Welcome to Module 3, Part 1 of the Residential Child and Youth Care Practitioner Training.
Module 3 Objectives

In this module you will learn about the following:

1. Communication, including what it is, why it is important, gender differences, family background influences, communication patterns in families, communication as it relates to the residential child and youth care populations, as well as communication skills.
2. The importance of building positive relationships with youth.
3. The importance of building positive relationships with families.
4. Strategies for developing relationships.
5. Professional Boundaries.
6. Power struggles and resistance.
7. Cultural competence, and
8. Written and oral reports.
Communication: What Is It?

So what is communication? Communication is the sending and receiving of messages -- those that are intentional, unintentional, verbal, and nonverbal. It is at the heart of intimate human relationships and is the foundation on which all else is built. In order for intimate relationships to work, communication is essential.
Communication: Why is it Important for RCYCPs?

Why is it important for Residential Child and Youth Care Practitioners to know communication? For two reasons: First, residential care is an extension of the child’s family life and so communication in residential care should look like healthy family communication. Second, as we will discuss in more detail later, healthy communication is often a significant challenge for the youth in residential care, and so they need as much help and guidance as possible.

So let us discuss communication in general and then talk more specifically about youth in residential care.
Communication In Relationships

Communication in relationships (that is to say, in any important type of relationship) is not just about trivial day-to-day aspects of lives, but deeper more important issues. In order for relationships to be successful, individuals need to be able to communicate both positive and negative thoughts and feelings.
Communication is critical to the ability to solve problems, manage conflicts, express feelings, and develop trust.

Frequent positive communication leads to happier, healthier relationships – for example, more laughing and sharing.
Communication Levels

There are two levels in any communication: content and process. Content relates to what is being said, and process refers to how it is being said and includes all nonverbal elements of the exchange.
Sometimes there is a mismatch between what is being said and how it is being conveyed, so that we receive a “mixed message.” For example, you might ask someone how they are doing, and they might reply “fine,” but still convey that something is wrong.

You’ll see in the cartoon image that both people seem angry, based on their body language. The response to the question “how are you?” is “fine” – which contradicts the body language. This is a mixed message.
Communication Parts

In communication there are always two parts to every message: the sending and receiving of the information. Someone does the sending and someone does the receiving.

In order for communication to be straightforward, the sending of messages needs to be clear and done well, and the receiving of the information needs to be done well also.
Communication can get very challenging for both parties. Verbal communication is not always clear. We attach meaning to what we hear – so saying “I love you,” for example, can mean different things. Nonverbal communication can be difficult to interpret and has a significant influence on how accurately the message is given and interpreted.

Take, for example, mixed messages, which convey a mismatch between what someone is saying in terms of content, as well as what they are conveying through process. This is just one of many ways that communication can be challenging. There are many other factors and patterns that make communication challenging. Let’s look at them now.
Communication: Listening Styles

How well we listen plays a significant role in our success as communicators.

Let’s take a look at some different listening styles. Try to figure out your own style or styles as we go through each one.

There are many different listening styles: the faker, the dependent listener, the interrupter, the self-conscious listener, the intellectual listener, and the attentive listener.

The faker pretends to be listening. They smile, nod their head, and may appear to be intent, but in fact they are thinking about something else or are so intent on appearing to be listening that they are not hearing.
The dependent primarily wants to please the speaker. They are so concerned about whether the speaker has a good impression of them that they are unable to listen and respond appropriately. They may agree excessively with what the speaker says, not necessarily because they agree, but because they want to maintain the goodwill of the speaker.
The interrupter may be concerned with his or her own thoughts or feelings, may not want to forget what he or she has to say, and may be oblivious to interrupting.
The self-conscious listener wants to present themselves well -- for example, as intelligent -- and so rather than listening, he or she is thinking about ways to respond that sound intelligent or impressive.
The intellectual ignores feelings, and focuses solely on the matter at hand.
Finally, there is the attentive listener, whose style is associated with best communication outcomes: The attentive listener lets the speaker tell the story without interrupting. They pay attention to report and command and use good eye contact. This is the desirable type of listener, the type RCYCPs should strive to be.
Barriers To Communication

There are many barriers to communication that can make good/healthy communication difficult or challenging:

Physical/environmental barriers: for example, a long-distance relationship or living space that is not conducive to talking

Situational: for example, when there is no time to communicate, or not enough 1-on-1 time

Psychological: for example, fear of rejection, anxiety about talking, anger, or refusal to open up

