THE FACILITATION AND HINDRANCE OF PSYCHOLOGICAL CHANGE FOR YOUTH IN RESIDENTIAL CARE

by

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Abstract

This study was an exploration into aspects residential group care programs for youth that facilitate and hinder development of self-esteem, relationship building, internal locus of control, and academic achievement. The purpose of the study was to generate practical information that could be used by practitioners working in the field of child and youth care in the context of residential group care programs.

The research method involved interviewing 12 adults that had lived in residential care programs when they were teenagers. The Critical Incident Technique was used to elicit incidents from the 12 participants.

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Researcher Background

For the past ten years I have worked in the field of child and youth care for non-profit community based organizations. I have worked as a child care worker for most of this period and more recently as a family counsellor. During this period I have worked alongside child care workers, social workers, counsellors, psychiatrists, teachers, program directors and have gained a significant amount of experience in this field. My experience of the strengths and needs regarding the development of residential group care programs was part of the inspiration for embarking on this project.

CHAPTER 1

INTRODUCTION

The problems and issues related to the group care and treatment of children and youth whose parents are unable to care for them are myriad and complex. These include the lack of conclusive indicators of long term successful outcomes, the existence of too many poorly developed programs for residential group care and treatment, the cost of providing residential care, and the ongoing debate regarding whether residential care services should be developed or whether an emphasis should be placed on alternative services so that the necessity of removing children from their homes can be avoided. Research on residential treatment outcomes has lagged behind research in other areas that are related, such as outpatient treatment of behaviourally and emotionally disturbed children and developmental psychopathology (Curry, 1991). All of these issues have contributed to a situation in which the development of residential care programs over the past 50 years, including group homes and residential treatment centers, has been a slow and sometimes stagnant process. As a result the population of children and youth in care are getting services that are often insufficient for their needs.

Purpose of the study

This research will use the Critical Incident technique to explore the effectiveness of residential group care in achieving certain aims, as determined by individuals who have experienced the process. These aims are the achievement of increased self-esteem, the ability to build relationships, the development of an internal locus of control and

improved academic performance. The purpose of this study is to provide information for practitioners working in the field of residential care for troubled youth. The information is intended to provide practical information for child care workers that work in the front lines, counsellors, and supervisors that manage the programs. As well, it will contribute information that will be useful in the development of residential care programs and will inform policy makers of reforms that may be needed in residential care and treatment programs.

Statement of the Problem

The difficulty of conducting research on the effectiveness of residential treatment is one reason for the lack of progress and development in residential care. Without research to indicate what is effective, it is difficult to initiate change and development. Although a sizable amount of outcome research does exist, most of it has methodological problems that make it ineffective for making conclusions about the effectiveness of different models of care and different components of care and treatment. Among the methodological issues is that many of the studies use only single sample, pre-test, post-test designs with no control groups (Curry, 1991). The lack of comparison groups makes it difficult to associate change in behaviour to any specific variable of treatment. Part of the problem in doing research is the nature of the problem, which makes empirically sound quantitative research very difficult to conduct. Significant obstacles include ethical dilemmas that one has to consider. For example, randomly allocating clients to different programs is ethically problematic as the individuals are often coming from families in crisis expecting the best help they can get (Swayles & Kiehn, 1995). Withholding

treatment to create a control group is clearly unethical. Trying to find appropriate matched control groups from already existing programs is problematic as in residential settings that are not group homes or treatment facilities (for example, boarding schools), the social circumstances and problems of the individuals entering the settings are very different from the target population (Swales & Kiehn, 1995). In summary it is very difficult to maintain the internal validity of the research due to problems posed by the inability to randomly allocate subjects and the problems in trying to find or create control groups or contrast groups for comparison (Swayles & Kiehn, 1995; Bates, English, & Kouidou-Giles, 1997).

Another issue that makes empirically sound and accurate quantitative research difficult to conduct is in regard to the accurate specification of treatment conditions. For example, if attempting to measure the effectiveness of a group home model or particular residential treatment facility by comparing it to another program, it becomes difficult to isolate what exactly is therapeutically beneficial within each setting. It could be group therapy, individual therapy, the milieu as a whole, relationships between clients, relationships with certain staff members or particular parts of the program such as group outings or recreational activities. Complicating this even further is the fact that many residential facilities use idiosyncratic treatment approaches, or blend different theoretical models so that the lack of standardized methods makes it very difficult to do valid comparisons (Bates, English, & Kouidou-Giles, 1997). Thus, due to these factors, trying to isolate and accurately predict what exactly is causing a benefit to the client has historically been very difficult (Swayles & Kiehn, 1995).

Another issue with studies on residential treatment is that due to the limited number of residents living in each facility the research typically involves studies with small sample sizes. This limits the statistical power of the studies and puts into question the statistical validity of the research (Bates, English, & Kouidou-Giles, 1997; Curry, 1991).

Outcome research that has been done on the different types of programs in order to ascertain which are the most effective at eliciting change are inconclusive (Whittaker & Pfieffer, 1994). Currently not much is known regarding which aspects of a residential treatment are the most helpful in facilitating change, both in the short term and in the long term. The information that we do have is not encouraging. Although some evidence exists that residential care programs can promote change for youth while they are in a program, evidence also exists that indicates these changes are not maintained over the long term (Bates, English, & Kuoidou-Giles, 1997). In addition, research indicates that approximately 20 to 40 percent of children may either show no improvement or deteriorate further while in treatment (Wells, 1991).

One of the problems with outcome research as it is currently conducted is it's lack of utility as perceived by people that work in the field. Many practitioners doubt the value of outcome research and feel that it is not useful in terms of informing day to day practice (Pecora, Whittaker, Maluccio, Bath & Plotnick, 1992). Reasons for this include that the "outcome" which is the focus is removed from the process and does not occur until long after the child has left the facility. Also, group data indicating, for example, that 30 percent adapted well and 30 percent did not, does not inform the practitioner of how to work with or help particular individuals (Pecora et al.1992).

Rationale

The difficulties in conducting research in order to isolate the effective components of residential care for children and youth, has contributed to the lack of development of residential care and treatment programs. Treatment process research is necessary to dissect the various aspects of residential care programs in order to discover the aspects of residential programs that contribute the most to their effectiveness (Whittaker & Pfeiffer, 1994). One way to bypass the methodological problems, generate information that will be useful to practitioners, and shed some light on beneficial aspects of the treatment process, is to use an alternative methodology. The Critical Incident Technique (Flanagan, 1954) is an option that would accomplish these goals. The Critical Incident Technique is a method of inquiry by which participants describe critical events that helped or hindered their progress toward a specific goal. Use of the Critical Incident Technique would bypass the need for control groups, the need for random allocation of clients to conditions, and the need for large sample sizes. This method of research will generate rich data that has the potential to cover many different aspects of residential care that may help or hinder the progress of youth. The information should be useful to practitioners in the field as it comes directly from the clients that receive the services. The format of the research allows for the complexity of the problem, but should still generate information that will be practical and directly applicable to the improvement of services.

CHAPTER II

REVIEW OF THE LITERATURE

Background

Group homes and residential treatment facilities are institutions that provide care and treatment for children and youth. These children have, for various reasons, been removed temporarily or permanently from the care of their parents. The children and youth that are removed may suffer from a variety of social, emotional and behavioural disturbances. Problems can range from mild to severe. In theory the terms group home and residential treatment program describe two different types of facilities that offer different services. Group homes provide basic needs such as shelter, food, and safety, while residential treatment facilities provide these basic needs but have a stronger emphasis on a therapeutic component and mental health is more of a concern (Bates et al, 1997). Residential treatment programs are traditionally defined as being more restrictive, with a more intensive emphasis on treatment, while foster care and group homes are defined as less restrictive and less focused on treatment. In reality, however, there are significant differences in restrictiveness and intensity of treatment in different residential treatment programs and group homes so that some residential treatment programs end up being less restrictive and less intense in their treatment focus than some group homes. Complicating the issue further is the fact that, regardless of the needs of the clients, placement is often based on the availability of beds in a given area so that children with serious issues and high needs sometimes get placed in less restrictive facilities that have a

limited emphasis on a therapeutic component. This is something I have observed on numerous occasions in my own career in residential treatment. The result is that in practice the differences between what constitutes a group home and what constitutes a residential treatment facility become blurred, and the terms are often used interchangeably (Bates et al., 1997). For the purposes of this discussion, the term residential group care will be used to describe both residential treatment and group homes.

The history of residential group child care can be grouped into four general developmental phases (Pecora, et al.,1992). Initially, in the 19th century there was a movement to take delinquent, dependent or "defective" children out of workhouses and jails and put them into a different set of institutions specifically for children. These were the days of large orphanages. In the late 19th century there was a change from housing children in these large institutions to smaller institutions and cottage care. These institutions were much smaller and they attempted to provide a more family like atmosphere. These institutions were staffed by live-in workers referred to as house-parents. At this time the institutions were still large by today standards and sometimes contained more than 25 children (Pecora et al.,1992). In the early part of the 20th century, psychological theory and concepts began being introduced to the institutions. Psychological tests began to be used, the psychiatric team concept was introduced, and child care roles and child treatment functions were outlined. Following this, in the 1940's and 1950's pioneers such as Bruno Bettlheim and Fritz Redl developed programs that were based in psychoanalytic theory. More attention began to be paid to the milieu of the institution as a vehicle for change and a greater emphasis was placed on child care staff as

agents of change. Finally there is the phase that we are in today. Due to policy shifts toward deinstitutionalization and research that indicates the importance of post placement supports in determining successful outcomes, residential care programs have been forced to incorporate elements that tie treatment into what happens externally to the institutions. Consequently, in programs that are operating today, a stronger emphasis is placed on family work, community links, and after care services (Pecora, et al., 1992).

Modalities of Care

A variety of treatment approaches are used in residential care. Four common approaches include the psychoanalytic, the behavioural, the psychoeducational and the peer-cultural (Wells, 1991). Bruno Bettelheim (1950) was the first to develop the psychoanalytic model. Bettelheim advocated taking the child out of the home environment and using psychoanalysis as the main method of treatment. Redl's (1952) adaptation differs from Bettelheim's model and more closely resembles the type of practice commonly found in group care today. In this model the theoretical rationale is that through building long-term relationships with child care workers, and through the everyday experience of the therapeutic milieu, the child will go through an emotionally corrective experience.

The behavioural approach is another commonly used system. Less common in other parts of the world, and considered by some as outdated and ineffective when used as a base for treatment (Vanderven, 1990, Buckholdt & Gubrium, 1980), it is a mode of treatment still common in many North American settings. In this approach, certain

behaviours are identified as desirable or undesirable, and then classical and/or operant conditioning methods are used to decrease or increase the behaviours.

The peer-cultural model puts the emphasis on the peer group as the main agent of change (Vorath and Brendtro, 1985). In this model pro social behaviour is encouraged by the peer group providing feedback to each other regarding positive or inappropriate behaviours. The emphasis is on empowering the youth by making them responsible for their own behaviours. The theory is that by giving control to the youth to help each other it will improve their self-esteem and more effectively promote change than if the agent's change are only the staff of the facility.

The psychoeducational approach emphasizes the education of troubled youth to more effective ways of functioning. Teaching, as opposed to counselling, is the mode of interaction with the youth. Project Re-ed (Hobbs, 1982) was one of the first programs to develop this approach. The program first began in 1962 but has grown since then. This model emphasizes developing trust between child and adult, and developing competencies in various area's connected to daily living. The model promotes the development of cognitive competence and the aim is to teach self-control and help children and adolescents to manage their behaviour without the development of psychodynamic insight. Children are taught skills in life management and strategies for adapting to demands of family, school, community and work. Teaching occurs on an ongoing bases, from morning wake-up routines, through school, evening activities, and community integration. A guiding philosophy is that intelligence can be taught. The approach taken is ecological, so that the child and the child's issues are conceptualized in the context of his or her community. The community connection is considered essential

and so community interaction is an integral part of the program (Hobbs, 1982). This model uses what they refer to as teacher-counselors as the primary agents of change. Social workers, psychologists, and psychiatrists are used as consultants.

More recently, attachment theory has come to play a more explicit role in the design of group care programs. Many of the children that come into care and are referred to treatment programs have social, emotional and behavioural problems that are typical of the Attachment disorders. In addition, the type of environmental experience that is theorized to lead to attachment disorders match the type of life experience that many children and youth in care have gone through, including neglect, abuse, and poverty (Maier, 1994; Moretti, Holland, & Peterson, 1994). For these reasons, research and development in understanding and treatment of attachment disorders has a great deal of significance for the design of group care for children and youth. It has been suggested that working with children and youth from the perspective of addressing unmet attachment needs is an effective therapeutic intervention (Maier, 1994; Moretti, Holland, & Peterson, 1994).

Another reason for considering Attachment theory when discussing the process of residential care is the link between the development of Attachment disorders and the development of Conduct disorder. Research indicates that the factors leading to the development of Attachment disorders are the same as those indicated as contributing to the development of Conduct disorder (Moretti, et al. 1994). Previous treatment of youth diagnosed with Conduct disorder youth in residential treatment facilities has been largely ineffective (Holland, O'Connor, Moore, & Moretti. 1996). It has been suggested that approaching treatment from an attachment perspective is more effective than previous

treatment approaches. The focus on attachment is relevant to the method of treatment of conduct disorder because the conceptualization of the issue as an attachment style issue verses a behaviour issue changes etiological conceptualization of the problem which subsequently changes treatment goals and the nature of the treatment itself (Moretti et al., 1994). The target for treatment becomes the underlying attachment style rather than the overt behaviour.

Bowlby (1969) was the first to develop a model to explain the effects of the mother-infant bond and the significance this relationship has in shaping how an individual acts in future relationships and how they cope with distressing emotions in the future. According to the theory, the mother's reassurance and comfort of the child when the child is distressed provides the child with an internalized prototype that has a major influence on future relationships and coping skills. Ainsworth (1978) developed the theory further and identified different types of specific behaviours that can develop when a child's needs are not appropriately met. She referred to the behaviours as insecurely attached (Ainsworth, 1978). Maier (1994) and others (Moretti et al., 1994) argue that knowledge of the attachment process and intervening in the lives of disturbed children in care from this philosophical standpoint is crucial in creating an effective therapeutic environment. They say that the focus of therapy should be the development of healthy relationships by actively engaging with the children on a number of levels in the context of daily living. Also that it is important the child care workers be not merely present in the lives of youth in care, but consistently involved and "actively conveying their pleasure and support in the youngsters daily experience". Maier (1994) describes different ways that child care workers can build authentic connections and develop

sincere human relationships with youth in care and agues that this is the key to creating effective positive change in youth in care.

Although not explicitly stated as an attachment theory based model Durkin's (1988, 1990) Competency-Oriented Interpersonal Approach reflects many of the same concepts. Durkin (1988, 1990) argues that the most important aspect of treatment of troubled children and youth should be the development of competencies, and more specifically, competencies in interpersonal relationships. In this model, it is the child care worker, rather than the counsellor, psychiatrist or clinician that provides the key to change and development. Durkin argues that the symptoms of psychopathology in children are likely to reflect adjustment reactions to adverse life situations, rather than an autonomous psychopathology. In his mind the aberrant behaviours are simply a result of the children adapting to their environment. Moreover, he believes this process of adaptation is ongoing, so that child care staff can have a significant impact in changing behaviour by promoting normal growth and development through healthy supportive interactions with the children. The children that come into care have often been neglected and/or abused and have spent their whole lives in unhealthy relationships with care givers. Child care workers spend a great deal of time with these children so often provide the first important long term out of home relationship. This role holds a lot of potential for undoing previous harm. Durkin's model de-emphasizes the use of diagnosis and labels in the treatment of children and youth in favor of promoting positive competencies. The use of diagnoses and labels can stigmatize and pathologize and can be counter-therapeutic. Children and youth can internalize these labels and it becomes part of their identity, entrenching them with a negative self-image. In my career I have seen the result

of this process as I have had several children tell me they have ADHD. I also spoke to one 11 year old who said to me "I *am* Conduct Disorder".

