also required to make personal self-disclosures. To do otherwise would be counter to a stated goal of the laboratory method — to develop "a higher level of democratic functioning in human organizations" (Papell, 1972). The training program presented in this report would need to be modified slightly for a compulsory group with less emphasis on self-disclosure and possibly more emphasis on observable behavior and skill development.

If voluntary laboratory training is conducted by a child care agency, the trainer will need to examine the issues of confidentiality, the evaluation of the performance of participants and the involvement of work supervisors. Agreement with regard to these issues is necessary prior to the commencement of training and must be explicitly stated to all parties concerned. Although these issues did not become problems for this trainer during the training program, because agreement had not been reached prior to training, the potential for difficulty was there. Types of difficulties which might develop are: a work supervisor requesting information about the performance of an employee; confidential issues raised in training being discussed elsewhere; etc. One possible guideline for trainers might be to state that voluntary participation indicates that all issues discussed in training are held in confidence by participants and by the trainer unless otherwise stated by participants and trainer. However, trainers, participants and agencies may wish to negotiate agreements appropriate to their situations. It is essential that agreements be explicitly stated prior to training.

Implications of the Literature Review to Future Training

As the review of the child care literature indicates interpersonal communication skills is only one of many topics necessary to the adequate in-service training of child care workers. Other areas outlined in the litera-

ture review include: child development; remedial and therapeutic care; programming and instructional skill; etc.

This writer recommends that child-caring agencies and government funding bodies develop suitable on-going, in-service training. As Ryant (1975) indicates, this is a particular need in Manitoba.

As indicated in the literature review, the supervisory staff who will provide in-service training are often social workers. In order to support the development of adequate in-service training for child care workers, this writer recommends that schools of social work consider methods to include "social services educator" training as an option for Master's level training and/or as an aspect of continuing education. Such training could have a significant impact on the quality of social services presently being provided by paraprofessionals and volunteers.

However, training for child care workers requires other levels of training in addition to in-service. Professionalization of the child care worker requires professional university level training. This writer recommends that schools of social work consider this area of professional social service training as part of their mandate, develop some areas of curriculum which have direct reference to the residential child care setting, provide field placements in residential child care settings and encourage currently employed child care workers to pursue professional training through appropriate course offerings and scheduling.

Summary

This practicum report indicates that there is a need for training for residential child care workers at the community college, university and in-service level. A literature review outlines the skills and tasks of the child

care worker role in some detail. Current training for child care is also reviewed. The report focuses on in-service training in interpersonal communication skills using the laboratory method. A training program is designed and described in some detail with reference to the role of the trainer in the planning and delivery of the program. The Interpersonal Communication Inventory (ICI) is used to measure interpersonal communication skills of trainees at the beginning and the conclusion of training. Results indicate that skill level as measured by the ICI did change in the desired direction. Because of limitations of the research design, results should be interpreted with caution and further research is recommended. A comparison of program goals with program content indicates that generally content chosen by the trainer responded to those learning goals stated by participants at the beginning of the program. The writer indicates general satisfaction with laboratory training as a useful method in interpersonal skill training for residential child care workers and recommends its use to researchers, trainers and professionals in the field. The report concludes with several recommendations to government, child caring agencies and schools of social work with regard to training for child care workers.

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APPENDIX A: LEVELLING - AND SOME SKILLS THAT
AID LEVELLING

LEVELLING - AND SOME SKILLS THAT AID LEVELLING

When we began the Staff Development Program, I described its two purposes as:

1. On-going skill development as a treatment worker,
2. Communicating effectively, accurately and supportively with each other.

I believe Satir's "leveller" response fits both these purposes.

For Satir, the leveller response is an appropriate or real response. When I am angry and levelling, I say that I am angry or I express my anger. If I am angry with someone else's behaviour, and if I am levelling, I tell them and I also tell them what they are doing that I am angry about. I don't, however, make them responsible for my feelings (e.g. by blaming). I take responsibility for my own anger. Also, I give them information about their behaviour so that if they choose, they can change it, but change the behaviour for themselves - not for me.