And finally, gender and cultural differences: language barriers, or a closed culture that does not value openness and sharing

Let’s take a look at some gender differences.
Research on gender and communication has provided a great amount of insight into the ways in which gender has influenced communication for males and females. Specifically, males and females learn different styles of interacting that are practiced and reinforced as they grow up.
Males tend to emphasize independence and status. They tend to automatically make more decisions without consultation. They tend to feel oppressed by lengthy discussion about what they see as minor decisions. They may take questions literally rather than as an invitation to have a conversation for the sake of building a relationship. Males tend to talk more than females in meetings and mixed-group discussions. Males tend to be quicker to offer advice and direction, even when it is not desired by the other person. Males talk more about themselves than females do when in a public situation.
On the other hand, females tend to emphasize connections and intimacy. They feel it is natural to consult their partners at every turn, including good friends, significant others, or family members. Females tend to appreciate discussion itself as evidence of involvement and caring. Females tend to invite others into conversation by asking “what do you think?” Females tend to emphasize fitting in, being equal with others, sharing and giving support to those with whom they are talking. For females, talk is the glue that holds the relationship together. Females tend to be more tactful than males and are less direct in their conversations so as not to offend. When females share negative things in their lives, their female friends tend to reciprocate with the sharing of something negative as a way to show understanding and support.
Congratulations! You have completed Part 1 of the RCYCP Module 3 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 3, Part 2 of the Residential Child and Youth Care Practitioner Training.
Gender obviously plays a role in communication, but did you know that our family background also influences how we learn to communicate? Let’s talk about that now.
Communication: Family Influences

Families teach gender roles; power patterns; communication skills; expression of emotions like love, affection, anger, and sadness; values such as school, work, and sexuality; self-esteem; identity; and what relationships are like.

When we grow up, we take our knowledge about all of these things and bring them into our friendships and intimate relationships.
Not all children are influenced to the same degree by their families – parents who are emotionally close to their children and who have long-term loving relationships with them exert more influence than those who are not so close, and who relate to their children less frequently.
Parents have a significant influence over a number of different variables, including activity choices and interests, participation and enjoyment in athletics, academic values and goals like how important an education is, academic self-concept, for example thoughts such as “I believe I am smart,” achievement motivation and behavior, and occupational identities and aspirations.
Adolescents are more likely to internalize parental values and beliefs if they experience warm, supportive parent-child relationships and view their parents as positive role models.
Parents communicate approval and love through words, praise, and encouragement, as well as through actions that demonstrate positive feelings and trust, and by demonstrating their care, interest, and concern.
Children who grow up with approval and positive affirmation and acceptance develop good feelings about themselves, adequate self-concepts, and confidence in their own worth and abilities. High self-esteem then gives them greater capacity to develop positive relationships because they feel that they are lovable and expect to be loved.
Parents also communicate criticism and rejection – overt criticism, disapproval, finding faults, ignoring, etc. This kind of communication, not surprisingly, results in feelings of inferiority, unworthiness, and insecure attachment that then gets carried over into all other areas of life – including future relationships (intimate and otherwise).
When children grow up emotionally deprived, they may transfer their needs for attention, love, recognition, and approval to their intimate relationships (or friendships) and expect others to fulfill all emotional needs that were not met by their family during childhood. At the other end of the spectrum, they may not let anyone love them.

Residential care populations tend to have a disproportionate amount of children with these extreme characteristics, which we will discuss later.
Let’s talk now about 7 different types of family communication patterns.

In the first type, there is
1. Open, honest, tactful communication

In this type of household, family members are able to reveal what they think and how they really feel in a tactful, sensitive manner. They voice their concerns and worries and talk about important issues. They can talk about themselves and their lives and know that others will listen and understand.
The second type is
2. Superficial communication

In this pattern, family members talk a lot, but never about anything important. They avoid discussing themselves and discussing significant issues. Because of denial, fear, or distrust, they haven’t learned to share their concerns. They are taught to be independent and strong and to handle their own problems. As a result, they avoid discussing feelings and problems.
The third type is
3. One-sided communication

In some families, one person does all the talking while the others listen. If others try to talk, they are criticized for interrupting or talking back and so they learn to be quiet. They take on very passive roles (these people either go on to be passive communicators or to dominate the discussion).
The fourth type is
4. False communication