In Durkin's model a lot of emphasis is put on teaching. As with psycheducational models such as Project Re-Ed (Hobbs, 1982) the child care worker is considered a teacher as well as a counsellor. Through teaching interpersonal competencies experientially the theory is that children will learn how to interact with others in a positive way. Durkin (1990) states that people form perceptions of their own identities in a large part from how they are viewed by others. With troubled youth, the interpersonal interactions they have are often negative. This is due to the negative models they have based their interactional skills on, and their lack of ability in social interactions. This forms a negative cycle which worsens and the negative self-image becomes more entrenched. By teaching positive interpersonal competencies, he argues, interactions will improve, they will receive more positive signals from others, and they will feel better about themselves. To sum up, Durkin's model has the child care worker as the primary agent of change, the emphasis is on teaching as much as counselling, and what is being taught is competency in general, but with an emphasis on interpersonal competency.

The development of competency is also the bases of the Modifying Environment concept, another innovative approach to group care (Becker & Feuerstein, 1991). This model is another psychoeducational model with an emphasis on cognitive development and mediated learning. This model also puts the child care staff in the role of primary agent of change, and again the child care worker's role is as a teacher. In this model, in fact, the child care worker is primarily that of a teacher. "Therapy" per se is not part of the model as the milieu

and the environment become the therapy and the emphasis is on learning rather than "therapy" (although the learning could be considered therapeutic). The authors argue that often times, group care facilities are "passive" rather than "active" environments. They argue that, despite admonitions to the contrary, in many institutions little change is expected among the residents as long as they behave and do not act out in any way. They say cosmetic changes may be sought after and praised, but basically if a resident can learn to "get by" and not "make trouble" they are left to their own devices. The active approach they advocate for is based on the idea that fundamental change can be stimulated by planned focused activities. This intervention:

> "...systematically makes demands on those within it for cognitive, emotional, and social modification in the context of their existing level of development, skill, etc. It does not accept the student where he (or she) is," but it does "start where the student is," building on existing competencies while providing for needed feelings of security. As competency and performance improve, demands rise accordingly, thus establishing ever higher levels of functioning. Whatever the specific setting the task is to establish and maintain a modifying environment appropriate to the needs of the clientele being served (Becker & Feuerstein, 1989)."

The model has four basic components. Two are ideological. "Expectation" refers to the expectation of staff that students can succeed in achieving growth and "Importance", refers to the conviction that these growths are the most important part of

the program. The other two are "Resources" and "Individualized process". Resources refer to both tangible and intangible resources. Individualized process refers to the ongoing individualized assessment and intervention, and the use and ongoing adaptation of the resources. In terms of care giver roles, the most important part of what they provide is defined as the Mediated Learning Experience. Mediated Learning Experience is an elaborate model of teaching, the details of which are beyond the scope of this paper (see Feuerstein, Klein & Tannenbaum, 1994 for a full description). However the premise is that the person doing the teaching acts as an interpreter for the child's environment, organizing and filtering information, and regulating it's intensity, frequency, and sequence, to a point where the child can comprehend external stimuli and create temporal, spatial, and causal relationships between the stimuli. The theory is based on the premise that this process normally occurs as a natural part of cognitive development in children, with parents in the role of mediators. In the case of some children however, either due to organic deficits or parental absence or malfunctioning, they have not experienced this development properly. Consequently they do not know how to learn or to cognitively organize and process the information that comes at them. By teaching them how to make the right connections between stimuli, the theory is that the children will develop the ability to think in a more effective way. While in the Modifying Environment the children learn competencies in a number of necessary areas, but the process is also designed to alter cognitive functioning in a fundamental way that will effect all subsequent experience and improve social, emotional, behavioural functioning over the long term.

The Modifying Environment makes similar use of the therapeutic milieu as it was conceptualized by Bettleheim (1950) and Redl (1952). The difference, however, lies in

the addition of the development of cognitive as well as emotional and social processes, and the fact that the Modifying Environment defines its program based on the ongoing assessment and intervention of each individual rather than a particular theoretical approach (Becker & Feuerstein, 1991).

An innovative approach to working with troubled youth in care that has some fundamental differences to the more common approaches described earlier is the narrative model. At Peak House, in British Columbia, Canada, the guiding philosophy is situated among the narrative approaches to counselling. The Peak House program began as a traditional chemical dependence treatment program in 1988, but since that time has developed in a post-modern and narrative direction (Sanders, 1997). In working with clients the program emphasizes that "problems" the clients come in with are actually problem discourses that have entered the lives of the clients. The perspective is similar to the view described by Durkin earlier, who argues against using the medical model in treatment due to the possibility of pathologizing the youth, causing stigmatization, increasing the possibilities of iatrogenic illness and worsening the problem (Durkin, 1990). The difference with the Peak House philosophy is that the stigmatization and internalization of labels and disorders into the personalities of the clients is based in a post-modern socio-political context. The goal is to put the client in the drivers seat as opposed to the "disorder", which is seen as a social construct, rather than a disease or an organic, neuro-chemical, or psychiatric illness that the person suffers from. Social discourse is viewed as a major contributor to the individuals problems. Therapy involves deconstructing problem identities in order to establish how they were imposed on the individual. The program has a positive focus in that therapy acts to build on strengths

rather than treat problems. Each client is looked at as unique and therapy is an adaptive process. The program is also ecologically based so that working with the families of the clients, and care providers and other community supports is considered an essential part of the process (Sanders, 1997).

Outcome Research

A sizable amount of outcome research has been conducted in the area of residential treatment. Unfortunately, as mentioned earlier, much of the research is methodologically flawed and/or lacking in quality, and a lot of the outcome research is considered of little practical use by practitioners in the field (Pecora et al, 1992). Despite these criticisms the research has yielded some information that is of use, and is important to consider. Among the findings is that, regardless of what goes on inside residential care, it is very important to consider the environment outside the treatment or care facility, both during and after care (Curry, 1991; Pecora et al, 1992; Whittaker & Pfeifer, 1994). Supports in the postdischarge environment are associated with successful adaptation to the community. Also, the outcome of treatment is indicated to be most successful if there is ongoing contact with the child's family while the child is in care (Frensch & Cameron, 2002). In addition, it has been found that youths that have supportive social or community networks are more likely to maintain positive changes that occurred while they were in care (Whittaker & Pfiefer, 1994) Given these findings it seems evident that residential treatment should be conceptualized not as a separation of the youth from his or her environment, but an intervention to help support the youth in either building connections or improving and maintaining existing connections with families, social

networks and communities. As Curry (1991) says, there is a need to conceptualize treatment as just one step in a process or continuum of care, rather than as a complete process in itself. Due to the methodological problems in outcome research, including the lack of comparison or control groups, and the difficulty in isolating treatment components for research purposes, there is very limited information regarding the effectiveness of specific treatment components or programs. More research, utilizing more effective research methods, is needed to assess treatment components within treatment settings, as well as to determine comparative effectiveness of different models and approaches to care and treatment. And even though it is known that social supports following treatment contribute to positive adaptation following treatment, there are still questions regarding the types of stressors faced by youth when they come out of care and what type of supports will help them cope with these stressors (Curry, 1991). Curry (1991) has suggested that, among other things, outcome research needs to address the impact of residential treatment in affecting psychological change on a number of levels. These include locus of control, self-esteem, perceptual and cognitive processes, relationships with significant others, and academic functioning. Furthermore, research is also needed to address the question of what aspects of residential care has the potential to affect these changes. Utilizing the Critical Incident Technique, this research addressed these issues.

CHAPTER III

METHODOLOGY

Critical Incident Technique

The method of inquiry was the Critical Incident Technique (Flanagan, 1954). The Critical Incident Technique was developed by Flanagan during his work with the Aviation Psychology Program of the United States Air Force in World War II. The method is designed to assess factors that are helpful or a hindrance to achieving a specific aim. Through the use of an interview format, participants who have been through a given process provide descriptive accounts of events they experienced that helped or hindered their achievement of a given aim. Once interviews have been conducted, the data is analyzed, and the events are grouped together by similarity and organized into categories that encompass all the events. Flanagan developed the methodology in order to identify factors important for the training of Air Force personnel. For this study the method was used to generate information that would indicate aspects of residential care programs that facilitate or hinder psychological change in the residents.

Participants

Participants for this study were young adults that had spent time living in a residential care or treatment facility in their childhood or youth. Criteria for selection included that they had spent over three months in care and that they were over 19 years of age. Potential participants were made aware through a network of contacts in the lower

mainland of B.C. , by word of mouth, and through informational flyers posted on information boards at various community agencies in the lower mainland (Appendix D). Interested participants responded by phone. They were given a letter explaining the study in more detail (Appendix A), and a consent form to indicate they understood fully the nature and purpose of the research and their rights as participants (Appendix B).

The participants in the study ranged in age from 20 to 40. The average age was 29. The study included eight females and four males. Geographically all the participants were currently living in various locations of the lower mainland. The amount of time each participant spent in care ranged from 1 year to nine years. The average time spent in care was 4.5 years. Three of the participants lived in group homes until they were 18 and then moved out on their own. Three spent a year in independent living programs before being fully independent at age 18. One left the group home at 16 and became an exotic dancer. Three left before age 17 and supported themselves through prostitution. One returned to his birth parents at 16. One went to live and work with his uncle on a Native reserve. Three participants were Aboriginal. One participant was of Asian descent. Seven were of Caucasian descent. Of the 12 participants two graduated from high school while in care. Five participants completed their GED as adults. At the time of the interview three participants had completed post-secondary education. Eight of the participants described themselves as having had serious drug and alcohol problems in the past. At the time of the interview one of them was still using.

Critical Incident Interview

The Critical Incident interview had two components. The first part was a description of the purpose of the study for clarification and to establish rapport. The second part involved asking the clients the questions to elicit the incidents. The participants were asked to describe the incidents clearly with as much detail and as completely as possible.

Orientation

During this initial meeting and prior to beginning the elicitation of events the participants were each given the consent form to sign. After reading the consent form any questions the participants had were answered and the purpose and process of the study was explained verbally. Participants were told that they would be asked questions about events they experienced while in care that helped or hindered in the development of self-esteem, their relationships with others, the degree to which they felt they had control over their lives and their schooling. Participants were ensured again of confidentiality. Once the participant was in full understanding of the process the consent form was signed.

Elicitation of Events

The interviews ranged from one hour to one hour and forty five minutes in duration. The interviews were tape recorded. Interviews took place at a place of convenience for the participants and attempts were made to ensure privacy. Prior to the elicitation of events there was a brief discussion of how long each participant had been in group homes and how many group homes they had been in. This was done in order to

further establish rapport, help the clients to feel at ease and to help triggers memories of incidents.

Example of Introductory Questions

How long did you live in group homes?

How many group homes did you live in?

Following these introductory questions the elicitation of events took place. This involved asking the participants specific questions about incidents that occurred that helped them achieve a specific aim (Appendix C). The questions were developed to elicit events that facilitated or hindered change in four domains of functioning. The four domains were self-esteem, locus of control, social development and academic achievement. The following is an example of the interview questions that were asked.

Example of Interview Questions: Domain - Self-Esteem

While you were living in a group home can you remember if anything happened that helped you to feel good about yourself?

Can you think of anything that didn't help you to feel good about yourself?

Example of Interview Questions: Domain - Locus-of-Control

Can you remember anything that happened that helped you to feel as if you were in charge of your life or helped you to feel like you had more personal control of your life?

Did anything happen that made you feel like you were less in charge of your life?

Example of Interview Questions: Domain - Relationships with Others

Can you remember anything that happened that helped you to make friends (eg. with other residents) or helped you to have a positive relationship with the adults in your life (eg. staff)?

Was there anything that happened that made this more difficult?

Example of Interview Questions: Domain - Academic Achievement

Can you remember if anything helped you to do well in school?

Was there anything about living in the group home that you found made it more difficult to do well in school?

Time was given for the participant to fully respond to the questions. As researcher my role was to listen carefully and to make sure the events described were complete and accurate. Throughout the interview active listening skills were used, including clarification questions, summarizing and reflecting, in order to make sure the participant was fully understood and that the incidents were detailed and complete. Specific

questions were asked in order to identify exactly why the event was helpful and what were the circumstances surrounding the event. Throughout the process the interviewer was careful not to use leading questions. Open ended questions were used. The following are the questions that were asked after events were described, in order to get clear, detailed and complete descriptions of events:

What was going on before the event happened?

What happened after the event?

What was it about the event that helped you feel more in control of your life?

Do you remember any other details about the event?

ANALYSIS OF THE INCIDENTS

There were three steps involved in analyzing the incidents. The first step was transcribing the audiotapes and recording the incidents on individual cards. One incident was put on each card. The next step involved grouping the individual incidents into themes in order to form categories. The third step was to subject the categories to several tests in order to ascertain their reliability and validity.

Extraction of the incidents

Twelve interviews were audio-taped and assigned a code number. The interviews were then transcribed in full. The interviews were then studied and critical incidents recorded on individual index cards. In this examination the incidents had to meet three criteria in order to be included in the research: (1) Was there a source for the event? (2)

Can the story be stated in reasonable completeness? (3) Was there an outcome bearing on the aim? Ensuring the incidents met this criteria helped in the decision making process regarding which described events should qualify as an incident for the purposes of this study. Using these criteria it was possible to delete vague statements and isolate more clearly defined events.

Process of Forming Categories

After the incidents had been recorded on individual cards they were first divided into the four domains of functioning that were being studied, self-esteem, locus of control, relationship building and academic achievement. Within each domain incidents were then sorted into categories based on their similarities. This formulation of the categories is an inductive process (Woolsey, 1986). Incidents that seem to group together are sorted into clusters. It is a subjective process, but this is unavoidable (Flanagan, 1954). Once these initial groupings had been established, tentative categories began to form. Prototypes of incident categories were identified. These were incidents that had the most defining characteristics for that category and so best described the theme for the group. The prototypes facilitated subsequent categorization by using them as examples and placing similar events in the categories defined by the prototypes. During this process the necessity for redefining existing categories and for forming new categories was noted. Categories were redefined and new categories were formed as the necessity arose. This process continued until all of the incidents had been categorized. Facilitating and hindering incidents were categorized in this manner. Once the categories had all been formed, definitions of categories and incidents contained in each of the categories were

re-examined to ensure the definition of the category accurately represented what was contained in each incident.

VALIDATION PROCEDURES

In order to assess the trustworthiness of the system the categories went through a series of validation procedures. There were four procedures in total. The first test was to ensure the consistency of the categories. Two independent judges were presented with a description of the categories and then asked to place a sample of the incidents in the categories that they think were appropriate. Thirty incidents were selected at random from the self-esteem domain, 20 from the relationships with others domain, 20 from the locus of control domain and all 16 incidents from the Academic Achievement domain. The placement of the incidents by the judges was compared with the original placement of incidents. The number of "hits" and "misses" was then calculated. Flanagan (1954) recommends a 75% level of agreement in order to consider the categories reliable. A high level of agreement indicates that different people could use the categories in a consistent way.

The next measure to determine validity is described by Anderson & Nilsson (1964). This measure determines if the category system is complete or comprehensive. Prior to forming the categories 10% of the incidents were withdrawn and not examined. After the categories were formed, these incidents were examined and classified. As described by Anderson and Nilsson (1964), the extent that these incidents can be

reasonably placed into the already existing categories is an indication of how comprehensive and valid the category system is.

The third measure entails using the participation rate of each category in order to determine whether the categories are sound or reasonably well founded. Categories are formed when the researcher notices a similarity in incidents reported by different people. If only one participant describes a particular event it may be dismissed because this incident may stand alone due to distortion or fabrication by the participant. If many people report the same kind of experience, the chance of distortion and fabrication subside. The participation rate is a measure of the soundness of categories. Agreement was measured through dividing the number of participants reporting a particular event by the total number of participants.

The last measure of validity was to observe the extent to which the categories agree with previous research. If a category contradicts what has already been established by previous research it would put the validity of the category in question. If there is agreement between a category and previous findings, the indication is that this category has more validity. If the category does not confirm or refute previous findings it will exist as a possibility to be examined again in future research.

CHAPTER IV

RESULTS

Twelve adults (8 women, four men) who had lived in group homes in their teens were interviewed in order to identify events that facilitated and what hindered while they were in care in terms of developing higher self-esteem, achieving an internal locus of control, building relationships with others, and academic achievement. A total of 217 incidents were elicited. In the domain of self-esteem 86 incidents were sorted into 17 categories. In the domain of locus-of-control 47 incidents were sorted into 7 categories. In the domain of relationships with others 68 incidents were sorted into 17 categories. In the domain of academic achievement 16 incidents were sorted into 5 categories.

Description of the Categories

In this section the categories within each domain are presented in order of decreasing frequency. For each category, examples of incidents are presented. Each domain is presented separately.