When I am levelling I am congruent or integrated - what I do, say, think and feel are in harmony. Using the leveller response I begin to approach some of the optimum levels of active empathic understanding, non-possessive warmth and genuineness - characteristics Truax describes as essential to the effective therapist. (For more on Truax and the core conditions, see the C.H. Staff Manual.)

The levelling response and the qualities of empathy, warmth and genuineness are based on a set of beliefs about being human which Satir describes as follows:

- All people can grow.
- All people can be intimate.
- All people can be competent.
- All people can make sense.
- All people can stand on their own two feet.
- All people can be choosers.

In an encounter with another person we use a whole set of behaviours which put these beliefs into action and which are inherent in the leveller response. I have laid some of these behaviours out as individual learnable skills because I think it is helpful to be aware and make conscious use of these components of communication.

In a human encounter we make contact through the following three behavioural dimensions:

1. eye contact (the amount, the appropriateness),
2. body language (stance, movements, facial expression)
3. words (content, voice tone).

In the interaction both participants are operating within these dimensions and are consciously or unconsciously basing their responses on what they perceive is happening within these dimensions. As helpers, our increased awareness of what is happening in these dimensions both with ourselves and the other person can have a profound affect on what occurs in the encounter.

The following list and descriptions of skills may help you get a handle on what can facilitate contact with others.

Skills - "Getting in Touch"

Attending - very simply showing the other person you are engaging with them through eye contact and through your body language.

Minimum encouragers - words and gestures which simply encourage someone to talk, e.g. nodding, uh huh, right, okay, etc.

Describing feelings - you attempt to express to the other person what you sense they are feeling.

Describing behaviour - describe to the other person the behaviour you see them using. This skill is especially useful if the person is having a difficult time verbalizing what is bothering him, or if the person is sending double messages (e.g., says he's comfortable but sitting with his arms crossed tightly across his chest). It is important to describe the behaviour very specifically and, whenever possible, non-judgmentally.

Perception checking - Describing what you perceive to be the other person's inner state in order to check out whether your perceptions fit.

Paraphrasing - Rephrasing in your own words what the person has just said in order to check out your understanding with what he intended.

Summarization - like paraphrasing, but pulling together more comments and ideas.

Questions - We often use questions too much and frequently when we don't need to. They can often block us from our goal of getting in touch with the other person. Also, some kinds of questions can be helpful and encouraging - others can make the other person defensive and/or send him on a futile search for reasons "why" he did or didn't do something. "Why" often means disapproval, ("Why did you do that?") more than a request for information.

Open questions ask a persons views, thoughts, feelings and open up or enhance the contact.

Closed questions shorten the contact by appearing to demand cold facts only.

Closed -

e.g. "I'm sure you love your new sister. She is adorable, isn't she?"

Open -

e.g. "Your little sister looks adorable to me, but then I'm not her brother. How do you feel about her?"

(Benjamin, 1969, p.66)

Feedback - Sharing with another person your observation of and reaction to their behaviour. As human beings, we have many different behaviours we use in different situations and at different times. These behaviours are changeable - they express us but are not us, our essential humanness. This is why with feedback we give each other information about behaviour rather than comments on the self. There is a big difference between -

1. "You're stupid" and
2. "What you did just now didn't make much sense to me."

The first attacks the person. The statement is blaming and labelling. The second is still confronting but begins to look at behaviour and begins to open up the conversation rather than stop it.

Useful?

Hopefully these skills help you get some handles to the first part of the helping process, "getting touch with feelings". My guess is that you use all or many of these skills already. Maybe this list has helped make you conscious of them. The list may also be helpful in giving feedback on the role play situations, e.g., you could suggest other skills that may have been helpful at various points in the role play. Used in this way each of you may be able to increase your awareness of how to use yourself in the encounter and expand your use of a variety of skills and approaches.

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GT/s
March 1976

APPENDIX B: EDITED PROCESS RECORD OF
SESSION ONE

EDITED PROCESS RECORD OF SESSION 1

AGENDA

The agenda of the day was written out on flip chart before the session began. I reviewed the agenda briefly with the group.

AGENDA

1. To get acquainted
2. To discuss the program
 - purpose
 - approach
 - expectations
3. To work on personal and professional goals.