This is a negative communication pattern. Family members may learn to lie to keep out of trouble. If they are punished or ridiculed when they tell the truth, they learn to make up stories or tell others what they think they want to hear. Sometimes they say just the opposite of what they really feel to give false impressions.
In the fifth type, there is
5. Avoidance of communication

In some cases, family members learn not to talk about sensitive issues because such discussion leads to fights. They hate arguments and so avoid touchy, controversial subjects. They repress their own ideas and feelings for the sake of family harmony, and they try to deny problems and hope they will go away. They are taught to inhibit honest feelings and to keep everything in. It becomes very difficult to resolve problems, because they are never discussed.
The sixth type is
6. Non-communication

Some people are nonverbal in the sense that they may not have learned how to express themselves, so they seldom discuss anything. They may simply be shy or afraid that others won’t like them or accept them, or they fear others will criticize them and think they are stupid. As a result they keep quiet.
Finally, the 7th type is

7. Angry communication

Some people are not able to talk about anything without becoming angry. They have a very low tolerance for frustration and experience more emotional arousal than most people when they are frustrated. They perceive more life situations as annoying, and they get angry more often, are more likely to express verbal and physical aggression when provoked, have higher general anxiety, and make less effort at coping in a positive way. Angry people describe their family environments while they were growing up as significantly less cohesive, less tolerant of emotional expression, and more conflict-ridden and disorganized than those of less angry people. In patterns where the expression of anger is a way of life, the children may carry that pattern into their own intimate relationships.
Congratulations!
You have completed Part 2 of the RCYCP Module 3 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 3, Part 3 of the Residential Child and Youth Care Practitioner Training.
Communication: Residential Care Youth

So what do we know about communication and kids in residential care? We know parents of youth in residential care tend to have poor parenting behavior, including difficulty controlling emotions and disciplining inconsistently, and poor attachments with their children. This does not mean all parents of all youth in residential care tend to parent this way, but many do.
We also know that parenting practices have a significant impact on the development of language and communication abilities in kids.

Family attitudes such as inconsistent affection or a lack of affection, indifference toward children’s demands for interaction, a lack of communication, a lack of physical care, hostility or rejection, neglect, intolerance, and blocking the development of the child’s autonomy can all significantly reduce children’s language development, thereby having a strong negative impact on children’s ability to communicate and to have successful social relationships.
It is typical, therefore, that the population of youth seen in residential care tends to have communication and language skills well below their chronological age, as well as challenges that can take many forms.
The following are the communication challenges that are most often seen in the residential care population of youth:

- Difficulty in knowing how people they are speaking to will react. Essentially they have difficulty being able to anticipate how someone will respond to them—especially adults.
- Difficulty accurately interpreting social cues and language.
- Clear limitations when using language as a resource to adequately demand attention. Essentially it is hard for them to ask for attention or use language rather than behavior to get attention.
- They are also limited when directly or indirectly demanding action. Essentially they have trouble adequately formulating a specific demand or suggestion.
- When making a request, especially in those situations in which a request has to be made to an important adult or figure of affection, they often have trouble staying on topic, instead jumping from one subject to another.
- They also have difficulties when asking for more information or explanations about some particular event.
Communication: Residential Care Youth

- They express dislike or displeasure inadequately; for example, they show anger or aggression, or turn inward.
- They show a pointed lack of ability in expressing disagreement before an authority figure like parents and teachers.
- They show limitations with being able to formulate demands for specific information.
- They have difficulty answering when the question or affirmation is too long.
- They have difficulty making an accurate interpretation of the meaning of a message.
So what do they need? They need to learn to communicate in a healthy, socially competent manner. As a piece of that, they need to feel unconditional warmth and caring in communication, known as unconditional positive regard.

So let us discuss the skills that will help us communicate and model communication in a healthy, caring, and successful way.
Communication Skills: Empathic Listening

Let’s begin with empathic listening, one of the most basic and foundational skills, and without a doubt the most important and useful communication skill to have. Empathy is the ability to put yourself in another person’s shoes – to understand their feelings and emotions. So Empathic Listening, also called active listening and reflective listening, is the ability to communicate to another person that you have heard and understood their situation.
Communication

Why is empathic communication important?

- It builds trust and respect
- It enables youth to share their emotions
- It reduces tension
- It encourages the surfacing of information
- It creates a safe environment that is conducive to collaborative problem solving
- It models good communication skills
- It conveys to the youth that the RCYCP understands the essence of the problem

So what is it? Well it has many components:
So what does empathic communication look like? Well, it has many components:

- Reflecting feelings
- Consensual validation
- Paraphrasing
- Clarifying
- Non-verbal behavior
- Asking questions
- De-escalation
- I-messages

Let’s look at each of them.
Communication Skills: Reflecting Feelings

Reflecting back feelings is helping someone understand what that person is feeling and why – so, for example, it might sound like this: “You’re frustrated because you don’t want to have to do group today.”