DOMAIN: SELF-ESTEEM

The following questions were asked in order to elicit events that were grouped into the categories described in table 1 (p.29):

While you were living in a group home can you remember if anything happened that helped you to feel good about yourself?

Can you think of anything that didn't help you to feel good about yourself?

Table 1. Participation Rates for Self-Esteem Categories

Categories	Frequency	Participation Rate
Rules Structure and Consequences (2 Helping / 7 Hindering)	9	66%
Outings / Trips (Helping)	8	66%
Crossing Boundaries of Staff / Youth Roles (Helping)	7	58%
Emotional and Physical Abuse (Hindering)	7	58%
Positive Feedback / Encouragement (Helping)	7	50%
One-to-One Counselling and Guidance (Helping)	7	50%
Staff Communicating Caring (Helping)	6	50%
Learning New Skills (Helping)	6	33%
Celebrations (Helping)	6	33%
Non-Interactive Staff (Hindering))	5	33%
Changing Placements (Hindering)	4	33%
Maternal Nurturing (Helping)	3	25%
Cooking / Receiving Food (Helping)	3	25%
Arrested by Police (Hindering)	2	16%
Receiving Clothes (Helping)	2	16%
Visiting (Hindering)	2	16%
Negotiated Autonomy (Helping)	2	16%

N=12

N.B. In the table, frequency indicates how many incidents were reported. Participation rate indicates the percentage of individuals that reported incidents falling into that category.

Category 1: Rules Structure and Consequences (9 incidents; 66% participation rate; 7 hindering, 2 helping)

This category refers to the rules in the group homes that participants had to adhere to and the consequences they had to follow through with if they broke the rules. Seven of the incidents were hindering and two helping. Many of the participants I spoke to referred to themselves as "out of control" when they went into the homes. Many of them were very angry and/or depressed and/or abusing alcohol and drugs. They did want to, or were not able to, follow the sometimes rigid rules imposed by strange adults. One participant likened the experience to being in "jail". Facing what they believed were unfair and overly harsh consequences, and being coerced into conforming to the rigid structure made the participants feel disempowered and lowered self-esteem. In two cases, however, participants described the rules and structure as helping them.

Example 1 (hindering)

They took all the stuff out of my room and put it in garbage bags. They said if you are going to treat this like a hotel room we are going to treat you like a guest in a hotel. I didn't feel that was great. They took all my stuff... I just felt like crap in that place... like nobody cared.

Example 2 (hindering)

I was always grounded or in trouble. They would take away privileges like Nintendo. Which I didn't care about because I didn't play Nintendo. But then they would take away things that I liked to do. Like playing outside... A lot of that place just felt like

it was prison and that made it hard because it just built up a lot of frustration... and then one day I just boot down my door.

Example 3 (helping)

It felt good to have rules and a structure in the home. Like it felt safe. But I was too wild and I messed it up. I was too out of control...

Category 2: Outings/Trips (8 Incidents / 66% participation rate)

This category referred to times when the youth were taken out of the group homes by the staff on supervised outings and trips. The types of outings described by the participants include movies, trips to the library, swimming, day hikes and longer outings such as camping and hiking trips. All the incidents were described as facilitating development of self esteem.

Example 1

We took a trip to Utah. For a ten day hike. I liked that. I have memories of being by myself and sitting on this one cliff. And the sunset. It turned everything orange. Things were better after the trip... I got closer to the staff and the other kids...

Example 2

We went horseback riding once. That was cool. It gave me something to be my favourite.

Category 3: Crossing boundaries of staff/youth Roles (7 incidents; 58% participation rate; 7 helping)

This category was one of the more surprising results of the study. Over half of the participants reported that one of the events that helped them the most was when they were invited by staff into their personal lives, or staff offered to provide them some type of support outside the hours they worked and "on their own time". This category is related to another recurring theme that came out of the interviews, which is that many of the participants felt very negatively about group home staff that they thought were only doing the work "for the money". It seems that if there was a genuine gesture of kindness or caring or interest in the youth that was done evidently due to an intrinsic motivation, it had a powerful impact on the youth. The ethical issues raised in stepping outside the boundaries of roles are discussed below.

Example 1 (helping)

I used to go to her house once a week and have dinner with her and her husband. One night a week I'd go camping at her place...she helped me by getting me to accept what I am and not what I'm not. Because when you're like that all on the street you are all in a tough shell. She got me to open up... trust is a big issue I think I got to trust her more.

Example 2 (helping)

A couple of the staff took me home for Christmas. They took me to their parents house. I felt accepted.... like they accepted me.

Example 3 (helping)

I remember one time with my worker he took me for my birthday, we went to Galliano. And we just hung around. He introduced me to all his neighbours and I got to know everyone up there... it helped me to feel good about myself because I got to meet all these new people.

Example 4

One staff offered to help me move after I had left the group home. So I called him up. And he actually came out and helped me move my furniture. That meant a lot to me... I just felt important. I felt worthy and worthwhile.

Category 4: Emotional and Physical Abuse (7 incidents; 58% participation rate; 7 hindering)

This category refers to when staff made remarks that were emotionally abusive. There were two incidents of physical abuse described. The physical abuse incidents both occurred in foster parent group home models. These are not staffed resources but group homes in which one set of care givers or a single care giver runs the home by themselves. All the incidents were described as hindering development of self-esteem.

Example 1 (hindering)

During that whole time at _____ House I kept getting people saying to me. "Oh you're stupid. You wont be able to make it. You wont be successful. Look at this. Look at that. Putting me down constantly. And I felt bad and tormented. I'd get people saying your mom was going to see you today but because you're bad you wont be able to

see her. Things like that I could feel the energy and I wanted to hit them. I once did and I got into trouble. I had so much anger.

Example 2 (hindering)

When I got hit by my foster dad I thought I deserved it. That's what I thought.

Example 3

I had my period and made a mess on one of the sheets. My foster mother flipped out and embarrassed me in front of her boyfriend.

Category 5: Positive Feedback/Encouragement (7 incidents ; 50% participation rate, 7 helping)

Many of the participants recalled specific instances when staff members had given them positive feedback or encouragement. There were various contexts for this happening. Some participants made reference to remarks that staff members made to them, such as being told that they were smart. Others made reference to conversations they had with staff, and others said that the staff communicated that they "believed in" the youth. This category is differentiated from the "Staff Communicating Caring" category in that this category is meant to describe verbal feedback regarding the behaviour or nature of the youth as opposed to the gestures of caring that communicate how the staff member feels about the youth.

Example 1 (helping)

The first group home I went to I was in a shell and I was really scared. And this one staff encouraged me to stand up for myself and open up. He would make me smile.

Say... like I remember this one time he didn't hear me say thank you and I said "THANK YOU!" And he's like, "There! There you go you're speaking up". So he encouraged me. I was pretty shy. He encouraged me to speak up and be myself.

Example 2 (helping)

They talked to me. Just having a conversation and them trying to understand me. I was a troubled kid but they saw past that. They like me. I could see that they saw good in me. They believed in me. They told me I was a good kid.

Example 3 (helping)

They said you know what Tim. We are very proud of you and what you have done. We are very proud of the choices you have made. We are glad to have had you.

Category 6: One-to-One Counselling and Guidance (7 incidents; 50% participation rate; 7 helping)

This category refers to formal individual counselling sessions as well as informal dialogue that took place between the participants and the child care staff of the group homes. It is differentiated from the positive feedback and encouragement category because these events are characterized by two way conversations and contained aspects of counselling such as empathy, validation, and guidance. The incidents in this category were all facilitating development of self-esteem

Example 1 (helping)

They had counselling sessions with you every week. They would talk about what was going on and different ways to deal with things that were happening. Things got worked on. At the time I probably got pissed off but deep down I liked them. Even

though it was their job I could feel their compassion. I felt like there were people out there that wanted to help.

Example 2 (helping)

I remember having this conversation and the staff telling me it's okay to have the anger, to feel it. But it's what you do with it that matters... I think that just knowing that it was okay to feel those things helped me.

Example 3 (helping)

People told me they understood what I was going through because they went through something similar. It got me to open up a bit more you know. I'm not a reject. Not an alien. It got me to open up a bit more and to relate. To know that people are working with me that went through what I went through. It gave me hope that I could do that one day for other people.

Category 7: Staff Communication of Caring (6 incidents ; 50% participation rate; 6 helping)

This category refers to times when child care staff made simple gestures of caring. Often it was just the event of the child care staff asking how the youth was doing. Of interest here is the simplicity of the act which lies in contrast with the impact it had on the youth. The incidents in this category were all facilitating development of self-esteem.

Example 1 (helping)

I felt like somebody. He would always ask me how I'm doing... it just gave you the feeling that people cared

Example 2 (helping)

People just taking the time to check in with me like just to say, "How are you doing Tina". It was nice... like it made you feel like somebody.

Category 8: Learning New Skills (6 incidents; 33% participation rate; 6 helping)

Participants described being taught skills by group home staff. Skills range from being taught skills in sports to being taught life skills such as cooking and how to do laundry, to being taught interpersonal social skills, and one incident of being taught how to play guitar. All the incidents were described as facilitating the development of self-esteem.

Example 1 (helping)

One staff in the group home was good with electronics. So he taught me to wire things up. And I learned how to cook from someone else. So I learned many skills. Since then I've worked as a chef, done all kinds of things. And I learned the skills in the group home... I used to be in a shell and then I started opening up and I'd ask them about like if I could join in on things... like when they were cooking.

Example 2 (helping)

They taught me self-respect, manners, things my parents never taught me. How to do laundry and fix things.

Example 3 (helping)

My key worker taught me how to play guitar and that made me feel good. I still play guitar today.

Category 9: Celebrations (6 incidents ; 33% participation rate; 6 helping)

Several participants described activities put on by group home staff to celebrate birthdays, successes in school, and going away parties. As with many of the categories these incidents are not complicated acts, but simple gestures that communicate caring and a sense of worthiness. Events that happen as a matter of course in most families.

Example 1 (helping)

On my birthday I got to choose what kind of cake I wanted and what I was going to eat. They'd get me a whole bunch of presents.

Example 2 (helping)

When I graduated from high school and I was going to live on my own they really made that important and really focused on the positive. They had a huge big going away party. Got me a big cake and balloons.

Category 10: Non-Interactive Staff (5 incidents; 33% participation rate; 5 hindering)

Participants reported events where they were ignored by staff. Staff either never checked in with them or did not offer support or guidance when asked by youth. In this context participants often concluded staff were "only in it for the money" or were just doing the work "because it was their job". These incidents were all hindering development of self-esteem.

Example 1 (hindering)

I would come and go and when I came in they didn't even acknowledge that I was back. One time I was gone for two weeks and when I came back they didn't even say anything. It got to be harsh. Eventually it drove me crazy.

Example 2 (hindering)

I felt ignored by staff. They'd be there doing their paperwork. You feel like a throwaway person because you live in this arena of all these throwaway kids. And there's paid staff that wouldn't be doing it if they weren't getting the money. There was no interaction. No kindness. No affection. Not even a, "How are you today". No emotional attachment. I think all of that was a very negative thing.

Category 11: Changing Placements (4 incidents; 33% participation rate; 4 hindering)

Participants described a great deal of distress at being moved from one group home to another, not being able to settle in one place and having no control over the movement. The incidents were all described as hindering the development of self-esteem.

Example 1 (hindering)

It was like... what is this going to be for a few days and then I'm going to get kicked out again. That's all it was right. You get to trust in someone and all that. And then you're finally about to open up and then it's like okay you get ripped right out of there and it puts you right back into the negative spot. Your emotions get teased a lot. And then it just tore me apart

Example 2 (hindering)

I was getting settled and it was my first time in a group home, and I thought I was going to stay there. And then I moved and started moving around. I just started getting sick of it. I felt very unwanted. Really lonely. By myself. I had no family. Nobody really close to me. It was really awful.

Category 12:Maternal Nurturing (3 incidents; 25% participation rate; 3 helping)

Participants reported receiving nurturing support form child care staff. These incidents were placed in a separate category than communication of caring because, although these incidents do clearly communicate caring, the actions performed by staff in these cases go one step further, engaging in actions going beyond verbal communication, with staff providing nurturing of a maternal nature. The incidents were facilitating the development of self-esteem.

Example 1 (helping)

There was one lady that used to clean my room and do my laundry. Something small that she didn't have to do but she did it anyway. And she'd leave me a little sticky note saying, "Just thought I'd clean your room for you". And I thought. That's so nice. I felt like I belonged... like it felt like home, it felt comfortable.

Example 2 (helping)

A woman would treat me like her son. Every time when I would be scared in my room at night she would come in and sing songs to me and put me to sleep... it just felt good.

Example 3 (helping)

Every night she would tuck me in at night and wrap me up like I was in a cocoon. I liked that because I like cocoons. I had told her that. She knew that I liked cocoons.

Category 13: Cooking/Receiving Food (3 incidents; 25% participation rate; 3 helping)

This category describes events involving the preparing of food or receiving of food. All the incidents are described as helping to make the youth feel good about themselves.

Example 1 (helping)

We had to cook meals like one day a week. Like meals for the whole house. And every time I made something everyone really enjoyed it. And then everyone would help me prepare and help me clean up and put away the dishes.

Category 14: Arrested by Police (2 incidents / 16% participation rate; 2 hindering)

Participants described being arrested by police as making them feel worse about themselves. Participants did not deny that they had been aggressive and had assaulted the group home staff, but regardless said they felt police involvement was unfair. One participant clarified her feeling of unfairness. She said that she was very troubled when she went into the group home and then did not get any support in the home. She said that her violent acting out was a natural response for someone that had been through what she had been through. After the arrest she said she felt trapped and helpless because she had

no way to express her anger, and the only way she could express it would lead her to jail. The first example below is from this participant.

Example 1

I remember one time I threw a book at one of the staff and I got charged. They called the police and I got charged. You know you go into this place and you need help. And then you don't get any and when you do something you get into trouble. I felt trapped. Like being in a box with no way to get out.

Example 2

After the police tackled me down they sent me to secure treatment. I felt angry and betrayed. The place had magnetic doors that locked. It was like jail.

Category 15: Receiving Clothes (2 incidents; 16% participation rate; 2 helping)

Two participants described getting clothes as making them feel better about themselves. One participant described receiving clothes from the group home staff and one said that she would steal the clothes. They were both included in the same category as the key factor is having the clothes as opposed to how the clothes were received.

Example 1 (helping)

Stealing and stuff. We were doing that to build our self-esteem. That's why I used to steal. Try to build up my self-esteem. Yeah I had a closet full of clothes that I stole. I just wanted to be like a normal girl. I wanted to look good.

Category 16: Visiting (2 incidents; 16% participation rate; 2 hindering)

Two participants described visiting with their parents as very difficult for them and as emotionally harmful. It is interesting to note that other than these two references no other participants discussed visiting in either negative or positive terms. Issues surrounding family involvement are discussed in more detail in the "support of related literature" section.

Example 1 (hindering)

Visiting was... it brings back so many..... I'm displaced. My parents are coming to visit me where they've put me. And then they're going to leave again. Especially the leaving part. You've been here for an hour and you're leaving already? Taking off already?

Category 17: Negotiated Autonomy (2 incidents; 16% participation rate; 2 hindering)

Participants described earning freedoms based on how well they were following the rules in the group home and how much responsibility the staff thought they could give. Participants describe earning freedom as increasing self-esteem.

Example 1 (hindering)

I had my own key and was allowed to come and go as I pleased. But this was because I had a job, went to cadets and went to school.... they trusted me because I was doing all of that.

DOMAIN: RELATIONSHIPS WITH OTHERS

The following questions were asked in order to elicit events that were subsequently grouped in to the categories described in table 2 (p. 45):

Can you remember anything that happened that helped you to make friends (eg. with other residents) or helped you to have a positive relationship with the adults in your life (eg. staff)?

Was there anything that happened that made this more difficult?