DAY 1

LECTURETTE ON AWARENESS

I combined a lecturette on awareness with a brief meditation. I introduced the concept as follows:

One of the greatest changes which occurred for me when I worked as a treatment worker was the increase in my awareness of where kids and where people in general were at — How they were feeling, what kinds of things were happening to them — good experiences, sad ones. This awareness also extended to myself as well. I'd like to take some time right now for each of us to use our awareness to get in touch with what is happening here and now inside ourselves and in the room around us. Take 5 minutes to write down in your journal whatever you are aware of.

Meditation: It may be:

Feelings in your body — tension, butterflies, tiredness
Stop a minute to experience where in your body you have these feelings.

It may be thoughts on questions

Emotions

Noises in the room

Awareness of other people

Take the time now to quietly and individually write down these awarenesses in your own journal. Whatever you write remains yours, to share or not share as you wish.

The room was silent for a few minutes while group members wrote. There was puzzlement from some — but engagement from the majority of the group. As people finished I introduced a number of further questions:

Now I'd like you to ask yourselves a couple of questions. This is a new group for you. Many of the people, you don't know. Think for a moment about how a child feels when he first enters a new group. How does he feel do you think based on your experience with this exercise when he first enters Children's Home.

Group members responded to these questions by further journal entries.

PROCESSING MEDITATION EXERCISE:

I checked briefly with group members on the usefulness of the exercise

for them. Several commented that it had been difficult to get into. Others found it quite helpful. I talked briefly about the use of "awareness" to give us information on how we are feeling and that it is merely a listening to the body, the mind, and feelings and the environment. I then commented:

Suddenly when I came to Children's Home it was legitimate to talk about my awareness, my feelings to the kids and even a bit to fellow staff. This was a change for me. — A very exciting time — a revelation I guess.

I guess this is partly why I'm so excited about doing this with you people. It gives me an opportunity to reflect on my own learning as a child care worker. Each one of you uses your awareness — You've learned how on the job. And your awareness of where others are at, how they are feeling has, I think, been sharpened by the job.

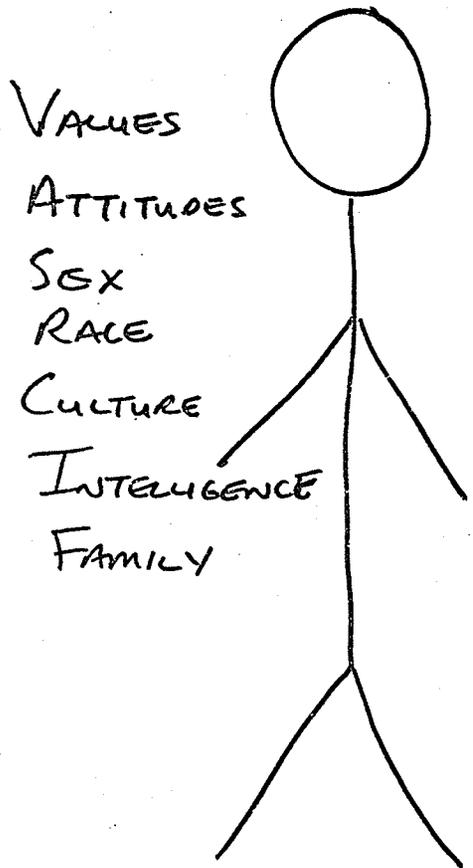
LECTURETTE ON LEARNING

The kind of learning I did as a treatment worker can be diagrammed this way: (see attached diagram)

The figure represents each one of us. The entries to the left of the figure indicate those characteristics, etc., that we bring with us into any experience, they are parts of who we are. The remainder of the diagram describes the process I went through as a treatment worker. I suggest that this learning process may be similar to yours.