“You’re worried that your parents are going to be happier living without you and not want you back.”

Imagine a youth says: “I’m sick and tired of having so much homework.” You might reply: “You’re angry because you feel like all of your free time is taken up with homework.”

This skill lets the speaker know you are listening and empathizing with how they are feeling.
Communication Skills: Consensual Validation

Consensual validation is similar in that it also uses empathy, but instead of reflecting back, the listener offers a statement that both acknowledges and validates feelings. So, for example, in the same earlier scenario, a youth says to you: “I’m sick and tired of having so much homework.” If you reply with consensual validation, you might say: “That must be very frustrating for you,” or “That must be very annoying to you.”
Communication Skills: Paraphrasing

Paraphrasing: This is another technique that is empathic in that it lets the listener know that you are paying attention and are interested in what they have to say. It is a short summary of what the listener has heard. It may also include a reflection of feelings. It sounds like this: “So, what I hear you saying is...”

So, for example, you might say: “So, what I hear you saying is that your teacher just keeps piling on the homework and you are so tired of having to deal with it.”

This type of statement is then likely to keep the youth engaged and interested in talking more about what is going on with him or her.
Communication Skills: Clarifying

Clarifying is another active listening skill that lets the speaker (or youth in this case) know that someone is listening and cares. The skill is just what it seems – a clarification of what has been said by the speaker. An example might be saying:

“So, let me see if I heard you right -- your teacher is assigning you so much homework that you just can’t take it anymore.”
Communication Skills: Nonverbal Behavior

Another skill is making sure your nonverbal behavior conveys genuineness, warmth, caring, and interest.

By nonverbal behavior, we mean: tone of voice, facial expression, gestures, eye contact, and posture. So, for example, if you’re multitasking while someone is talking, what does that convey? What about avoiding eye contact?

Make sure you are making good eye contact, using a soft tone of voice, and using body language that is neutral or benign.
Communication Skills: What Not To Do

Active listening IS NOT:
• Interrogating or asking a lot of questions, although one may need to get some information.
• Discounting the speaker’s feelings, by saying things like “it’s not that bad”
• Reassuring, by telling the child, “things will get better”
• Praising/agreeing
• Mocking/ridiculing
• Interpreting/analyzing/diagnosing
• Judging
• Preaching/moralizing
• Offering your own opinions, or advising
• Sharing your own experiences
• Teaching
• Changing the subject or moving in a new direction before the youth is ready
Communication Skills: Asking Questions

Asking questions is another important tool. In general, open-ended questions (that is, questions that elicit a response other than yes or no) are more effective. For example, you might ask, “So what was that like for you?” “How do you feel about it?” “What are your possibilities?” “If you could do anything you wanted, what would it be?” This is better than close-ended questions like “Are you happy with that...?” because you will likely get a one-word response like “yes” or “no.”

A useful type of question is a probing question, where you try to get more information. In Probing questions you might say: “Can you tell me more about that?”
Incisive questions are another useful type of question. They are helpful in situations where it is obvious that a speaker is feeling constrained by something and can’t broaden their thinking because of that constraint.

Incisive questions stimulate thinking by removing an inhibiting assumption. For example, if a person carried around a chronic sense that she was stupid, an incisive question might be: “If you knew your thinking were brilliant, how would you handle this problem?” This type of question can be powerful and liberating: “If you knew you couldn’t mess up, what would you do?”

So it works by “If you knew {take away limiting assumption}...”

Here are some other examples:
“If you knew that you always had a choice, how would you feel about your situation?”
“If things could be exactly right for you in this situation, how would they be?”
“If you were not holding back in your life, what would you be doing?”
“What do you really want?”
“What do you really think?”
“If you knew that you had all of the courage you needed in this situation, what actions would you initiate?”
Communication Skills: De-escalation

De-escalation is another important communication skill to have, especially when working with residential youth.

De-escalation involves asking questions, but in a manner that uses neutral language or toned-down language during empathic listening to help someone calm down from a situation where she or he has strong negative emotions.