Table 2. Participation rates for relationships with others categories

Categories	Frequency	Participation Rate
One-One Counselling and Guidance (6 Helping, 1 Hindering	7	58%
Peer Conflict (1 Helping, 6 Hindering)	7	58%
Rules Structure and Consequences (1 Helping, 5 Hindering)	6	41%
Non-Interactive Staff (Hindering)	6	41%
Recreation / Play (Helping)	4	33%
Belongings Stolen (Hindering)	4	33%
Group Meetings (2 Helping, 2 Hindering)	4	33%
Changing Shifts (Hindering)	4	33%
Outings / Trips (Helping)	4	25%
Emotional / Physical Abuse (Hindering)	4	25%
Staff Teaching Skills (Helping)	3	25%
Changing Placements (Hindering)	3	25%
Staff Communicating Caring (Helping)	3	25%
Sexual Relationships (Hindering)	3	25%
Rebelling With Peers (Helping)	3	25%
Physical Restraint (Hindering)	2	16%
Broken Promises Hindering)	1	8%
N=12		

N.B. In the table, frequency indicates how many incidents were reported. Participation rate indicates the percentage of individuals that reported incidents falling into that category

Category 1: One-to-one Counselling and Guidance (7 incidents; 58% participation rate; 6 helping , 1 hindering)

Participants identified incidents in which they had one-to-one attention from staff members. Staff would talk to them about their thoughts and feelings, and staff would give them guidance in regard to social or emotional functioning. For the most part the incidents described were informal conversations as opposed to formal counselling sessions. One participant described formal counselling as helping in developing relationships with others. One of the participants found that attempts made by staff to engage him in dialogue were insincere and he found that when staff members did this it made it more difficult to form relationships with them. In fact, it made him more hostile towards them. Several participants said (in the way of advice giving) to the researcher that staff members should let the youth know that they are there for them if they need but not to push counselling or guidance on them. And that the youth will eventually seek guidance and support on their own volition when they are ready.

Example 1 (helping)

They would sit and talk to me. They used to take me out and talk to me. Take me out by myself. And I remember one of the staff telling me all this stuff about smoking. And that stuff sticks. It was a good thing to have somebody say, "Do you want to go for a walk?" I remember that. That kind of made me feel special.

Example 2 (helping)

Our thing was for me to come to the office (which was also her bedroom) and have a coffee and talk about life and how to deal with things. I felt like she was the first person to come along in a long time that actually believed in me. Believed that I could get ahead and do things. Like she saw something in me that other people didn't.

Example 3 (hindering)

The staff at the group homes (as opposed to the foster homes) were the ones that bothered me the most because every one of them wanted to get into your life and every one of them wanted to help you and stuff like that... I got angry. I was a really really angry kid... I would just try to ignore kids ignore staff. One of the group homes thought I was autistic. So they put me into a hospital to see if I was autistic.

Category 2: Peer Conflict and Bullying (7 incidents; 58% participation rate; 1 hindering, 6 helping)

When asked the question about events that hindered development of relationships the most common category of response was peer conflict. It is understandable a category such as this would unfold as there are a number of possible factors that could contribute to peer conflict. Factor may include, a lot of anger, impaired social development and social skills, identity confusion, insecure and fragile ego's causing a reactive disposition in the youth. Another possibility is that self-loathing may cause the youth to want to lash out against peers if they see aspects of themselves in their peers. Youth also may feel safer lashing out at peers than at staff as a way of venting their anger. Six of the incidents were hindering, however, one youth described peer conflict as facilitating as well as hindering as she said by ganging up on a particular youth she would bond with the youth doing the aggressing. But she said that alliances would change so that she would subsequently be picked on herself by the others. This is the first example below.

Example 1 (helping)

One of the things that helped me form relationships with other kids was when I would gang up with others against someone else. But then it would be against me. We'd

change alliances. It was what I called negative bonding. Or we'd gossip about another kid.

Example 2 (hindering)

I'd get picked on. Kids that got their own special room. Other kids would get jealous and single you out and you'd get picked on. And then you'd get violent.

Example 3 (hindering)

They were pretty snotty with me. Because I guess those kids had been there a long time. I got into a fight with one of the kids there.

Category 3: Rules Structure and Consequences (6 incidents; 41% participation rate; 1 helping; 5 hindering)

Participants described what they perceived as unfair or unwanted rules and consequences as hindering the development of relationships with the staff in the homes. Five of the incidents were hindering, however, one incident was facilitating. In the facilitating incident the staff of the home helped build the relationship between themselves and the peer by doing what she perceived as breaking the rules for her. This is the first example described below.

Example 1 (helping)

One night I had some friends come in from out of town and they came to my room and the staff was like what the hell is this. And I was like, "they just came to visit and they are not from here." And they let me leave the house and go out past curfew and stay out all night. And I was like, "I'm going to my sisters house." And they knew it was a lie but they didn't say anything and I got hang out with my friends. I thought that was so cool that they did that.

Example 2 (hindering)

They punished me a lot. I'd always be grounded. Constant privileges being taken away. I'd always be in my room. I got locked in my room so much I spent very little time with anyone. That was okay. Less time to have to spend with them so I'm good with that... well I'd run away. All the time. When I was younger I'd run away. When I was older I'd fight. When I was younger all I would do is try to run. Anywhere I could and as far as I could. Usually back to my moms car.

Example 3 (hindering)

Putting me in a room for something I didn't do. Misinterpreting a situation can kill a kids life. A kid can be happy in a group home and all of a sudden he's at a different level of acceptance because misinterpreting a situation where I wasn't even doing anything that was warranting the punishment that I got. I'd just get so angry... it would be total defiance.

Example 4

The unfair way we got treated. Like I remember protesting about the way the boys were treated differently. But they didn't listen. You have no voice, so what's that saying to somebody? You know, we are going to look after you but only if you do exactly what we are going to tell you... I'd just take off.

Category 4: Non - Interactive Staff (6 incidents; 41% participation rate; 6 hindering)

Participants described staff ignoring them or being unsupportive or uncaring. All of the incidents were hindering the outcome of helping to develop relationships.

Example 1 (hindering)

When you are a staff member in a group home you've got to be responsive either positive or negative. You can't just ride a straight line and expect it to work because kids don't feel anything from that. They don't feel negative or positive. They just feel I don't know you. I don't want to know you. If they were just being Mr. Staff member and not having any emotions, then I'd give them a hard time. You got no emotions, I'm going to give you some. *Show me some feeling.*

Example 2 (hindering)

They didn't care. They didn't like teach me how to do things like how to do laundry and stuff. Like I didn't know how to do laundry. I remember asking and they were like, "Read the directions on the box".

Example 3 (hindering)

I had to teach myself all my values and stuff. They didn't care. They just made sure I was fed and went to school. There was no mentoring or anything. They gave me no direction... I just started drinking and AWOLing.

Category 5: Recreation / Play (4 incidents ; 33% participation rate; 4 helping)

Participants described events playing or in recreational activities with staff as facilitating the development of relationships with both staff and peers. Events described included structured activities as well as unstructured play with staff and peers.

Example 1 (helping)

At this one home it was more like a family. There was a husband and wife. Their kids would come over and we'd all play board games... I felt accepted there. It felt good to be a part of that.

Example 2 (helping)

One day Tim (staff) and I were having dinner and Tim just grabbed a handful of peas and just chucked them at me. And we grabbed a handful and chucked them back and we had a massive food fight.

Example 3 (helping)

We'd play games. Do pranks on each other. Have water fights... just have fun together, not just all rules and do this and do that.

Category 6 : Belongings stolen (4 incidents; 33% participation rate; 4 hindering)

Participants described having their personal belongings stolen as an event that hindered the development of relationships with peers in the home. It is understandable that an event such as this would reduce feelings of trust and safety and hinder the development of relationships.

Example 1 (hindering)

The kids were stealing my stuff. That was something that made it harder to make friends. How can you make friends with people who might be stealing your stuff? It didn't feel safe in there, I never really felt safe in that place.

Category 7: Group Meetings (4 incidents; 33% participation rate; 2 helping, 2 hindering)

This category describes semi-structured discussion groups that were held at the group homes. Feelings about the group meetings are mixed overall. Some participants did not like them at all and some did like them and felt they were helpful. Factors contributing to whether the groups were liked or disliked appeared to be the facilitation

(or lack thereof) and whether the group was voluntary or not. Involuntary groups were not liked. One group was described as a time for people to pick on each other. Clearly in this case the facilitator did not set effective group norms.

Example 1 (hindering)

We used to have family home evenings when we would sit around and talk. And we'd talk about if you had a beef with someone and who you didn't like or what you didn't like about that person. Sometimes I found that if everyone didn't like that person they'd pick on him. Put them in the hot seat. I didn't really like that idea.

Example 2 (hindering)

They did group. Like group counselling but like tell us how you're feeling. And I guess there were two or three couches and everyone would sit around and staff would sit there and you would start saying how you feel or if you were angry that's what they did. If you were angry or upset with anyone in the house. And it just made me uncomfortable, but that was not my first emotion my first emotion was, how insensitive. How insensitive to sit here and to this day I hate it. I hate when they do group shit. First of all our thoughts are our own. And they are private. And if I want to share that I'm pissed off with somebody, I'll do it on my own accord. Not be forced to do it in this group setting. I hated it. But everybody else seemed to just thrive off of it and it just fueled this whole victimized thing. And the staff then treated them like victims. So yeah. I hated it.

Example 3 (helping)

We had resident meetings. All the residents would get together and our resource/outreach worker and we would check rules and resident issues and stuff. That was cool.

Category 8: Changing Shifts (4 incidents; 33% participation rate; 1 helping, 3 hindering)

Participants described changing shifts and having child care workers for only one shift at a time as hindering the development of relationships with those staff. One incident is described as facilitating the development of relationships, however, this participant was referring to the lack of rotating staff, having lived in group homes with a house parent model and group homes with shift work models. The consistency of the staff was described as the facilitating event. This is the first example below.

Example 1 (helping)

Just having the same people there all the time. More like a family. Not rotating staff all the time like in some places. I like that much better. You knew what to expect.

Example 2 (hindering)

It was hard not knowing which staff were coming in. You know what I mean like staff always changing. So it's like well is she going to be back tomorrow or is she never going to be back.

Example 3 (hindering)

All these people changing shifts just screws up the fluid with being happy because everything changes from shift to shift. It's just like being in a different house every shift. And that would be the biggest factor of difficulty in getting through the day.

Category 9: Group Outings / Trips (4 incidents; 25% participation rate; 4 helping)

This category referred to times when the youth were taken out of the group homes by the staff on supervised outings and trips. The types of outings described by the participants include movies, trips to the library, swimming, day hikes and longer outings such as camping and hiking trips. All the incidents are described as facilitating development of relationships with both peers and staff.

Example 1 (helping)

One time a year we would play baseball as a whole organization. They would get the whole organization together as a group and they would play baseball. I got to meet people from other group homes.

Example 2 (helping)

Doing things as a group was good for me. Like I didn't have any friends. I still don't have that many friends. It's hard for me to be social. But in the group home I was able to have friends. Because we would do all these activities as a group.

Catgegory10: Emotional / Physical Abuse (4 incidents; 25% participation rate; 4 hindering)

This category describes incidents in which participants were emotionally or physically abused. All of the incidents were obviously hindering the development of relationships with staff. Example three was described by a 40 year old participant. The vividness of the recollection from 29 years earlier is an indication of how much of an impression the incident had.

Example 1 (hindering)

Well when you went AWOL they made you feel bad. They would say you are a bad person. That made it harder. Well why would I go and talk to you if you think I'm shitty anyway?

Example 2 (hindering)

One of the foster homes I was in I got locked up in a closet. I was really violent and the dad of the foster home got fed up with me and he just grabbed me a threw me in a closet.

Example 3 (hindering)

One time I went into the girls washroom to do my make-up and there was this tanned muscular guy in there taking a shower. And I said, "Oh my god!" And he said, "What's the matter, never seen a naked guy before. And it was this fucking staff! I ran to my room and didn't come out until shift change. Didn't even want to look at any of the other staff. Anyway they fired the guy.

Example 4 (hindering)

Well I remember when I was 11 and we got into trouble and we were going to take a whuppin from Mrs Vogel, the foster parent. She's a big lady, about 300lbs. And she had this paddle that was three feet long. And on one side it said "Love thy neighbour" And on the other side it said "In God we trust" . And she said we were going to get a whuppin because she went and bought these brand new bikes. And I went and lost the key to mine. So my brother had to ride home and get the spare key. So he did that and we were all going to be late. And he said, Oh you're going to get a whuppin' now. Cause I had never been spanked before in my life eh? I was 11 and I'd never been spanked. And so I figured there's me Mick and John and she said who's going to go first. And I said since they are the biggest they can go first. So I heard them in the other room and so I

went and got these wallets and put them in my pockets. I knew that wasn't right. I told my brothers that she shouldn't have done that.

Category 11: Staff Teaching Skills (3 incidents; 25% participation rate; 3 hindering)

Participants described being taught skills by staff as facilitating the development of relationships with the staff that were doing the teaching. This category is different to the category described in the self-esteem domain as the significant event is the *teaching* that helped to build the relationship as opposed to the *learning* that facilitated the development of self-esteem.

Example 1 (helping)

I'm still in touch with some of the staff. I feel like we have a bond. The reason why is that they taught me some of the things I know now.

Category 12: Changing Placements (3 incidents; 25% participation rate; 3 hindering)

This category describes being moved to different placements suddenly and without warning, as well as frequently having to move. The incidents were described as hindering the ability to develop relationships with both adults and peers.

Example 1 (hindering)

I remember you would go to an assessment home and they would assess you. Then you would go to another sort of permanent place for a bit and then you would move around. I remember back then they had had like five places and you'd just move from

place to place. I did that constantly until I was 17. I don't think I stayed anywhere long enough to make relationships with any of the staff, except for that one woman.

Category 13: Staff Communicating Caring (3 incidents; 25% participation rate; 3 helping)

Participants reported staff communicating a genuine sense caring and support for them. The incidents were described as facilitating the development of relationships .

Example 1 (helping)

The staff were supportive. If they noticed a change in my eating patterns or my routines or just the expression on my face, right away they'd be like, "Oh are you okay? Is there anything wrong? Is there anything we can do to help. And at first it was kind of annoying. It was like, "Fuck off man!" But I got used to it after a while... I found it easy to make relationships with the staff in that place.

Example 2 (helping)

I think I only ever had one staff that was kind to me or really talked to me. Everyday I got home at 4:30 and immediately I'd be in trouble. It was part of my routine. I'd get sent to my room. And then between Monday and Friday she worked. She'd bring dinner to my room and ask me how I was doing. She's the only person I told. Because she'd ask me how come I got a detention everyday. And I'd be like. I don't want to be home. She didn't really say anything or do much. Just talk to me everyday and bring me my supper.

Category 14: Sexual Relationships: 3 incidents; 25% participation rate; 3 hindering)

Three participants described having intimate relationships within the group homes as having a negative impact on the relationships they had with adults and peers in the group homes they lived. In one instance the participant was aware of a relationship that took place between a staff member and another youth in the home. In the other two instances, the relationships were between participants and the children of the group home house parents. The incidents speak to the importance of having appropriate boundaries, limits and supervision when running or working in group homes and being aware of the possibility that incidents such as these can occur.

Example 1 (hindering)

I started dating the woman's son. That caused a lot of problems. Because I was wild then. A bad influence. That woman hated me after that. I had to leave that home.

Example 2 (hindering)

A staff had an affair with a kid. He got fired but it made me feel uncomfortable.

Example 3 (hindering)

I went out with the group home parents daughter. I got kicked out of the group home and they shut the group home down. I was hit by my foster dad when he found out. He flipped out one morning when he found out. I didn't tell anyone about it.

Category 15: Rebelling with Peers (3 incidents; 25% participation rate; 3 helping)

Participants described being rebellious with peers as an event that helped them to bond with each other.

Example 1 (helping)

Well you get all these teenagers in one place and you would do stuff together. But the stuff we were doing was not very good. Stealing and stuff. We didn't care about what anybody said. We did whatever we wanted. Partied a lot together. I made a lot of friends that way. I still see some of them sometimes. I don't hang out with them but I see them around and we'll just say hi and stuff.

Example 2 (helping)

She got kicked out of the house. But after she got kicked out I used to sneak her in and she slept in my closet. And I used to sneak her food at night... I felt rebellious I guess.

Category 16: Physical Restraint (2 incidents; 16% participation rate; 2 hindering)

Participants described being put into a physical restraint as hindering the development of relationships with staff.

Example 1 (hindering)

When those people put me in a restraint. I don't know what was going on there. All I wanted to do was go to the bathroom and they wouldn't let me out of that room. I thought that was really bad. I didn't know what they were doing there with that. That made me feel awful.

Example 2 (hindering)

The staff restrained me. They thought I was the instigator. And I was screaming for them to help before. They were in the downstairs having their little fucking get

together gossiping. They didn't know why I was coming after Letisha... I didn't feel supported at all in that place.