After further discussion I went on to discuss the purpose of the course and to outline the learning method. I suggested that personal growth was similar to treatment in that each individual learned about his behavior and discovered ways to change behaviors that were not effective or were damaging. Further I discussed the concept of experiential learning and equated it to on-the-job learning. I asked people throughout the sessions to continually ask the question during the material presentation and experiential exercise — "What works for me? — What doesn't?" and "What fits for me?" — "What doesn't?" I stressed an awareness of self and others. I stated that the reasons for

Diagram of
Child Care Worker
Learning Process



AWARENESS
- OF SELF
- OF OTHERS

LIFE EXPERIENCE

WORK EXPERIENCE →

- LEARNING FROM OTHERS
- THROUGH MODELLING BEHAVIOR OF MORE EXPERIENCED WORKERS
- LEARNING THROUGH READING
 - CHILDREN'S HOME THEORY
 - RELATED LITERATURE



using this approach were two:

- 1) starting where participants were at:
- 2) participants have skills already as treatment workers - some that they take for granted, and some they are not aware of.

I then stated:

So today we are going to work with:
Who we are.
Where we're at.
Where we want to go.

WHO AM I . NAMETAG (Adapted From Syd Simon) (See Nametag Attached)

In this first session the work experience and the life experience quadrants were used.

I diagrammed the quadrants on the flip chart and instructed each person to take a sheet of 8 $\frac{1}{2}$ x11 lined paper and to do likewise. Each person was asked to write their name in the center and then to respond to each one of the areas. I demonstrated on the flip chart. The purpose of this exercise was two fold:

- 1) to personalize growth, learning and life experience
- 2) to provide a vehicle for participants to share with each other and become better acquainted.

When the first quadrant was completed I asked each participant to find two other participants they did not know well and to share any information from the name tag that they would be comfortable sharing. This same process was again used at the completion of the second quadrant.

Processing was active and lively. Participants seemed comfortable getting acquainted and sharing material.

In the discussion after trial sharing I reviewed the goals of the exercise and stressed the self, experience and awareness as important to learning.

NAME TAG

PERSONAL GROWTH -
CHANGES

WORK EXPERIENCES

SIGNIFICANT PEOPLE

LIFE EXPERIENCE

ADAPTED FROM SIO SIMON,
1972. VALUES CLARIFICATION

PERSONAL GOAL SETTING

I discussed with the group the concept of using our own personal concerns and goals as the basis both for our personal and work related growth and as the basis for the curriculum for the next seven sessions.

The process of goal setting was then completed as follows:

Sit back and review your life situation - personal and at work. Think about yourself, your relationships with friends, fellow staff, kids, how you related, etc. Jot down any problems, hopes, concerns or issues or goals that occur to you as you review where you're at right now with your life. Some of them may surprise you let them come .. (Pause 5 minutes)

After you've jotted down issues for you, take then one at a time and write each one separately at the top of a separate sheet of paper.

Find someone you are comfortable with. Share only those goals you are comfortable sharing.

I requested participants in their dyads to join with another dyad to discuss their concerns and to develop a common list. After ten minutes, I requested the groups of four to read out their concerns and I developed a master list for the whole group. We then discussed the list and recognized that we would probably have additional items for the list next week.

I briefly outlined how these concerns would be used to build the curriculum for the staff development program.

CONCLUSION

We then took ten minutes for feedback on the morning. Participants responded that they were tired, happy with the morning, liked the direction the program was moving in and looking forward to next week.

I shared my feedback on the morning, on how I was pleased with how the morning had gone and how hard people had worked and how I was looking

forward to the next seven sessions.

I then briefly outlined what I planned for the following week and concluded the session.

APPENDIX C: INTERPERSONAL COMMUNICATION

INVENTORY

INTERPERSONAL COMMUNICATION INVENTORY

Developed by

Millard J. Bienvenu, Sr.

This inventory offers you an opportunity to make an objective study of the degree and patterns of communication in your interpersonal relationships. It will enable you to better understand how you present and use yourself in communicating with persons in your daily contacts and activities. You will find it both interesting and helpful to make this study.

DIRECTIONS

1. The questions refer to persons other than your family members or relatives.
2. Please answer each question as quickly as you can according to the way you feel at the moment (not the way you usually feel or felt last week).
3. Please do not consult anyone while completing this inventory. You may discuss it with someone after you have completed it. Remember that the value of this form will be lost if you change any answer during or after this discussion.
4. Honest answers are very necessary. Please be as frank as possible as your answers are confidential. Your name is not required.
5. Use the following examples for practice. Put a check (✓) in one of the three blanks on the right to show how the question applies to your situation.