The way it works is that the RCYCP starts by using the same language as the person who is upset, and then, by degrees, chooses other words or phrases with less emotional content. For example, “You’re feeling... like hurting someone” becomes “You’re feeling like you want to lash out”, which then might become “You’re feeling outraged” to “You’re furious” and so on and so forth, using the following adjectives in a de-escalating order: livid, ticked off, angry, agitated/irritated, annoyed, bothered, concerned, uncomfortable.

When using de-escalation, it is also important to focus on the future instead of the past
Communication Skills: “I-Messages”

Finally, let’s discuss “I-messages.” “I-Messages” are conceptually easy, but tricky to implement because most people are in the bad habit of using “you-messages” instead. For example, when we are angry at someone for breaking a promise, we are likely to say, “You broke your promise” in an accusatory manner, to which it is likely that the person will respond in a negative and defensive manner. One of the easiest ways to defuse an interpersonal conflict is to avoid accusatory language --- “you did...” “you are...” --- by instead using first-person statements. So instead of “You broke your promise,” use “I felt let down when you didn’t show up for our...” This use of I-statements decreases the likelihood of a defensive or hostile reaction.

So “I-messages” are about communicating in terms of one’s own emotions about someone else’s behavior: “I feel resentful when you don’t do your chores, because it means more work for everyone else” vs. “You never do your chores. That is so awful.”
Communication Skills: Video Examples

Click on the links to see some communication skills video examples.

Everybody Loves Raymond: Ray learning active listening
http://www.youtube.com/watch?v=aP55nA8fQ9I

Everybody Loves Raymond: Ray and Debra using Active Listening
http://www.youtube.com/watch?v=4VOubVB4CTU

Two students doing example of active listening
http://www.youtube.com/watch?v=lbVO1LAsM3g&list=PLKfOTZrseBqEyn3hi8b4bPktdZR2Fyq

Active listening example
http://www.youtube.com/watch?v=j40WT4XY00E&list=PLKfOTZrseBqEyn3hi8b4bPktdZR2Fyq
Congratulations!
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Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 3 Part 4 of the Residential Child and Youth Care Practitioner Training.
Building Relationships

Now that you have some important communication skills under your belt, let’s talk about how you can use those skills to build relationships with youth and their families, and why building those relationships is so important.

By now, you should be able to speak to the importance of your role as an RCYCP in the lives of the youth with whom you will work. As previously discussed, residential youth need to feel accepted, to feel safe, and to have a sense of personal worth, meaning, and purpose in life. These needs are met within the context of the staff-youth relationships. Without this foundational relationship, there will be resistance to change.
While the youth is often the primary focus of intervention, it should be clear that each individual youth should be understood in the context of his/her family in order for treatment to succeed. For example, you can deal with a youth’s anger issues in treatment, but if the youth is sent home to a family life that is chaotic or challenging, the youth will likely continue to struggle.
In circumstances where the youth’s family is rejecting, or unable to be involved in the process, it is unrealistic to require that involvement.

Where possible, however, the family should be positively engaged in treatment. Discharge goals are more likely to be realized if parents are invested in the process, and support and assist the child.

So let’s talk about ways to engage families.
Family engagement can be tricky. Some parents have had stressful experiences with social service agencies and are likely to have developed trust issues or are fearful of revealing too much and being judged. Some parents are resentful or distressed at the placement of a child and can be resistant to working with workers. These types of trust issues can make your job harder.
So what kinds of things can you do to engage families? First and foremost, use the communication skills in this module to:

Engage the family and child as full partners in care planning, decision making, and practice. Make it clear to them that they are valuable partners in the work.

- Convey genuineness and empathy for the family.
- Convey warmth, acceptance, and understanding.
- Convey professionalism and optimism for positive change.
- Encourage optimism and jointly set realistic goals for the child and family.
Encourage the family members to view treatment as a supportive resource for them – workers should be able to present themselves as having parenting expertise to help the family. Empathize with the family over the challenges they have experienced, and display respect for their efforts and continued commitment.

Keep parents informed of the child’s progress, any difficulties encountered, and how those were dealt with.