Category 17: Broken Promises (1 incident; 8% participation rate; 1 hindering)

One participant described repeatedly being let down by adults as hindering his ability to develop relationships with adults.

Example 1 (hindering)

I didn't trust anyone because anytime anyone made a promise to me they'd never keep it. So it was kind of like I'd get my hopes up and then they'd let me down. It just made me feel worthless again.

DOMAIN: LOCUS OF CONTROL

The following questions were asked in order to elicit events that were grouped into the categories described in table 3 (p.61):

Can you remember anything that happened that helped you to feel as if you were in charge of your life or helped you to feel like you had more personal control of your life?

Did anything happen that made you feel like you were less in charge of your life?

Table 3. Participation rates for Locus of Control Categories

Categories	Frequency	Participation Rate
Rules Structure and Consequences (2 Helping, 17 Hindering)	19	91%
Breaking Rules (Helping)	9	58%
Negotiated Autonomy (Helping)	7	41%
Arrested by Police (Hindering)	5	41%
Changing Placements (Hindering)	3	25%
One-to-one Counselling / Guidance (Helping)	3	16%
Included in Planning (Helping)	1	8%

N=12

N.B. In the table, frequency indicates how many incidents were reported. Participation rate indicates the percentage of individuals that reported incidents falling into that category.

Category 1: Rules Structure and Consequences (19 incidents; 91% participation rate; 2 helping, 17 hindering)

Participants described the imposition of rules by others and the rigid structure of the homes they lived in as hindering feelings that they were in control of their own lives. Two participants found that having others impose limits, structure and rules helped them to feel more in control of their lives.

Example 1 (hindering)

My parents never grounded me for a month. Now here's all these strangers grounding me for a month. Like there should be some sort of affiliation between what I've grown up with for 15 years knowing all the rules and then all of a sudden you're

dropped into this home, you don't know a soul and then all of a sudden these rules are thrown in your face...so it was like well fuck, I'm outa here.

Example 2 (hindering)

I'd come home from school, have to do chores, eat. And then if you are not in a certain area, couldn't watch TV, couldn't go outside. And that's it. And then go to sleep. That place just felt like a prison. You had to do these things and if you didn't you'd just be in more crap.

Category 2: Breaking Rules (9 incidents; 8% participation rate; 9 helping)

The most common events described as facilitating the development of an internal locus of control were those that fell under the category of breaking rules.

Example 1 (helping)

I always felt like I was in control. Like if I wanted to go out I'd go out. That made me feel like I was in control. When I ran away... I just did whatever I wanted

Example 2 (helping)

I used to take off at night. Me and this other woman. We had this room on top of the house. And what made me feel like I had control of my life was after lights went out. I think it was about ten. We used to open up the window and boom we'd be gone. So we had control of our life.

Example 3 (helping)

Sometimes I felt like I had to do what I wanted to do in order to get what I wanted even though it required stepping over what they said. Like I would do it anyway so that I would have control. Doing whatever I wanted helped me feel like I was in control.

Category 3: Negotiated Autonomy (7 incidents; 41% participation; 7 helping)

Participants described negotiation, earned freedoms and autonomy, and being given choices as events that helped them to feel they were in control of their own lives.

Example 1 (helping)

When I went into the group home the worker was really good about "Well here's $50.00. Now go out and buy some clothes. If you want to go and blow it all on CD's then that's your problem. You're the one who's not going to have any socks. If you don't bring me the receipts you don't get any money next time. So that was another way that they gave us control.

Example 2 (helping)

I would talk to the staff and I'd tell them where I was going and if I wasn't going to be home one night and I called, it would be all good. Like I wasn't going to get in shit for it if I called and stuff.

Example 3 (helping)

I would tell them I'm going out and I'm going to do this and I'll be back later. And they were like okay but we want you back at this time. And I'm like okay. That gave me some control. So it was like negotiating. Like there were times where I would negotiate with some of the staff and they were okay about that as long as I followed what I said I would do... As children grow they think oh this is ridiculous but then as an adult you realize that oh they wanted me to do this because teaches responsibility. Those are things my parents were trying to teach me but I was not ready for it. Plus my family had a different way of disciplining me like I told you. So in a way I was thankful that the group home did it that way, their way instead of the way my parents used to.

Category 4: Arrested by Police (5 incidents; 41% participation rate; 5 hindering)

Participants who had been arrested were quick to identify this as one of the events they remember as hindering feelings of control they had over their lives.

Example 1 (hindering)

I had the police called on me by the staff. I was kicking holes in the walls and stuff. I was tackled down to the floor in my own house. And this one time they weren't home and I had broken a window. I didn't mean to. I was trying to get inside and they weren't home. They called the police on me for that.

Example 2 (hindering)

Like when you ran away from the group home they would call the police on you right away. Like not only that but when I got charged. I felt trapped. Like I didn't feel control over anything.

Category 5: Changing Placements (3 incidents; 25% participation rate; 3 hindering)

Participants described being moved between placements as hindering an internal locus of control.

Example 1 (hindering)

I remember this one foster home I was told I was going home and I remember thinking that I didn't want to go home because I'd been living there for 6 months and I was kind of getting settled in and the foster mom came up to me and said, "Oh we've decided you're not going home. We've decided to keep you for another 6 months." I

remember thinking, oh, okay. It didn't feel like I had any say in it. Nobody really asked me my opinion.

Category 6 Counselling / Guidance (3 incidents; 16% participation rate; 3 hindering)

Participants described receiving guidance from the staff as contributing to an internal locus of control.

Example 1 (helping)

I was taught how to instead of hitting somebody or getting verbally abusive staff would intervene and say lookit you need to deal with this, or lets take a different tone in how you're feeling. I remember arguing with this guy and I remember this guy was in my face and I remember I just went off on him and I remember the staff in the kitchen cam in. She was standing there, and I'm facing this kid. And she didn't get between us. It was her voice that got between us and her voice severed the verbal assault that was going on between us"

Example 2 (helping)

They would hold you accountable. That's the term they would use. In other words responsibility. That's what group homes taught me is responsibility. They taught me that there were certain consequences for your actions. Every week we had a personal meeting and evaluate how you did that week. They taught me how to do stuff differently. I learned how I could evaluate stuff differently.

Category 7: Included in Planning (1 incident; 8% participation rate; 1 helping)

One participant described being included in planning about visiting with her family and had control over when she saw her social worker. She said this helped her develop a sense of control.

Example 1 (helping)

We had meetings that I was included in with my social worker. I had control of when I met with my family or social worker.

DOMAIN: ACADEMIC ACHIEVEMENT

The following questions were asked in order to elicit events that were grouped into the categories described in table 4 (p. 66):

Can you remember if anything helped you to do well in school?

Was there anything about living in the group home that you found made it more difficult to do well in school?

Table 4. Participation rates for Academic Achievement Categories

Categories	**Frequency**	**Participation Rate**
Academic Assistance (Helping)	5	41%
Distraction by Peers (Hindering)	4	33%
Structure and Organization (Helping)	3	25%
Verbal Encouragement (Helping)	3	25%
Post-Secondary Funding (Helping)	1	8%
N=12		

N.B. In the table, frequency indicates how many incidents were reported. Participation rate indicates the percentage of individuals that reported incidents falling into that category.

Category 1: Support with Homework (5 incidents; 41% participation rate; 5 helping)

Five of the twelve participants said that they were given support with their school work when they asked for it. They said this helped them academically, although all but one still struggled a great deal with academics even with the support.

Example 1 (helping)

When I had trouble with homework they would sit down and spend time with me. That helped me to do well in school.

Category 2: Distraction by Peers (4 incidents; 33% participation rate; 4 helping)

Participants described peer distraction as hindering their ability to do well in school.

Example 1 (hindering)

It was hard in the group home to pay attention to school because of all the other kids there. I didn't want to do school work I wanted to play... It just made it hard to pay attention.

Example 2 (hindering)

I would always want to be out with my friends BMXing or skateboarding. I didn't want to do any school work.

Example 3 (hindering)

We'd get up and go to school. But then we'd all take off from school and then get drunk, go home, sleep it off. Do the same thing the next day.

Category 3: Structure and Organization (3 incidents; 25% participation rate; 3 helping)

Participants described the structure and organization of the group home as helping them with school. They said that prior to coming into care their lives were chaotic and that made it harder to do well in school.

Example 1 (helping)

Every time after school you'd go straight to your room and do homework. You know right after this then there was this and you'd get your homework done. So it got you focused.

Example 2 (helping)

They were really good about getting us to school. We'd all hop in the van. They made lunches for everybody. They were so organized... That's what I realize now that helped so much... I did better in school while I was in that group home than I had ever done before...or after.

Category 4: Verbal Encouragement (3 incidents; 25% participation rate; 3 helping)

Participants described being given simple verbal encouragement as helpful for them.

Example 1 (helping)

If I did something good in school they would be like, "Oh that's great that's so wonderful and they'd have a little party. Well they wouldn't actually have a party but they'd all be commending me and saying we are so proud of you. That was really nice. ...they made you feel good about what you had done.

Category 5: Post-Secondary School Funding (1 incident; 8 % participation rate; 1 helping)

One participant said she really became focused in school and began to get A's after a social worker told her that the government had a program that provided funding for two years of post-secondary education for youth that lived in care. She said this gave her the motivation to complete school and go on to university. After spending all of her teens in group homes this participant finished high school on the honour roll, used the government funding program, and graduated with a degree from Simon Fraser University. Unfortunately no one else will experience a critical incident such as this as the government program was cut in 2002 by the BC Liberals.

CATEGORIES EFFECTING MULTIPLE DOMAINS

Certain categories of events had effects on more than one domain of functioning. Table 5 (p. 70) illustrates the categories that had multiple effects and indicates the total number of incidents for those categories. The high number of incidents and the fact that the categories had multiple psychological effects is an indication of the increased significance of these categories.

Table 5. Categories effecting multiple domains

Categories Effecting Three Domains

Hindering

Category: **Rules Structure Consequences (CI = 32)**
Domain: Self-Esteem Locus of Control Relationship with Others

Category: **Changing Placements (CI = 10)**
Domain: Self-Esteem Locus of Control Relationship with Others

Helping

Category: **One-to-One Counselling and Guidance (CI = 17)**
Domain: Self-Esteem Locus of Control Relationship with Others

Categories Effecting Two Domains

Hindering

Category: **Being Arrested (CI = 7)**
Domain: Self-Esteem Locus of Control

Category: **Emotional and Physical Abuse (CI = 11)**
Domain: Self-Esteem Relationship with Others

Category: **Non-Interactive Staff (CI = 11)**
Domain: Self-Esteem Relationship with Others

Helping

Category: **Learning Being / Taught Skills (CI = 9)**
Domain: Self-Esteem Relationship with Others

Category: **Staff Communicating Caring (CI = 9)**
Domain: Self-Esteem Relationship with Others

Category: **Negotiating Autonomy (CI = 9)**
Domain: Self-Esteem Locus of Control

Category: **Group Outings (CI = 12)**
Domain: Self-Esteem Relationship with Others

VALIDATION PROCEDURES

In order to assess the trustworthiness of the system and to ensure that the categories are valid and reliable the categories were put through a series of validation tests. Validation procedures are used in order to make sure that the categories are sound, accurate, complete and practical. This being the case, the categories will be able to be used in practice with confidence. It should be noted that although it is impossible to be absolutely certain that the categories are trustworthy and sound the validation procedures help to achieve an acceptable degree of soundness and trustworthiness. Four procedures were implemented.

Reliability of Categorizing Incidents

The first test is a measure of the consistency of the categories. It is a test to assess the degree to which different people will place incidents in the same categories. Two independent judges are presented with a description of the categories and then asked to place a sample of the incidents in the categories that they think are appropriate. The placement of the incidents by the judges is compared with the original placement of incidents. The number of "hits" and "misses" is then be calculated. Flanagan (1954) recommends a 75% level of agreement in order to consider the categories reliable. A high level of agreement indicates that different people can use the categories in a consistent way. For this measure two independent judges were used. Both of the judges work with youth in the field of child and youth care and both have several years experience working

in group homes. The judges were asked to read a description of the categories and given any clarification they needed. They were then given samples of the incidents to place. Thirty incidents were selected at random from the self-esteem domain, 20 from the relationships with others domain, 20 from the locus of control domain and all 16 incidents from the Academic Achievement domain. Table 6 shows the results of the judges categorization and the percentage level of agreement with the researcher.

Table 6. Reliability of Categories

Judge	Self-Esteem	Relationships with Others	Locus of Control	Academic Achievement
Judge #1	93%	95%	90%	100%
Judge#2	90%	90%	95%	100%

Some discrepancy was found in the judges placing of categories. After discussing the reasons for the original placement of the incidents and discussing the variation in meaning between categories, both judges agreed on the original placement and it was decided that adaptation of the categories was not necessary. The high percentage degree of agreement means that different people can use these categories to categorize incidents in a consistent and reliable way.

Comprehensiveness of Categories

The next test is a determination to ascertain if the category system is complete or comprehensive. Prior to forming the categories 10% of the incidents from each domain were withdrawn and not examined. After the categories were formed, these incidents were looked at and an attempt was made by the researcher to classify them into the already existing categories. The attempt to classify the removed 10% was successful and all of the incidents were able to be classified into the already existing categories. The fact that these incidents could be easily placed indicates the categories are reasonably sound and comprehensive.

Participation Rate for Categories

The third measure determines if the categories are sound or reasonably founded. Categories are formed when the researcher notices a similarity in incidents reported by different people. If only one participant describes a particular event it may be dismissed. This incident may stand alone due to distortion or fabrication by the participant. If many people report the same kind of experience, the chance of distortion and fabrication subside. The degree of interpersonal agreement is a measure of the soundness of categories. Agreement is measured through dividing the number of participants reporting a particular event by the total number of participants. Examining the participation rate for all categories (see tables 1, 2, 3, 4,) it can be seen that they range from 8% at the lowest to 94% the highest. In three of the domains, participation rates go as low as 8%, meaning only one participant reported an event of that nature. The three single incidents were re-examined to see if they could be placed in a different category, and it was found that this

was not possible. The conclusion was made that these three and the other categories with low rates of participants were relevant and necessary contributions to the research. It was concluded that the incidents and the categories were distinct and clear enough to be maintained.

Support of Related Literature

The last measure of validity was to observe the extent to which the categories agreed with previous research. If a category contradicted what has already been established by previous research it would put the validity of the category in question. If there is agreement between a category and previous findings, the indication is that this category has more validity. If the category does not confirm or refute previous findings it means that finding exists as a possibility to be examined again in future research.

DOMAIN: SELF-ESTEEM

Rules, Structure and Consequences

Many of the youth described the rigid structure and rules of the places they had lived in demoralizing. They reported feeling that they had no voice in matters pertaining to rules and consequences and felt they had no power. Empowerment is described by Simon (1988) as a necessary condition for the nurturing of self-esteem. Frustrated attempts at controlling ones environment that one might expect from a child in care is a possibility for feeling a lower sense of self-esteem. Aggravating this frustration could be the fact that in residential facilities structure tends to be emphasized as there is an assumption that the youth have lacked structure in previous placements (Pelton &

Wierson, 2002). Rules tend to be strictly enforced and there is strict control of the youths activities and ability to make decisions (Miller, 1990).

Elsewhere much has been written about the importance of mastery in helping youth regain self-esteem and general healthy psycho-social functioning (Curry & Johnson, 1990). Maslow's (1970) fourth step in the hierarchy of needs is the need for self-esteem, which, among other things is defined as need for respect from others, status, appreciation, mastery, power, and achievement. The youth coming into group homes are likely already suffering from not having these needs met to a satisfactory degree, so it is understandable they would feel even worse to have more control taken away from them.

Outings / Trips

Fritz Redl, one of the pioneer practitioners in residential group care programs said that a key aspect of treatment in a group should a be a "high amount of really happy, gratifying experiences." (Redl, 1952). He said this has to be guaranteed as an "unbudgeable quantity" in order for troubled youth to begin to thrive. Bredekamp (1987) argued that young people need a steady diet of stimulating, engaging and challenging experiences so that they can develop social skills and a knowledge of the world. Outings in the community and camping trips are a means to meet these ends. Recreation in sports and play is a means to develop mastery and skill development, also indicated as a way to develop self-esteem (Brendtro, Brokenleg, & Van Bockern, 1990; Maslow, 1970).