	YES usually	NO seldom	some- times
--	----------------	--------------	----------------

Is it easy for you to express your views to others?	_____	_____	_____
Do others listen to your point of view?	_____	_____	_____

6. The YES column is to be used when the question can be answered as happening most of the time or usually. The NO column is to be used when the question can be answered as seldom or never.

The SOMETIMES column should be marked when you definitely can not answer YES or NO. USE THIS COLUMN AS LITTLE AS POSSIBLE.

7. Read each question carefully. If you cannot give the exact answer to a question, answer the best you can but be sure to answer each one. There are no right or wrong answers. Answer according to the way you feel at the present time. Remember, do not refer to family members in answering the questions. Thank you.

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	YES usually	NO seldom	some- times
1. Do your words come out the way you would like them to in conversation?	_____	_____	_____
2. When you are asked a question that is not clear, do you ask the person to explain what he means?	_____	_____	_____
3. When you are trying to explain something, do other persons have a tendency to put words in your mouth?	_____	_____	_____
4. Do you merely assume the other person knows what you are trying to say without your explaining what you really mean?	_____	_____	_____
5. Do you ever ask the other person to tell you how he feels about the point you may be trying to make?	_____	_____	_____
6. Is it difficult for you to talk with other people?	_____	_____	_____
7. In conversation, do you talk about things which are of interest to both you and the other person?	_____	_____	_____
8. Do you find it difficult to express your ideas when they differ from those around you?	_____	_____	_____
9. In conversation, do you try to put yourself in the other person's shoes?	_____	_____	_____
10. In conversation, do you have a tendency to do more talking than the other person?	_____	_____	_____
11. Are you aware of how your tone of voice may affect others?	_____	_____	_____
12. Do you refrain from saying something that you know will only hurt others or make matters worse?	_____	_____	_____
13. Is it difficult to accept constructive criticism from others?	_____	_____	_____
14. When someone has hurt your feelings, do you discuss this with them?	_____	_____	_____
15. Do you later apologize to someone whose feelings <u>you</u> may have hurt?	_____	_____	_____
16. Does it upset you a <u>great deal</u> when someone disagrees with you?	_____	_____	_____
17. Do you find it difficult to think clearly when you are angry with someone?	_____	_____	_____
18. Do you fail to disagree with others because you are afraid they will get angry?	_____	_____	_____
19. When a problem arises between you and another person, can you discuss it without getting angry?	_____	_____	_____
20. Are you satisfied with the way you settle your differences with others?	_____	_____	_____

	YES usually	NO seldom	Some- times
21. Do you pout and sulk for a long time when someone upsets you?	_____	_____	_____
22. Do you become very uneasy when someone pays you a compliment?	_____	_____	_____
23. Generally, are you able to trust other individuals?	_____	_____	_____
24. Do you find it difficult to compliment and praise others?	_____	_____	_____
25. Do you deliberately try to conceal your faults from others?	_____	_____	_____
26. Do you help others to understand you by saying how you think, feel, and believe?	_____	_____	_____
27. Is it difficult for you to confide in people?	_____	_____	_____
28. Do you have a tendency to change the subject when your feelings enter into a discussion?	_____	_____	_____
29. In conversation, do you let the other person finish talking before reacting to what he says?	_____	_____	_____
30. Do you find yourself not paying attention while in conversation with others?	_____	_____	_____
31. Do you ever try to listen for meaning when someone is talking?	_____	_____	_____
32. Do others seem to be listening when you are talking?	_____	_____	_____
33. In a discussion is it difficult for you to see things from the other person's point of view?	_____	_____	_____
34. Do you pretend you are listening to others when actually you are not?	_____	_____	_____
35. In conversation, can you tell the difference between what a person is saying and what he may be feeling?	_____	_____	_____
36. While speaking, are you aware of how others are reacting to what you are saying?	_____	_____	_____
37. Do you feel that other people wish you were a different kind of person?	_____	_____	_____
38. Do other people understand your feelings?	_____	_____	_____
39. Do others remark that you always seem to think you are right?	_____	_____	_____
40. Do you admit that you are wrong when you know that you are wrong about something?	_____	_____	_____

TUNING IN TO YOURSELF

Please write down the first thing that comes to your mind when you read the following words or phrases. Be honest with yourself to derive the maximum benefit from this self-evaluation.