And finally, provide them with information about the program, treatment, methodology, process, etc.
Second, you must work from a family-strengths perspective: that means that you look at the family’s resources, strengths, and problem-solving capabilities, and not just at their deficits and weaknesses. The emphasis is on what a family has in terms of resources and what they have done well, as well as how those resources and strengths can be used in treatment.
Emphasizing strengths helps alter the family’s self-image and gives family members hope that their goals can be attained.
Engaging families can be done by:
- Emphasizing positive statements reported by family members.
- Encouraging family members to share their story about themselves. You might pay attention to times that the family has coped with or managed problems successfully.
- Noting family interactions that reflect strengths and competency.
- Emphasizing those times that family members enjoy together.
- And finally, emphasizing the things that families do well.
Video: Family Partnerships

Building Partnerships in Child Welfare

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Video on partnerships (family to family) --- Annie E. Casey
Congratulations! You have completed Part 4 of the RCYCP Module 3 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 3 Part 5 of the Residential Child and Youth Care Practitioner Training.
Now that you know more about building relationships with the youth and their families, we are going to turn to a very important component of relationships: boundaries.

So what are boundaries? Boundaries define what is acceptable and unacceptable for a professional, both at work and outside of work.
A boundary violation occurs when a worker does something in a relationship with a client that is exploitive, manipulative, deceptive, coercive, or harmful in some way (whether intentional or not). While some violations are intentional, or cross the line in an obvious way (e.g., sex with a client), others are not intentional and not as obvious, but still do damage.

For example, a worker who discloses personal or intimate details about his or her own life, ostensibly to be helpful to the client, ultimately may confuse the client and compromise the treatment. Imagine, for example, that a worker discloses to a youth that she was bullied as a child, too, but didn’t let it bother her and she turned out okay. That may send a message that the youth is not strong or capable because bullying is bothering him or her.
Here is another example: A residential worker accepts a small personal gift from a youth, thinking it’s not that big a deal to accept the gift, but the gift from the youth may reflect fantasies about a friendship or more intimate relationship with the worker. Or possibly, the youth wants something later in return. An RCYCP once wrote of a case in which a youth gave a small gift to the RCYCP, then later asked for the RCYCP to buy/give him cigarettes as if they had a quid pro quo arrangement. What starts out innocently can become complicated and troublesome very quickly.
Even the most innocent and indirect relaxation of boundaries can lead to serious consequences. Take the following example:
Staff working in a children’s home were excitedly discussing a colleague’s 50th birthday party and were overheard by a resident teenager they worked with closely. Staff wanted to include “Amy” (the resident) but senior management had to intervene because alcohol would be served and colleagues and their families would be socializing together outside of work. Amy was deeply hurt to learn that she could not attend, which in turn had an effect on her subsequent behavior in the home (Pemberton, 2009).
So the issue of boundaries is a tricky one. Let’s begin with the ethical guidelines related to boundaries and go from there.

As an RCYCP, you are guided by the COMAR regulations as well as the Standards for Practice of North American Child and Youth Care Professionals. Specifically, the standard

- Ensures that the boundaries between professional and personal relationships with clients is explicitly understood and respected, and that the practitioner’s behavior is appropriate to this difference.
- Sexual intimacy with a client, or the family member of a client, is unethical.

With regard to Responsibility to the Client (client is defined as the child, family and former clients):

- Above all, [the RCYCP] shall not harm the child, youth, or family.
- [and] Does not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging, or physically harmful to clients.
While the ethical guidelines seem straightforward, when it comes to residential care, the issue of boundaries can get quite complex.

A major challenge to maintaining boundaries is that residential care is a 24-hour-a-day job, so RCYCPs have many roles. Also, the population is emotionally at-risk.

Group homes are not as structured as other types of facilities, and so boundaries between teens and staff are not as limited. This presents many challenges. Also, there are significant variations across sites. For example, one group home may say that RCYCPs may never bring a teen home with them, whereas there are others that encourage this same action.
Additionally, youth can be admitted to residential care with a number of different diagnoses— for example, attachment issues, substance abuse problems, aggression, mental health difficulties, sexualized challenges, challenges with authority, criminal behavior, etc. Depending on the youth’s treatment issue, as well as situation, boundaries will be managed in different ways. For example, placing one’s arm around a distraught youth who just received bad news about a family member might be appropriate for one individual, but not for another, depending on the youth’s family history, and mental and emotional diagnoses.
Furthermore, a significant component of the work revolves around the relationship between worker and youth – building rapport, trust, inviting personal discussion, empathy, patience, and genuineness.

Children and adolescents entering residential care typically have attachment challenges – that is, difficulty establishing and maintaining healthy relationships -- and require a setting and people who will help to establish a secure base.
"What youth workers do is make ‘relationships’ with young people which accept and value young people; and demonstrate honesty, trust, respect, and reciprocity. And, through such relationships, motivate and inspire young people to engage in the process of moral deliberation and learning from experience, which supports their:

- personal development and well-being (of body, mind, and spirit)
- autonomous informed decision-making
- active participation
- critical involvement in their community and society” (Young, 1999).