Crossing Boundaries of Youth / Staff roles

This was one of the most interesting findings. I was not able to find any literature pertaining specifically to group home staff and boundary crossing, however much has

been discussed about this issue in terms of counsellor/client relationships and professional boundaries (Corey, 1996). Corey discusses the issues in some depth and addresses the power imbalance that is inevitable in social relationships with clients. Although he acknowledges that friendships can be therapeutic, little more is said about the clients experience or potential benefits to the client, and there is nothing said specifically about children or youth. APA (1992) guidelines acknowledge that in some communities it is not feasible or reasonable for counsellors to completely avoid social or other non-professional contacts so advise psychologists to be aware of the potential harmful effects that multiple relationships can have. They advise that objectivity may be compromised and that there is a risk of them harming or exploiting the client. The same advice might be given to group home staff. Although relationships are a cornerstone of effective childcare, and there can be obvious benefits in the youth discovering that a caring adult is willing to work on their own time to help them in some way, there are risks involved. In the work of child and youth care, and especially group homes these issues become more complex and the grey areas seem to grow. For example, the house parent model has staff living with the youth for a week at a time (7 days on and 7 days off) over periods that may go on for years. In this time significant attachments are made. Some workers in the field would think it quite ethical and even good practice to stay in touch with some youth as a mentor and meet them for a coffee from time to time after they have left the group home. One of the reasons this is a positive experience for youth is that they perceive the attention and caring from staff as genuine if the staff are not being paid. If genuineness is the significant variable facilitating self-esteem then perhaps

ways to communicate this could be looked at in order to avoid crossing boundaries. This issue is a good topic for future research.

Emotional and Physical Abuse

Research is not necessary to verify that emotional and physical abuse can affect the self-esteem of a youth in a negative way. The question thus arises as to why an adult would treat a youth this way. One possibility is burnout. The type of children that come into group homes can be extremely difficult to work with. Violence and aggression are some of the behaviours typically exhibited. "burnout" is a common occurrence for people in this field (Thompson, 1980; Maslach & Jackson, 1981). Due to the potential frustration of constantly having to work with individuals that have emotional, social, and behavioural problems, and the difficulty in finding solutions to many of these problems, it can lead to a situation in which the practitioner begins to treat the client in a "detached" and "dehumanized" way, and gives up hope of effecting any changes in their clients (Maslach & Jackson, 1981).

Another possibility is that the abusive treatment could be a reactive response to the aggression and hostility to that is directed towards the child care workers by the youth. Novice and untrained child care workers may believe that the hostility exhibited is directed at them personally rather than being the result of an unmet need or distress (Brendtro, et. al.,1990). Attributing the behaviour to the intention of the youth to do harm may lead to blaming the youth and applying demeaning labels. Simple theories causality and the attributing negative characteristics as stemming from their intention has been described by Heider (1958) and other social psychologists as innate behavioural tendencies of response (Brendtro, Brokenleg & Van Bokern, 1990), so this may be a

contributing factor in some cases. The implication is that youth care workers need to look at what might be behind the behaviours instead of drawing simple conclusions and becoming angry as a result.

Counselling / Guidance

Despite the difficulty in isolating specific variables that contribute to success in residential group care programs (Hawkins, 1990), a study carried out by Mahoney, Fixsen & Phillips (1981) found that a powerful variable that contributes to children's success while in therapeutic group home programs was the amount of time they spent in one-to-one time with a "teaching parent". Outcome research has been conducted on the effects of cognitive behavioural therapy with impulsive, aggressive and conduct disordered children and adolescents and found that this approach can be successful (Bayer & Nietzel, 1991; Durlack, Furhman & Lampman, 1991). Thus evidence indicates that counselling interventions can be effective in working with this population.

Staff Communicating Caring

Coopersmith (1967) outlined four basic components that are necessary for the healthy development of self-esteem in children. These are significance, competence, power and virtue. The first of these, significance, can be achieved through the attention, affection and acceptance of care givers. When the staff communicate caring, it is possible that this leads to the youth feeling that they are in some way significant and that they matter. The concept of mattering is also relevant in this respect. Amundson (1998) describes an effective counselling relationship in terms of "mattering". Acknowledging the clients presence (visibility), making the client feel valued by listening to their problems, and offering help are three levels of mattering that he describes. Amundson

(1998) states that making the client feel that they matter and responding with empathy, genuineness, unconditional positive regard, and flexibility can lead to a relationship and condition of personal caring that transcends the normal boundaries of a professional relationship and create an effective environment for counselling.

Learning Skills

Much has been written about the concept of mastery and competency development, both in terms of its relation to healthy functioning in general (Brendtro et al, 1998; White, 1959) and specifically in terms of the necessity of mastery and competence development in order to develop self-esteem (Coopersmith, 1967; Maslow, 1970). These writers argue that mastery is a pre-condition for the development of self-esteem. Skill development, whether it be in sports, domestic and independent living skills or interpersonal competencies, all contribute in the development of mastery.

Celebrations

The contribution of celebrations to the self-esteem of the participants while they lived in group homes, again could be a function of feeling significant and the impact this has on feelings of self-esteem. As mentioned above, Coopersmith (1967) identified significance as a precurser to feelings of self-esteem. When staff take the time and energy to do something special for the youth it communicates significance.

Non-Interactive Staff

Several participants reported that one of the things that hindered feelings of self-esteem was when they were ignored by the staff of the homes they lived in. Being ignored could affect the development of self-esteem by lacking to provide them with a sense of belonging. According to Maslows (1970) hierarchy of needs there are five levels

of needs. The model is hierarchical so that the lower levels need to be satisfied before the higher levels. The need for self-esteem is the fourth level. Prior to that is the need for love and belonging. The incidents described to me by the participants indicate that they clearly felt a lack of acceptance and belonging when they were ignored by the adults they lived with. The fact they were ignored indicates they were also not receiving any affection or caring, and hence, no love. If the need for love and belonging was not met, according to Maslow (1970), it would hinder the ability to satisfy the need for self-esteem.

Changing Placements

Repeatedly changing placements is a common occurrence for youth that are placed in care (Cates, 1991; Lyman & Campbell, 1996). This could contribute to lower feelings of self-esteem a number of ways. These include feelings of having no control over the environment one lives in and lacking a sense of belonging. As discussed above, feelings of belonging have been identified as necessary for the development of self-esteem (Maslow, 1970). Simon (1988) also describes belonging and connection to either a birth family or a surrogate family as a necessary condition to nurture self-esteem. In addition, being moved from home to home without having any input into the decision would be disempowering, and a lack of control and power in ones life has been identified by Dreikurs and Cassel (1990) and Adler (Corey, 1996) as a cause for feelings of inadequacy and inferiority.

Maternal Nurturing

Incidents described in this category convey a feeling of being cared for and again likely add to feelings of love and belonging, described by Maslow (1970) and Simon (1988) as a pre-condition for the development of self-esteem.

Cooking / Receiving Food

Participants reported that it made them feel good about themselves both cooking food for others and in receiving food. Food is a basic need, that falls into the first level of Maslow's (1970) hierarchy of needs. Certainly, it helps youth to know they will have this basic need met, especially for those that have not had this need met in the homes that they came from. Also a possibility in the case where the youth was cooking for others is that the act of generosity was what functioned to help her feel good about herself. Brendtro et. al. (1990) argue that acts of generosity are essential components healthy psycho-social functioning and emotional healing of troubled youth. Brendtro and Ness (1983) have demonstrated that troubled youth have developed an increased sense of self-worth by committing to the value of helping others.

Being Arrested

Being arrested could affect the self-esteem of the youth by taking away their power and control and by making them feel inadequate. Being handcuffed and arrested and put into a detention centre is an effective way of taking all of an individual's control away from them. The Adlerian position would hold that this would affect ones overall sense of self in a negative way by contributing to feelings of inferiority and inadequacy (Corey, 1996). However, it should also be noted that recent research into the social discourse of delinquent youth indicates that some youth will develop empowering and mental health-enhancing discourse around delinquent activities (Ungar, 2001). For these youth being put into detention centre may improve status. This is a good subject for future research.

Receiving Clothing

One of Coopersmiths (1967) components of self-esteem is virtue. This refers to an individuals worthiness as judged by the value of a given culture and significant others. Unfortunately in the material culture that we live in, and especially among the youth, judgements about a persons worthiness are often made on the basis of their appearance, including the clothes they are wearing. Consequently it makes sense that the participants described owning and wearing nice clothes as contributing to their self-esteem. It is all the more unfortunate that one of the youth resorted to theft in order to get the clothes she had.

Visiting

Two participants described visiting as a critical incident that happened during their time in group homes. Only two participants described visiting because most of the participants were estranged from their families and saw them only briefly during their time in care. Participants described their families as chaotic and their parents as unavailable. In several cases there were drug and alcohol issues in families. Much research has been done in regard to the benefits of family involvement with children in care and related issues. Generally it has been found that the more parental involvement there is with their children while they are in care, the better the chances for positive post-placement adaptation (Frensch & Cameron, 2002; Whittaker & Pfiefer, 1994), however, this is not always the case and there are issues that make family involvement difficult. Research indicates that the rate of psychiatric disorders for mothers that have children in care are several times higher than they are for mothers in the general population (Quinton & Rutter, 1994). Families are often very dysfunctional and many do not want to be involved in the treatment process (Burks, 1995) Historically there has been little

encouragement or assistance from residential treatment programs to having parents involved in treatment due to a number of factors including a tendency to blame the family for the child's problems and a lack of financial resources with which to do family work (Frensch & Cameron, 2002). The fact that the participants found it difficult to have visits speaks to the lack of attention given to the visiting and family contact process for these participants. If visits were supported by the staff of the programs and the youths were given some control over the duration, and the families were more involved in the programs the youths were living in they may not have been such difficult and upsetting experiences.

Negotiated Autonomy

Participants described feeling good about themselves when they were given freedom and autonomy. This could be a function of feeling that they had some control over their environment, and that they were in charge of their own lives, described by Adler as important in overcoming feelings of inferiority. Simon (1988) also suggests that empowerment is a necessary condition for the development of self-esteem.

DOMAIN: RELATIONSHIPS WITH OTHERS

One-to-one Counselling and Guidance

Participants described having conversations with staff in which they were offered guidance or just had a chance to talk one-to-one and said these were events that helped them to bond with staff. Mahoney, Fixsen & Phillips (1981) found that a powerful variable that contributes to children's success while in therapeutic group home programs was the amount of time they spent in one-to-one time with a "teaching parent". Effective

counselling in which the client gets the impression that they "matter" to the counsellor can lead to a relationship that extend beyond the boundaries of a typical professional relationship if certain criteria are met (Amundson, 1998). It is important to discuss the reaction of the participant who said the offers of help and guidance were highly irritating and actually made him feel hostile towards the staff. This participants rejection of support is typical of children whose caretakers have failed to meet their basic needs. Some deprived children will reach out for support from alternative care givers, but the more damaged children will view all adults with a deep distrust. These children tend to expect rejection so they will protect themselves emotionally by rejecting first (Schorr, 1988). Turning to attachment theory, it is also possible that this participants history of abuse and neglect led to him developing a maladaptive model of relatedness. Pat Crittenden, a former student of Ainsworth describes how the experience of being raised by an abusive mother can cause this to happen.

> "An abusing mother tends to be fairly coercive and demanding, even hostile, but to come across as sickly sweet. She is unlikely to scream and yell at her child. She is far more likely to paste a smile on her face and with gritted teeth demand that her child do something. Then the child learns to associate a positive experience of feeling with a really negative experience. And so when he goes off to school, or meets other members of her family, or maybe later meets a peer or a potential lover, he will misinterpret positive expressions of feeling. He will assume that people who appear to be nice are being coercive." (Karen, 1990)

So some youth may reject or be hostile towards offers of help and a kind approach due to their own maladaptive development. Several of the youth I spoke to said that although they felt better rejecting the offers of help they initially received, they liked knowing that help was available if they wanted it. They advised not forcing the help, but just letting the youth know that help is available when they want it. One participant told me if youth know that help is available, and that the adult is there for them, when they are ready eventually they *will* ask for help. The following description by Nicholas Hobbs is a good example of the way this can happen.

> "Louise would greet me each day with a hostile or sarcastic remark. At first I tried to ignore or make light of these comments, but they troubled me a lot. With the help of a senior colleague, I learned to shed this attitude and keep a positive, inviting attitude to her. After many months she gave me one of her typical "you again?" nonwelcomes and I said "maybe someday we can talk about what makes you so unhappy." To my shock she responded with "When?" That afternoon we sat on the steps of the school after classes and she poured out feelings of total worthlessness. (Hobbs in Brendtro et. al., 1990)

Peer Conflict

Participants described peer conflict, bullying, and fighting as a hindrance to their ability to develop relationships. Looking to the literature it becomes clear that there is a likelihood of this occurring. Youth that live in group homes and residential treatment

programs have severe, and diverse problems and significant deficits in their social competencies (Wells & Whittington, 1993). A typical profile among other things may include anti-social behaviour, aggressiveness and poor peer relations (Ridgely & Carty, 1996). The acting out of these youth may include peer provocation and even abuse of peers (Small, Kennedy, & Bender, 1991). Under these circumstances peer conflict is inevitable. It is a fact that makes the development of interpersonal competencies a high priority for this population.

Rules, Structure and Consequences

Participants described having some of the rules and consequences as getting in the way of them forming positive relationships with child care staff. Vanderven (1990) has written about North American residential programs that operate under behaviour modification models and described how these programs can hinder the development of relationships between staff and peers by making staff have to follow the rules and rigid structure outlined by the programs. Vanderven (1990), and Johnson (1999), argue that the structure of these programs lead them to being overly concerned with control and promote adversarial relationships and power struggles between residents and staff. Regardless of the model, strict rules and an emphasis on structure is common with residential group care programs as a guiding philosophy is sometimes that a lack of structure is what caused the youth to have problems in the first place. Combined with authoritarian staff, as is sometimes the case, it can have a negative affect on the youth and interfere with relationship development (Pelton & Wierson, 2002).

Non-Interactive Staff

Participants described living with staff that they felt did not care about them or did not know how to interact with them. One possibility for a reason that this occurred was that group homes are typically inconsistent in terms of the quality of care they provide (Cohen, 1986). Staff members have varying levels of education, there tends to be a high turnover of staff and sometimes homes have a high number of residents living in them so that they get less attention from staff (Cohen, 1986). Non-interaction between staff and youth would definitely hinder development of relationships.

Recreation / Play

Recreation and play are indicated as essential for the development of mastery and competence (Brendtro et al.1990). Hobbs, (1982) has said that psychology tends to focus too much on negatives such as anxiety and guilt. He says there is not enough emphasis on joy and happiness. The children and youth that come into care often have not had very happy lives and need to experience joy. Hobbs (1982) says part of the work that has to be done with residents is to teach them joy. He says this can only be done if the worker experiences the joy themselves while interacting with the children in recreation and play. This experience would also help the development of relationships between residents and staff.

Belongings Stolen

Participants described having their belongings stolen as an incident that made it harder for them to develop relationships with peers. Given the profiles of the youth that come into care and the levels of delinquency in this population (Pelton & Wierson, 2002)

it is not surprising that thefts occur. Having belongings stolen would undoubtedly cause feelings of distrust and hinder the development of relationships with peers.

Group Meetings

Four participants described having group meetings where thoughts and feelings were discussed. The participants were divided regarding how much they liked the groups. Two participants said they thought the groups facilitated the development of relationships and two found them hindering. Despite the mixed opinions from the participants group counseling is recommended and evidence indicates positive results from group work with acting out children, at least at the elementary level(Brantley, Brantley, & Baer-Barkely, 1996). Examining the incidents closely, possible reasons the participants did not like the groups can be found. Both groups were involuntary. One of the purposes for one of the groups was to identify people that you did not like and state reasons why. It seems that in this group limits and norms were not set properly so people felt unsafe. The other group also seemed to lack an effective facilitator. Perhaps the issues making the groups unpopular for two of the participants and hindering instead of helping the development of relationships was the skill level of the facilitators and the lack of structure of the groups.

Changing Shifts

Participants described staff changing shifts as one of the incidents that hindered the development of relationships with staff. As discussed earlier, many youth in group homes have histories of abuse and neglect and are very hesitant to want to trust anybody, especially adults (Schorr, 1988). Living with care givers that have rotating shifts, as well as some that maybe only come once in a while, such as on-call staff often do in group homes, may be distressing for a person who is insecurely attached (Cooper, Collins, &

Shaver, 1998). The tendency would be to avoid developing an emotional bond and perhaps even reject the staff.