1. It is hard for me to tell another how I really feel inside because _____

2. When people first meet me they _____

3. When I enter a new group I feel _____

4. The hardest thing for me to discuss with others is _____

5. If only other people knew what I was really like inside they _____

6. The person who best understands me is _____
(just the relationship, not the name)

7. I get angry when _____

8. I get depressed when _____

9. As a communicator I would rate myself as: POOR FAIR AVERAGE GOOD VERY GOOD

10. Looking back on my growing up, the type of communication I had with my parents was:
POOR FAIR AVERAGE GOOD VERY GOOD

IN COMPLETING THIS QUESTIONNAIRE I WAS: VERY FRANK FRANK NOT SO FRANK

General Information:

Your age _____ Sex: Male Female Education _____

Occupation _____ Religion _____

Circle Marital Status: SINGLE MARRIED DIVORCED SEPARATED SPOUSE DECEASED

THANK YOU VERY MUCH

APPENDIX D: EVALUATION FORM

2. The three hour length of the session was -

- _____ too long
- _____ too short
- _____ just right

Comment:

3. The first eight hour session was _____.
The second eight hour session was _____.

Comment:

4. How did you feel about having sessions once a week? (Check appropriate heading(s)).

- | | |
|----------------------|------------------------------|
| _____ very good | _____ gave me time to think |
| _____ good | _____ gave me time to forget |
| _____ useful | _____ other (see comment) |
| _____ too spread out | |

Comment: (and alternatives, if appropriate)

5. Eight sessions were _____ too many
_____ too few
_____ just right

Comment:

6. For me, the best aspect of the course was -

7. For me, the worst aspect of the course was -

15. Did you feel you had adequate opportunity to share with and learn from staff from other units?

Very much _____ Enough _____ Not enough _____ far too little _____

16. In your judgement did the staff development program meet the goals stated by the group at the beginning of the Program?

Completely _____ Most _____ Some _____ Only a few _____ None _____

Comment:

III. Benefits of the course

1. This staff development program was a: positive _____
Negative _____
Neutral _____ experience for me.

Comment:

2. This is what I feel I learned:

(a) Personally -

(b) Professionally -

3. Please indicate in which of the following areas you learned most - personally and professionally.

(Rank in order of importance with #1 indicating "most". If several areas are of equal weight give them the same number. If irrelevant, do not number.)

Self-awareness	_____	Feedback	_____
Levelling Response	_____	Confrontation	_____
Goal Setting	_____	Awareness of others	_____
Listening skills	_____	Self confidence	_____
Control issues	_____	Self disclosure	_____
Problem solving	_____	The treatment encounter	_____
Non-verbal communication	_____		

Other: (please list and assign a number)

4. Has anyone made any comment concerning changes in you since beginning the staff development program?

(a) Yes _____ (b) No _____

If yes, please explain:

5. Have you observed any changes in yourself since the beginning of the program?

(a) Yes _____ (b) No _____

If yes, please explain:

6. General comments re benefits:

IV. General

1. This staff development should be compulsory for all treatment staff.

(a) Yes _____ (b) No _____

Comment:

2. Staff should be paid for their attendance at staff development programs.

(a) Yes _____ (b) No _____

Comment:

3. Other staff development programs I would like are -

4. If you had it to do over again, would you take this staff development program?

(a) Yes _____ (b) No _____

5. If another eight week program were open to you next week, would you want to take it?

(a) Yes _____ (b) No _____

Comment:

6. What changes, additions and/or deletions would you suggest for the next course?

7. Anything Else?

Thank you. This information will be very helpful both in evaluating this program and in developing new ones.

Again, thanks.