Group Outings

Participants reported that the outings they had into the community and, camping trips were helpful in developing relationships with both peers and staff. Much has been written about the potential benefits of camping and using the challenge of the outdoors in order to help "at-risk" youth (Davis-Berman, Berman & Capone, 1994, Magdalena, 2000). Results from the research indicate there are potential benefits to be had, however, it is also indicated that simply camping may not be as therapeutic as when there is a structured process of therapeutic activities (Wichmann, 1991), and skilled leaders and therapists (Magdalena, 2000). It has also been indicated that, as with residential group care and treatment follow up services are necessary to reinforce what has been learned or the gains made during the programs will be lost (Durkin & McEwen, 1991).

Aside from recommendations about the importance of recreational activities for the development of competencies, mastery, and self-esteem (Brendtro, et al., 1990) I was not able to find any information regarding the potential benefits to relationship development of having small groups of children or youth doing short outings in the community, such as swimming, hiking or cycling. This maybe an area for future research to explore.

Emotional and Physical Abuse

Some participants reported that staff alienated them by making demeaning remarks and some were even physically abused. As mentioned earlier this there are several reasons for this happening including that the staff are burned out (Thompson,

1980; Maslach & Jackson, 1981) or that the abusive verbal remarks are "knee jerk" reactions made by inexperienced staff (Brendtro et al., 1990). I was not able to find much information in the literature on group homes that discusses abuse. Becker (1991) and Whittaker (2000) discuss common perceptions in society that group homes are abusive environments. They say this stems from a distrust of institutions of all kinds as fit places for the care of children. It is unfortunate that this study in some ways confirmed what Whittaker (2000) and Becker (1991) refer to as mis-perceptions. These finding point to the need for accountability, training of staff, quality control, ongoing monitoring by external supervisory bodies, and the general development of residential group care programs.

Staff Teaching Skills

Participants said it helped them develop relationships with staff when the staff taught them skills. Understandably relationships would develop through this process. Child care staff taking the role of teachers is common in European models of residential care for troubled youth but less so in North America (Becker & Barnes, 1990). Hobbs (1982) program Project Re-ed is a North American model that identifies the child care staff as teacher-counselors and teaching is a main component of what they do. Perhaps in most North American programs teaching is implicit in the roles of the child care staff, but it has been argued that there are therapeutic benefits in making this role more explicit and putting more of an emphasis on teaching (Becker & Barnes, 1990; Becker & Feuestein, 1991; Durkin; 1990, 1988; Feuerstein, et. al.,1994 Hobbs, 1982). Feuerstein et. al. (1994) argue that teaching not only develops skills but also develops the ability to think and

relate to the external environment, which they say is an ability that has not been nurtured in many troubled children and youth.

Changing Placements

Changing placements frequently is a common occurrence for children in care (Cates, 1991; Lyman & Campbell, 1996). It is understandable and even expected that after having changed placements a few times and having relationships permanently severed, a child will become hesitant to develop relationships with peers or adults. Children and youth that have changed placements many times will be slow to trust as they may not be sure that they will not continue to change placements so will not want to form close relationships and risk continually being hurt. This feeling was made clear by several participants.

Staff Communicating Caring

Communication of caring is an important component of relationship development. Communicating to another person that they "matter" and creating a climate of caring has been described as an effective way to build relationships (Amundson, 1998).

Sexual Relationships

In a situation in which groups of male and female teenagers are placed together to live it is inevitable that there will be a certain degree of risk of them engaging in sexual activities. The risk is increased given the profiles of the typical youth that are placed in group homes (Ungar, 2001). These youth have a tendency to want to engage in risk taking behaviours, including drug and alcohol use and early sexual activities (Ungar, 2001). Dating and sexual activities should be guarded against in these environments. Some youth are vulnerable and willing victims due to histories of abuse and neglect.

Other youth are anti-social and abusive to others. Occasionally youth in group homes are pimps or recruiters for the sex trade. This is clearly not an appropriate environment for girlfriend/boyfriend type activities. The incidents described were all described as hindering the development of relationships, but interestingly, only hindering relationships between foster home parents and residents, and only because the residents were having relationships with the children of the foster home parents. In one instance the incident described a relationship between group home staff and a youth in the home. This incident speaks to the problem of the quality of care and the need for accountability and supervision of group homes. Supervision is important within group homes to guard against these type of activities and supervision and observation from external governing bodies is also necessary to ensure quality of care.

Rebelling With Peers

Vanderven (1990) has described how some group homes can set up "us verses them" climates by having certain structures and programs in place. It is possible this is the dynamic that was in place that led to the incidents that were described in this category. The youths said that rebelling against the rules alongside peers led to them developing stronger relationships with those peers due to the bonding that took place through mutual defiance.

Physical Restraint

Two participants described being physically restrained as an event that hindered their relationships with staff. Physical restraints are used in some group homes and treatment resources as a last resort when a child or youth is acting out violently and has become a threat to their own and others personal safety. The incidents described by the

participants were restraints of this nature. The issue of physical restraints is a controversial one. Discussion in depth is beyond the scope of this study. An entire issue of the Journal of Child and Adolescent Psychiatric Nursing (2001, 14 (2)) was dedicated to the subject. Generally the issue is discussed in terms of safety and possible harm that can happen. In Ontario group homes there were two deaths recently due to physical restraints. One was in 1998, and one in 1999 (Canadian Medical Association Journal, 2002). These deaths have led to more scrutiny of restraints by authorities in group homes in Canada. Occasionally physical restraints are used for therapeutic benefits, and proponents do exist for this idea (Mercer, 2002), however, my opinion is that this is an ill-conceived, dangerous, and potentially psychologically harmful practice.

Broken Promises

This incident speaks to the issue of trust, and specifically to the lack of ability to trust for youth that come from abusive and neglectful backgrounds (Schorr, 1988). Given the difficulty in being able to trust and the effort it must take, having been frequently let down, it is likely all the more disappointing if the effort to trust is made and the youth is let down again.

DOMAIN: LOCUS OF CONTROL

Rules Structure and Consequences

A large number of participants described the rules and structure as being a hindrance to them feeling they were in control of their lives. It is a natural course of events that teenagers begin to question rules that are established by adults. Developmental theorist Erikson identified this stage as the time when teenagers struggle

with trying to establish their identity, and the key socializing agent at this time he identified as the society of peers (Shaffer, 1985). Teenagers begin to rebel against the authority of adults and parents have to balance increasing the freedom that youth need to become independent, with the controls, guidance, and structure they still need to keep them grounded. In residential group care this balancing act is highly challenging as the youth that are placed into care often act out in ways that make it appear as if they have no self control at all. Drug use, delinquent and anti-social behaviour, use of weapons, truancy, time spent living on the street and attempted suicide are common in this population (Ungar, 2001). The reaction that occurs in residential care in response to the erratic behaviour exhibited by teens is often increased structure and rules (Pelton & Wierson, 2002). A guiding philosophy leading to the increased structure is that a lack of structure and rules is what caused the teens to lose control in the first place. This can lead to strict rule enforcement and control of the youths activities and decision making abilities (Miller, 1990). It has also been argued that compliance and rigid structure and controls exist to ensure the smooth running of the facility and ease of running the program for staff (Fox, 1994; Goffman, 1961). Under these circumstances it is understandable that youth reported in the study that they felt the rules and structure made them feel less in control, because it is likely that they actually did have less control than they were used to.

Breaking the Rules

One of the most interesting findings from the study was that a high percentage (58%) of the participants reported events that helped them feel they had personal control of their lives were times when they broke the rules. Often this entailed going "AWOL"

(leaving the home without permission), but there were also incidents of just ignoring the rules. A number of researchers have found that it is common among youth in care to engage in deviant and delinquent type behaviour in order to enhance their self-concept and that the discourse among these youth is such that delinquent behaviours are effective in raising self-esteem and receiving positive affirmation from their social groups (Ungar, 2001). It has also been suggested not only that youth will seek out delinquent activity because of the increase in self-esteem that they get from it, but also that they do this because they cannot get the affirmation for their self-concept in ways that are socially acceptable Gooden (1997).

Negotiated Autonomy

Several participants reported that it gave them a sense of control when they were given freedom. It is important to note also that in all these events the freedom that the youth received appeared to be earned or negotiated rather than just given. As such it was freedom within a structure. Despite the fact youth do not like to have rules imposed on them by adults and have a tendency to rebel, evidence indicates that if rules and structure and direction are given in a certain way, specifically an authoritative way, balancing firm parental control with supportive affirmation of the child's individual interest as opposed to an authoritarian way, youth will in fact respond positively and it will lead to better functioning (Baumrind, 1991). In contrast authoritarian parenting has been argued to cause youth to become rebellious and act out (Baumrind, 1966) Pelton & Wierson (2002) studied parenting styles in a residential treatment facility and found that caregiving was associated with youth functioning in a way that was consistent with the earlier findings (Baumrind, 1966, 1991).

Being Arrested

Several participants said that when they were arrested had a significant impact on their sense of control. Research is not necessary to confirm that being handcuffed and arrested and put into a detention centre may lead to a loss of the sense of personal control for some youth. However, as mentioned before, when youth are faced with no way to get self-affirmation in socially acceptable ways they begin to create mental-health enhancing social discourse that glamorizes delinquent activities so that being arrested becomes empowering for some youth (Ungar, 2001)

Changing Placements

As mentioned earlier, frequent change of placements is a common occurrence for children in care (Cates, 1991; Lyman & Campbell, 1996). Participants said these changes were extremely demoralizing and affected them in a number of ways, including making them feel that they had no control or voice in what happened to them and no control over their lives.

Counselling and Guidance

A few participants said that the guidance they got helped them to develop a sense of control over their lives. As mentioned earlier, there is evidence to indicate that counselling can be helpful for severely troubled youth. Specific types of counselling for which there is evidence include cognitive behaviour therapy and multi-systemic therapy (Kazdin, 1997).

Consulted in Planning

One participant reported that she had some control over when she saw her social worker and her family and eventually had a say in where she was moved to and said this

gave her a greater internally based sense of control over her life. Including clients in their own case planning is an operation that is now emphasized in British Columbia's Ministry for Children and Family Development (Hubberstey, 2001). Although there are challenges to this process it is generally acknowledged that it is more beneficial to the clients (as it was to the participant) and so it looks as if this practice will continue and grow (Hubberstey, 2001).

DOMAIN: EDUCATION

The responses to the questions on education in the study were very limited. Only two participants graduated from high school while they were in care. The rest said that school was not an issue for them because they did not attend school. They said they were either too out of control to be in school or they were truant for most of the time. Some were in alternate school programs which they said they only attended periodically. Some changed placements and locations frequently so that they were never in one place long enough to settle into a particular school. Several reported acting out in school, drinking, doing drugs or being defiant with teachers. Seven participants reported no facilitating incidents that helped them in school. Facilitating events that helped certain participants were verbal encouragement, the structure and organization of the group homes, and getting some support with homework. One participant reported being motivated by the fact she could get funding for college from the government.

These reports are consistent with the literature which indicates that children and youth in care generally perform below the national average (Smucker, Kauffman, & Ball, 1996). Likewise, a recent study on children in care in British Columbia examining the

performance of CCC's (children in permanent custody) in grades 4, 7, and 10 found lower performance scores in the area's of writing, reading and numeracy (Mitic & Rimer, 2002). Pre-placement, experiences, poverty and frequent relocations are among the reasons the writers suggest for the lower scores.

CHAPTER V

DISCUSSION

Summary of Results

Twelve adults (8 women, four men) who had lived in group homes in their teens were interviewed in order to identify events that facilitated and what hindered while they were in care in terms of developing higher self-esteem, achieving an internal locus of control, building relationships with others, and academic achievement. A total of 217 incidents were elicited. In the domain of self-esteem 86 incidents were sorted into 17 categories. In the domain of relationships with others 68 incidents were sorted into 17 categories. In the domain of locus-of-control 47 incidents were sorted into 7 categories. In the domain of education 16 incidents were sorted into 5 categories. Categories for the self-esteem domain were rules, structure and consequences, outings and trips, crossing boundaries of staff/youth roles, emotional and physical abuse, positive feedback and encouragement, one-to-one counselling and guidance, staff communicating caring, learning new skills, celebrations, non-interactive staff, changing placements, maternal nurturing, cooking and receiving food, arrested by police, receiving clothes, visiting, and negotiated autonomy. Categories for incidents that facilitated or hindered building relationships were, one-to-one counselling and guidance, peer conflict, rules, structure and consequences, non - interactive staff, recreation and play, belongings stolen, group meetings, changing shifts, group outings and trips, emotional and physical abuse, staff teaching skills, changing placements, staff communicating caring, sexual relationships,

rebelling with peers, physical restraint, and broken promises. Categories for incidents that facilitated or hindered developing an internal locus of control were rules, structure and consequences, breaking rules, negotiated autonomy, arrested by police, changing placements, one-to-one counselling / guidance, and being included in planning. Categories in the domain of academic achievement were academic assistance, distraction by peers, structure and organization, verbal encouragement and post-secondary funding. The categories were tested and found to be reasonably reliable.

Limitations

For most children and youth the experience of living in care, either a foster home, or a group home is a very negative experience simply due context of the experience. There is a strong likelihood that they have a history of abuse and neglect prior to coming into care, and they may be angry and depressed as a result of their past and current living situations. A lot of this anger gets directed at the system and the staff of the care facilities. Some of the participants interviewed were quite young, thus may not have been removed enough from the experience to be objective about it. The system is also inadequate in many ways so that if they were not removed enough from the experience or had not had the opportunity to vent about the injustice and unfairness they experienced they may have been inclined to focus on the negative experiences they had while they were in care. Another limitation is that due to the developmental disadvantage of some participants due their past experiences they were still struggling emotionally and psychologically so judgements and perceptions may have been limited, affected and/or skewed. Drug and alcohol use in the past and present may also have clouded perceptions. However, this

possibility is lessened due to validity checks. Another limitation is that the small number of participants means that the results are not necessarily representative of the experience of all youth in care. The study is also limited in that range of categories was very broad and a large number of issues were generated. Each one of the categories and issues deserve more attention than it is possible give within the confines a single study. That makes this more of a preliminary and exploratory piece of research as opposed to an in depth look at a particular issue. Finally, the study is limited because interpretation of the interviews and generation of the categories is subjective and, although steps were taken to ensure reliability and validity, may have been affected by personal bias.

Delimitations

Using this methodology I was able to get a depth of insight into the problem and a richness of data that one would not get using a quantitative methodology. Also, youth who have been in residential care are often from marginalized groups such as low income families or visible minorities. Theses are groups that are typically deprived of voice, both in terms of the construction of their own identities (Sanders, 1998) and in terms of the services they receive. They are generally not an empowered group prior to entering care. Moreover, after going through the system, some would argue that they are even less empowered (Fox, 1994). Using the critical incident methodology gave the participants a voice and the opportunity to contribute to research aimed at improving the services that are offered. In addition to providing useful information to improve services to children and youth that are in care at the moment, the hope is that this process was empowering for the participants involved in the research

Implications for Practice

Numerous implications for practice were generated by this study. For the purposes of this discussion implications will be looked at by focusing on categories that crossed domains (See table 5, p. 70). If categories were the same or similar across domains it means that the issues raised are particularly important because they affect more than one area of functioning and development. The categories that crossed three domains will be discussed first, followed by the categories that crossed two domains. Other significant implications will then be addressed.

The category that encompassed the most incidents when looking at the combined incidents across domains and had the highest number of incidents for the domains of self-esteem and locus of control was rules, structure and consequences. This category also crossed three domains. The implication is that practitioners need to look closely at the rules, structure and consequences in residential group care and how these are administered. Participants responses that generated this category were almost entirely negative. That is to say they found the rules, structure and consequences were a hindrance to the development self-esteem, building relationships, and developing an internal locus of control. As previously mentioned structure and rules in group homes and residential care facilities tend to be very rigid. I have experienced this in my career and it is also confirmed in the literature (Pelton, & Wierson, 2002). It seems there is a guiding philosophy that having rigid structure and control will help troubled children and youth. The participants in general said the structure and rules were too restrictive. It has been argued that in residential care programs there is an emphasis on compliance and control. Moreover, it has been argued that this emphasis can actually be detrimental to the

psychological well being of children in care. Fox (1994) says that there is a general inconsistency in child care practice in that programs are described by practitioners as designed to encourage empowerment and assertiveness in children and youth, but what the staff of these programs really want is compliance. She goes on to say that this emphasis on compliance actually works to disempower children and youth and causes them to be unable to make their own choices or stand up for themselves. This may be the case in some instances, but for the participants of this study it actually also had the effect of making the youth want to rebel and run away from the homes. Fox (1994) argues that despite current knowledge of issues of abuse, these programs continue to reward behaviours such as being quiet, unassertive, obedient, and doing what you are told without question or protest, and these are the behaviours also liked by "families with secrets", child abusers, and pedophiles (which many of these children have had experience with). Too often, says Fox (1994), practitioners settle for short-term gains such as stability of the program, and smooth shifts, while overlooking the potentially detrimental long term of forcing children to be compliant. This does not mean there should be no rules at all. Troubled youth need structure and rules just as any youth do. But the question is whether this structure need to be any more rigid than it is for the rest of the population of youth. Also at issue here is *how* to establish rules and provide structure in a way that will be helpful to the youth. Recommendations have been made about how to do this. One suggestion is to include the youth in the rule making process. Another suggestion that comes out of the parenting literature is that control of youth should be firm but at the same time affirming and accepting of the interests of the youth (Pelton & Wierson, 2002). Another is to enforce rules and structure that the youth view as

appropriate and to outline to the youth why they are appropriate (using age-appropriate explanations). This is especially important with mistrusting children and youth. In my experience children and youth are too often not given reasons for rules but simply told that they need to be followed. If good reasons cannot be provided for rules then practitioners should question why they are in place. Goffman (1961) argued that institutions are too often set up to meet the needs of the staff rather than the people living in them. In my experience I have seen situations where certain rules and structures are clearly in place for the benefit of the staff. This needs to be questioned. Ultimately the guiding philosophy needs to be more about empowerment rather than control.

One-to-one counselling and guidance was a category that was generated from incidents in the domains of self-esteem, building relationships and locus of control. Participants described these incidents as facilitating in all domains, with the exception of one participant who said he did not like the offers for help. Several participants said they liked knowing that help was available even if they did not want to pursue the offers immediately. An implication for practitioners here is that they should not give up on the youth even if they get rejected repeatedly. Another implication is that help cannot be forced on to the youth. When they are ready, they will ask for or be accepting of the help. A sense I got after the interviews in this regard was that for the youth that were highly out of control and self-destructive it is possible there was not much anyone could have done about it. The participants said as much. One participant said he was fully in control and just wanted to create as much havoc as possible. For these youths their pasts were too damaging and the situations they found themselves in were too much to process rationally. Perhaps they were stuck in a rage that just needed to play out. One of the

participants was angry and alienated and violent throughout most of his teen years and said he only ever connected with one worker throughout all of the many homes he was in. Yet when I spoke to him at age 20 he appeared calm and insightful (though still bitter about the system). A couple of others described enjoying the one-to-one guidance and had positive things to say about some of the staff they had lived with but still abused drugs and alcohol the whole time and did not settle down until they were well into their twenties. The implications are that child care staff should not be discouraged if their offers for help seem to be useless. Because even if the youth do not access the help, it is benefiting them just knowing someone is there if they need them. Child care staff should try not to take rejection personally or feel they are not doing their jobs well enough if the youth they are working with remain on self-destructive paths and they cannot do anything about it. The youth need to know and believe that the help is there if they need it and a non-directive and person centered approach emphasizing acceptance and unconditional positive regard should be taken. Unless the youth is suicidal it may be more effective to wait until youth approach for help before using more directive approaches.

Incidents of learning skills and staff teaching were described as helpful across the domains of self-esteem, relationship building, and locus of control. This is an important area for discussion as learning is synonymous with development, and if the goal of the work done with youth is their social emotional and psychological development then teaching should be the foundation of this work. Beker & Feuerstein (1991) argue that too often in group homes the environments are passive and non-stimulating for the youth that live in them. They believe that the homes should be conceptualized as teaching environments and that child care staff should act as

interpreters of the child's environment. They discuss a program called the Modifying Environment. The focus of this program is the development of competencies in a number of necessary areas. The process is also designed to alter cognitive functioning in a fundamental way that will affect all subsequent experience and improve social, emotional, behavioural functioning over the long term. Hobbs (1982) also put the emphasis on the role of teaching for child care workers in the program Project Re-ed. In fact the youth workers in that program are referred to as "teacher-counselors". Durkin (1990) argues that the development of interpersonal competencies should be the focus of child care workers, so again competency development is recommended. Brendtro et. al. (1990) discuss the essential component of mastery in working with at-risk youth. The implication from this study and the literature is that mastery and skill and competency development should not just be a central component but also a guiding philosophy for any residential care program.

Categories that appeared in two domains and were indicated as hindering included being arrested (self-esteem, locus of control), emotional and physical abuse (self-esteem, relationship building), changing placements (relationship building, locus of control), and non-interactive staff (self-esteem, relationship building). Categories that appeared in two domains and were reported as facilitating were staff communication of caring (self-esteem, relationship building), negotiating autonomy (self-esteem, locus of control) and group outings and trips (self-esteem, relationship building).

In terms of being arrested there is sometimes no option to this as the youth might be breaching probation or breaking the law. In these cases being arrested is a logical consequence and an appropriate response for their actions and maybe a useful experience

in terms of life lessons. Occasionally group home staff may call police if the youths are acting out. One participant told me she believed this happened too often and that room should be allowed if a youth is having a tantrum so that they do not get arrested for the necessary act of blowing off steam. I believe this becomes a judgment call and depends on how much damage the youth is doing to the property or staff members.

The participants for this study said that being arrested was a hindering experience in terms of self-esteem and locus of control. Despite the reports in this study research indicates that being arrested can be an empowering experience in terms of the social discourse among delinquent youth (Ungar, 2001). Youth gain status among peers so that being arrested may actually facilitate the development of relationships as they may appear as "cool" among certain peer groups. Staff should be aware of this and should educate children and youth that it is not "cool" to be in jail. At the same time staff and organizations should be aware that the reason youth seek status in delinquent identities and behaviours is because acceptable ways to find power and status to enhance their mental health are unavailable (Ungar, 2001). Simply devaluing the delinquent identity will not be productive because for many of the youth it is sometimes the only way they can develop self-esteem. Organizations need to provide alternative and socially acceptable resources for youth to gain power and status. The concepts of mastery and competence development are important to consider in this regard.

Safeguards should be in place to prevent emotional and physical abuse. These include quality assurance checks, proper reporting and investigation procedures, criminal record checks for staff members, appropriate hiring procedures for staff etc. Something else of note in this regard is that false accusations of abuse occur periodically in this line

of work. In my career I have been witness to this on three occasions. In all three cases the staff were cleared of all charges, but it was upsetting for all involved. There are no easy solutions to these problems; however it is important that supervisory staff and external supervisory bodies remain vigilant on these issues for the safety of both residents and staff.

Frequently changing placements is an unfortunate but common occurrence for children in care. The implications for practice are self-evident. Namely, that frequent placement changes should not happen. This is a systemic problem that has to do with inadequate resources, poor case planning, bad decision making, lack of funds to develop appropriate resources and other issues. This is an ongoing problem that requires an in depth needs assessment that goes beyond the scope of the present study.

The fact that "non-interactive staff" was developed as a category is a sad statement about the quality of care that exists in many programs and speaks to the need for program development, accountability and quality controls. Supervisors and program developers need to develop more active programs that go beyond just providing for the safety needs of the children and youth. Programs need staff to engage with the children and youth constantly, even if it is just by making conversation or throwing a ball back and forth.

Staff communicating caring is very important when working with youth in care. Implications for practice are similar to those mentioned above under one-to-one counselling and guidance. Although youth may be rejecting at first and very slow to trust, staff need to be patient and continue to approach with a caring attitude at all times. The youth in group homes have had years to develop mistrust so staff cannot expect to undo

years of conditioning in a few weeks or even months. Even if the youth never acknowledge the caring approach it will likely have a positive impact at some point in their lives.

Negotiating autonomy is a category that is related to the category of rules, structure, and consequences. The implications for practice are similar. Youth need to be empowered and to develop autonomy and independence. Individual treatment is important to consider over program structure as children and youth have varying degrees of needs and abilities and it is not appropriate to have them all follow an identical program. It is important that staff do not get constrained by overly rigid programs. Children and youth should be able to practice freedom and responsibility as much as safety allows and given the room to make mistakes which they can learn from. Increasing opportunities for autonomy may also decrease defiance as several participants said that they achieved a sense of control by breaking the rules. If they were given the opportunity to have legitimate control it may decrease the need for them to take control in illegitimate ways.

Another category that appeared across two categories was group outings and trips. All participants said this facilitated in the self-esteem domain and the relationship building domain. Recreation is an essential component of healthy psycho-social development. There are a number of ways it can be beneficial. In terms of social development it can be helpful as children and youth can interact with each other in play and they are more likely to build positive relationships if they are having fun than if they are bored in the homes. Likewise they are more likely to build relationships with staff if engaged in fun recreational activities as opposed watching TV together. Mastery and

competence development are essential for developing self-esteem (Brendtro et. al., 1990). Community recreation is a good venue for developing mastery in sports and recreational activities. The physical activity itself is also beneficial for general wellness. Being in the community is also useful as youth need to learn how to be in the community and interact with not just the people they live with in the home but the public as well. Isolating youth to institutions does not help for re-integration into the community once they leave the institutions and care facilities. Outings are useful as a teaching tool in this regard.

An important implication from the study was the importance of establishing a *genuine* caring climate. Several participants said that critical incidents improving self-esteem were when staff stepped out of their roles as professionals and took the youth into their homes or they helped the youth on their free time. Youth seem to be sensitive to the fact that child care staff are being paid for their work. They question the genuineness of paid staff members. When it seemed that staff members were extending themselves beyond the role of a paid worker the youth found it very meaningful. This raises a couple of issues. One is the professionalism of the staff and the ethical question of dual relationships. The other is the question of why these events were facilitating. My impression is that the events were facilitating because they communicated a sense of belonging outside of the system and a sense of genuine caring. The other question is in regard to the ethical question as to whether it is appropriate to blur the professional boundaries. In a staffed group home this type of activity can create a lot of problems. Two of these problems are outlines by the APA (1992) and they are that the objectivity of the counselor may be compromised and that it creates the possibility of exploitation of the client. These cautions apply in this context as well. Another issue is the expectations

of the youth in regard to ongoing treatment. Once this type of relationship is started it will be difficult to go backwards so staff should be prepared to make a long commitment as a mentor if they take on this role. Relationships and the well being of other youth in the home may be affected if one youth is singled out for different treatment. The youth may exploit the relationship just as the staff member might. In sum, it is fair to say that although there are benefits to the youth from staff blurring boundaries and taking on a role of mentor or surrogate parent this type of activity should be approached with caution and mindfulness of all the issues involved. Perhaps creating a sense of belonging and genuine caring can also be done without crossing boundaries.

Implications for Research

The number of hindering incidents indicated by the youth interviewed in this study confirm the need for further research and development in the field of residential group care. Some of the area's that need attention include policy research and research in the area of service delivery systems. A pressing issue is the frequent changes in placements that children and youth experience. Research needs to identify the reasons for the frequent disruptions of placements and ways that placements can be made more stable.

Many youth identified rules and structure as hindering in a number of ways. Research could be carried out to look at the structure and rules of residential care programs in order to assess degrees of rigidity and related outcomes. Also programs with alternative types of structures could be looked at for outcomes. Research could be done on the range of models that agencies use in programs. Issues such as the philosophical

premises of the programs and program designs and whether they actually have a driving philosophy beyond simple housing and control of the youth could be looked at.

Due to the difficulty of conducting research in this area due to methodological issues that make quantitative research difficult to conduct, more qualitative research could be carried out.

Youth hindering experiences in regard to interaction with staff indicates that research should be done on the staffing of residential care programs, specifically looking at the level of education and background of staff. Issues such as why they choose to go into the field could be looked at. Rates of staff turnover rates and the level of "burnout" could also be studied in research.

Longitudinal outcome research should be done to assess long term outcomes of residential care programs. Studies similar to the current study except on a larger and more in depth scale would be beneficial.

Although it was not identified in any incidents, three of the women I spoke to had children in care at the time of the interviews. Research could be done to look at the amount of people who grow up in care have children that have to be placed in care and the reasons why this happens. Many youth said they were ill prepared to be independent when they left the homes, so research could be done to identify what skills they are lacking in and how these skills could be incorporated into existing or new types of programs.

Continued research should measure success rates of different models of care that incorporate families and communities into the process of residential care and efforts should be made to emphasize this component of programs

The level of educational attainment and lack of educational focus or motivation the participants described they had when they were younger, in addition to the current research on educational attainment of youth in care (Mitic & Rimer, 2002), indicates research in this area would be useful to find out how the systems of group care and education could better address the needs of the youth in this regard.

Summary

This study was an exploration into aspects residential group care programs for youth that facilitate and hinder development of self-esteem, relationship building, internal locus of control, and academic achievement. The purpose of the study was to generate practical information that could be used by practitioners working in the field of child and youth care in the context of residential group care programs.

The research method involved interviewing 12 adults that had lived in residential care programs when they were teenagers. The Critical Incident Technique (Flanagan, 1954) was used to elicit incidents from the 12 participants that facilitated and hindered. In the domain of self-esteem 17 categories of incidents were generated. In the domain of locus-of-control 7 categories were generated. In the domain of relationship building 17 categories were generated. In the domain of academic achievement 5 categories were generated. A number of procedures were carried out in order to ensure reliability and validity of the categories.

Results indicated that rules and structure and consequences have a significant impact on youth in care. Attention needs to be paid to the administration of rules and structure, and specifically to how they are implemented, and the level of structure that is

expected in the homes and the necessity, or lack of necessity in having certain levels of structure. Practitioners should consider ways that residents of group care facilities can achieve independence and autonomy as these are indicated as contributing to self-esteem and increased internal locus-of-control. In addition, when faced with what they perceive as too rigid rules and structure youth may assert the need for autonomy by breaking rules and running away from the homes.

One-to-one counselling and guidance was indicated as beneficial for youth in care. Youth may initially reject support but the study indicated that more often than not, offers for help were received positively. Moreover, youth found it highly discouraging when staff were non-interacting and they were just provided with basic safety. Efforts need to be made to engage youth in a positive and genuinely caring manner.

Skill development was indicated as a beneficial in terms of improving self-esteem and building relationships with staff.

Group outings and recreational interaction were indicated as beneficial in terms of improvements to self-esteem and building relationships with staff and peers.

Future research should focus on issues related to service delivery systems, program development and design, program evaluation, staff training and qualifications, academics, and quality of care.

In summary, this study generated information that is useful for practitioners working in the field of residential child and youth care by interviewing individuals that had been through the process on the receiving end of services. In addition to providing practical information the study identified potential gaps in services and areas for future research and development to explore.

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APPENDIX A

INFORMATION LETTER

Dear _____

The research I am doing is the thesis for a Masters degree in counselling psychology. The research is a study of group homes and what it is like to experience living in a group home. The purpose of doing this study is to try and find ways to improve group home services. The way I will do this is to interview people who have had the experience and ask questions about what helped and what didn't help while they were in care.

The interview will go for about an hour (more or less depending on whether you want to talk for a longer or a shorter time). The questions will be about events or things that happened while you were in care that helped or didn't help your well being and how you felt about yourself.

Interviews will be kept strictly confidential. The interviews will be taped and then transcribed by me. The information will not have names attached to it. Instead, code numbers will be used so that all information will be anonymous. At the end of the study, the tapes will all be erased. The information will be kept in a locked cabinet.

Your involvement is voluntary and you may withdraw from the study at any time.

APPENDIX B

CONSENT LETTER

APPENDIX C

INTERVIEW QUESTIONS

Interview Questions:

1 While you were living in a group home can you remember if anything happened that helped you to feel good about yourself? Can you think of anything that didn't help you to feel good about yourself?

2 Can you remember anything that happened that helped you to feel as in you were in charge of your life or helped you to feel like you had more personal control of your life? Did anything happen that made you feel like you were less in charge of your life?

3 Can you remember anything that happened that helped you to make friends (eg. with other residents) or helped you to have a positive relationship with the adults in your life (eg. staff)? Was there anything that happened that made this more difficult?

4 Can you remember if anything helped you to do well in school? Was there anything about living in the group home that you found made it more difficult to do well in school?

APPENDIX D

POSTER