Gary

APPENDIX E: EVALUATION FORM RESULTS

APPENDIX

PARTICIPANTS' EVALUATIONS OF THE PROGRAM

I. Information

(1) Of the eight participants who completed the evaluation, four were between the ages of twenty-two to twenty-five and four were between the ages of twenty-six to thirty. (2) Two had worked at Children's Home for less than six months, one person had worked seven months to one year, three had worked one to two years, one had worked two to three years and one had worked three to four years. (3) Two participants had one year of post secondary education, one person had two years post secondary, one person had three years, two had four years and two had degrees. (4) Four respondents were female and four were male.

Thus the completed evaluations although not sufficient in number to hold any statistical validity, do represent a broad cross section of those child care workers who participated in the training program. However, it is also likely that those who did respond had a greater motivation to do so, that motivation may have been a higher preference for the program than those who did not respond.

II. Evaluation of the Staff Development Program

(1) Six participants found the day and the time of the sessions convenient, two found the day and time difficult. There were, however, five written comments which indicated variously; difficulty participating due to tiredness, the completion or imminence of eight hours of work or preoccupation with work-related problems and a preference for training

during regular working hours. (2) Five respondents found the length of the three hour session to be "just right" and three found it "too short". (3) Responses to both eight hour sessions were positive ranging from "OK." to "Terrific". Two people commented that the eight hour sessions were draining. One person felt unprepared for the first session. One person did not find the second eight hour session as useful as the first. One participant commented that the eight hour session helped them to get to "know people in depth". (4) Seven participants responded positively to the weekly spacing of sessions, but one responded in the "gave me time to forget" category. Four participants added written comments, three responding that spaced sessions provided them with an opportunity to practice and have new methods. One participant wondered if the program could have been better if it was in one concentrated time period. (5) Responses to the appropriateness of the number of sessions are skewed in that there are ten responses, five each for "too few" and "just right". (This may indicate that two respondents could not choose between these two categories.) Six written responses indicated; "Too many more and I would have started missing"; a desire for a break and then to continue; and several responses requesting more similar programs.

(6) Responses to the question about the best aspect of the course varied. Three responses emphasized learning about the self. Four commented that sharing experiences with fellow staff in the group was significant. One participant commented specifically on the usefulness of the role play technique. One participant commented that they had established several close relationships in the group. (7) Similarly, responses to the question about "the worst aspect of the course" were also varied. One participant commented that there were no negative aspects to the course. One person felt there

was not enough time for intensive work. One person commented on boredom several times throughout the course. One person found the questions used in the Trumpet process got in the way of the problem solving process. Four participants, however, felt the worst aspect of the program was giving up their own free time in order to attend. Several indicated that this arose for them as an issue several times, commenting that it was difficult "motivating self to attend when I was tired".

(8.a) Overall four participants evaluated the programs as excellent and four as good. (8.b.i.) In terms of content, seven evaluated the theory as good, one as excellent. (8.b.ii.) The exercises were seen as excellent (8 responses) or good (2 responses).

(8.c.) In terms of the facilitator's manner of presentation; (i) his theory input received four "excellent" responses and four "good" responses; (ii) general style received six "excellent" responses and two "good" responses; (iii) timing of new material received six "good" and two "excellent" responses and (iv) organization received four "excellent", two "good" and two "average" responses. (v) The facilitator's ability to respond to personal and group concerns was evaluated as excellent (6 responses) and good (2 responses).

(8.d.) The eight participants found the general tone or atmosphere of the class to be good, (six responses), or excellent, (two responses). In the written response to "how the atmosphere was for you", eight responses were "relaxed", four "comfortable", with several individual responses of "free", "thought-provoking", "friendly", "genuine", "democratic", etc. Three participants commented on their tenseness at the beginning of the first several sessions.

(9) Seven respondents felt they had enough input into planning the

content of the course, one respondent felt they had not had enough input. (10) Three participants felt the program met their expectation, three felt it more than met their expectations and two felt it met some of their expectations. (11) Six were pleased with their own participation in the program, two were very pleased with their own participation. (12) Three participants felt the training program had "very much" application to the work setting, three felt it "often" did and two felt it "sometimes" did. (13) Five participants felt they had "adequate opportunities to share with ... staff from other units", three did not. (14) Six people felt the program met the goals stated by the group at the beginning of the program, two felt it met some of those goals.

III. Benefits of the Course

(1) In response to the statement "This staff development program was a _____ (positive, negative, neutral) experience for me", eight responses were "positive". (2.a.) Responses to the question of personal learning varied. Three participants commented on learning more about themselves. Two participants mentioned an enhanced self image. One participant commented that they had learned to cope and to evaluate their own thinking, another commented on increased "understanding". Two participants thought that they had learned more about others. One discovered that others valued their opinion. One participant learned to feel comfortable in a new group of people. Another developed an interest in meditation. (2.b.) Professionally, participants each indicated a different learning. Five indicated increased skill in; "more ways to deal with kids"; "to search for true statements and feelings"; dealing more "affectively" with problem situations; accuracy of

responses and more congruence; and "To be more responsive to non verbal signals and to listen better and give immediate feedback as to what you have heard and what it meant to you".

(3) Participants were then given a list of 13 topic areas and were requested to rank order the content areas in terms of their own learning personally and/or professionally. (See Table) If participants felt that several items were of equal weight, they were requested to assign them the same number. Every content area was rated "1" by at least one participant. Six areas received more than one first rated response — self awareness (7 responses), levelling (4 responses), self confidence (3 responses), the treatment encounter (3 responses), feedback (2 responses), and awareness of others (2 responses). Only one item, however, received a rating no higher than five — self awareness. Participants were requested not to respond to content areas which were irrelevant to their learning. Only two areas received a response from each participant — self awareness and the levelling response. Four areas were not responded to by three participants — goal setting, control issues, non verbal communication and self disclosure. (See Table)

(4) In response to "Has anyone made any comment concerning changes in you since beginning the staff development program", two participants responded "Yes", six "No". One participant was told they were more willing to listen without judging and the other had received positive feedback on handling several "different situations in class". (5) Eight participants responded positively to the question about changes which they observed in themselves. Three commented on a perceived increase in understanding of behavior in situations. Two participants commented on a perceived increased willingness to listen. One participant felt more able to express themselves,

TOPIC AREAS RANKED BY PARTICIPANTS
IN ORDER OF GREATEST LEARNING

Compiled Rank Order *	Topic Area	Spread of Rank Ordered Responses				
		1	2-5	6-9	10-13	No Response
1.	Self Awareness	7	1	0	0	0
2.	Levelling Response	2	4	1	1	0
3.	Listening Skills	1	5	1	0	0
4.	Awareness of Others	2	4	0	1	1
5.	Self Confidence	2	4	0	0	2
6.	Confrontation	1	3	3	0	1
7.	Treatment Encounter	0	4	1	1	2
8.	Self Disclosure	0	4	1	0	3
9.	Non Verbal Communication	1	3	1	0	3
10.	Control Issues	0	4	0	1	3
11.	Problem Solving	1	3	0	2	2
12.	Feedback	0	3	2	1	2
13.	Goal Setting	1	2	1	1	3

* Greatest learning "1st".

another felt more self confidence, a third more willingness to examine their own feelings and not block them. Another participant felt themselves generally improving as a treatment worker. (6) General comments about program benefits repeated earlier more specific comments.

IV. General

(1) Six participants felt the program should be compulsory for all staff members, two did not. (2) Five thought that staff should be paid for attendance in training programs, three did not.

(3) Topics suggested for other staff development programs included: personal growth and awareness; small group sessions within units; basic communication skills; themes of child care and developmental pathology; assessment skills; group skills; treatment skills, communication exercises; and Parent Effectiveness Training for both child care workers and parents of children in care.

(4) All eight respondents replied positively to "If you had it to do over again, would you take this ... program". (5) If another training program were to start the week following the conclusion of the current one, seven replied they would attend.

(6) Changes or deletions suggested for the next course included; more time (2 responses); more self awareness skills (3 reponses) ; more treatment skills (1 response); assessment skills (1 response); delete or change the discussion on controls and confrontation (1 response); Parent Effectiveness Training; and more opportunities to receive feedback.

(7) Final comments repeated comments made above.