Take this quote about the relationship between RCYCP and youth that illustrates how vastly important the relationship is, and by its very nature, how personal it can get:

What youth workers do is make ‘relationships’ with young people which accept and value young people; and demonstrate honesty, trust, respect, and reciprocity. And, through such relationships, motivate and inspire young people to engage in the process of moral deliberation and learning from experience which supports their:

- personal development and well-being (of body, mind, and spirit)
- autonomous informed decision making
- active participation
- critical involvement in their community and society” (Young, 1999).
The boundaries in child and youth care work are much more intimate than in other professions and, because of this, require a rigorous attention to clear and reflective establishing of safe, respectful personal space. Once again, take this quote that illustrates the very personal nature of residential care relationships:

Lifespace relationships (where people are living together and sharing space) involve a sharing of experience, a being with the other person that demands an openness to each other that cannot be softened by professional distancing. Relationships are created while doing activities and meeting life challenges, not quietly reflecting while sitting in a chair and working in a more antiseptic environment” (Phelan, 2005, p.352).

That is to say the work we do as RCYCPs is by its very nature complex and personal.
In addition to the complexities of the life space issue, some concern about boundaries is, in part, based on the fact that there is a power differential between RCYCP and clients. The job of RCYCPs is to move clients forward – earn their trust, confidence, and respect.
Many professionals struggle with the development of the relationship. They want to build rapport, earn trust, etc., and in doing so, “befriend” clients. But RCYCPs are not friends, per se. In addition to building rapport and a trusting relationship with youth, they are also rule enforcers, limit setters, and tasked with doling out consequences.
One particular challenge, especially for younger RCYCPs, is not over-identifying with youth.
As an RCYCP, you must realize that you are a model of mature conduct, and therefore employ appropriate language, behavior, problem-solving approaches, values and ideals, judgment of right from wrong, and reality testing.

Young workers – who are closer in age to residents – are more vulnerable to boundary violations than older workers.

Let’s look at some more boundary violation examples and boundary tips.
Here are some boundary violations: This is not an exhaustive list, but signals some boundary issues. Some are more blatant than others.

- Worker has given the client his/her personal e-mail address, cell phone number, home address or phone number, or may disclose his/her Facebook account information
- Worker and client communicate with each other via cell texting on the worker’s work or personal phone
- Worker is warm-natured and enjoys physical connectedness with clients, such as hugging or embracing upon contact, kissing, or rubbing the shoulder, hands, or face to provide comfort and support to the client
- Worker spends lengthy phone hours with the client during the work day or even on personal time
- Worker may tend to dress provocatively on days when scheduled to meet/see the client
- Worker spends an inordinate amount of time with the client, scheduled or unscheduled, in comparison to other clients
- Worker talks frequently about the client, and may even openly share how much he or she likes, fantasizes about, or can relate to the client
- Worker may begin to spend frequent time with client on various outings (e.g., movies, restaurants, etc.)
- Worker freely shares and discusses his/her own personal experiences with the client
- Worker spends his/her own personal funds to support client’s needs
- Worker engages in the use of drugs and/or alcohol with the client
• Co-workers begin to talk about the worker and his/her relationship with specific clients
• Clients own family and/or personal friends begin to talk about the amount of time the worker spends with the clients
• Worker finds him/herself attracted to a particular client, going out of the way to extend time spent around client, treating client as someone special, disclosing confidential information about other clients, acting impulsively in relation to the client, disclosing personal details to the client

If you find yourself or another worker in any of these types of situations, you must talk to a supervisor immediately.
RCYCPs have to strike the right balance. Boundaries are essential to help young people and workers stay safe, but should never prevent the building of positive, meaningful helping relationships.
Here are some tips that might be helpful to you as an RCYCP:

- Be positive. Learn to separate personal issues that affect your mood when working directly with a young person. Use supervision, team meetings, and other support mechanisms to help with this.
- Be conscious that your moods and feelings affect communication – particularly body language and eye contact, which can affect interactions with young people.
- Be thoughtful about the language you use. Remember, you are not a young person’s “friend” in the way they understand it, so sensitively challenge inappropriate terms such as “buddy,” “pal,” and “friend.”
- Always discuss problems and concerns with team or supervisor.
- If a young person asks a question you are uncomfortable answering, ask yourself why and if they need to know. Use this to divert the focus back to the here and now – that is, the relationship with the young person and you as their counselor.
- Be careful not to collude with young people or be drawn into situations. Remain in your professional role as this ultimately offers safety to the young person.
- Respect the personal space and privacy of the young person at all times. Do not encroach on their personal boundaries, either in fun or to gain compliance.
- Make sure you are aware of the young person’s background and history. This will help you to understand where their own boundaries lie and how they will respond to yours.
- Respect confidentiality. Do not discuss information about other young people or staff. Be aware of being overheard while on the phone or in other rooms.
• Young people should be discouraged from offering gifts to staff. They should know they already have the professionals’ positive regard and don’t need to “buy” favor.
• Sharing and explaining to a young person the thinking behind what you say builds mutual trust and respect and offers young people a new way to look at the world and their place in it.
• Do not share personal information
• Only use physical touch in public areas and in ways that are approved by your employer
• And finally, be aware of sexualized dynamics at all times.
Unfortunately, there is no easy solution to the boundary dilemma. It is all very challenging. First and foremost, you need to know your facility’s rules regarding boundaries – what is okay and not okay.

Beyond that, when in doubt stick to the ethical guidelines and seek supervisory help. Be alert to potential situations that might create boundary dilemmas.
Congratulations! 
You have completed Part 5 of the RCYCP Module 3 Training. Please use the navigation below to open the next section of the training.

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Welcome to Module 3 Part, 6 of the Residential Child and Youth Care Practitioner Training.
Another challenge for you as an RCYCP working with youth is power struggles and resistance.

Undoubtedly, you as a residential counselor will encounter power struggles and resistance by youth with whom you are working. Let’s talk about it now.
Power Struggles

When residents engage in negative behavior such as aggression, defiance, and provocation, the group is negatively impacted. Some negative behaviors are intentional and designed to cause disruption, or gain favor with other group members. Some negative behavior is the result of anxiety, shame, anger, or due to a diagnosed disorder specifically -- for example, conduct disorder.
These types of behaviors are considered “treatment resistance” and become the basis of the power struggle.

So what should you do and not do as an RCYCP when you encounter treatment resistance and power struggles? Let’s talk about some different strategies.
Negative reactions by staff members -- for example, shunning, avoidance, yelling, denying, or denigrating -- can damage the alliance, bond or attachment created between staff and youth. Youth need to feel connected to staff so that individual expression of differences can occur productively rather than in anger.

Do not engage in a power struggle.
Overreaction can make things worse and lead to more verbal hostility, power struggles, withdrawal, and other negative behaviors.

Taking a superior attitude or tone will likely antagonize youth and is not recommended.
RCYCPs need to know what is motivating the behavior to figure out how/why it is happening and how to address it. For example, is the behavior the result of shame? Will the staff reaction be seen by the youth as something to fear, an attempt at humiliation, or as a challenge?
Power struggles can be minimized with empathic/reflective listening rather than attempting to convince youth that they are wrong or not seeing things correctly.
Some other ways to head off power struggles are to:

- Remain emotionally available, not angry or distant.
- Be reassuring, as opposed to being punitive, holding a grudge, or acting offended.
- Do not take it personally – it helps to remember the struggles the youths have encountered in their lives.
- Remain calm and objective, as difficult as that can be. Remember, once objectivity is lost, the relationship will suffer and can lead to more power struggles.
• Maintain ability to focus.
• Be rational, and reasonable.
• Act preemptively -- that is to say, before getting into a situation where there is a power struggle. Know the residents. Be aware of their moods, rules, boundaries, stress tolerance, fantasies, desires, values, goals (or lack thereof), as well as what sets them off.
• Be accepting of the youth as a person, and focus disapproval on his or her behavior.
Finally, remember that when youth feel that they are valued and understood, they trust workers and learn to see them as genuine, caring, and reasonable. Using an empathic approach allows you as an RCYCP to figure out what is going on for that youth – what is the root problem and how to address it. This process helps to break down the youth’s defenses, build understanding, improve connection and reduce the likelihood of future power struggles. This applies to younger children as well. Helping children learn these skills early is crucial to their later success.
Congratulations! You have completed Part 6 of the RCYCP Module 3 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 3, Part 7 of the Residential Child and Youth Care Practitioner Training.
Cultural Competence

Let’s talk about cultural competence now – what it is and why it is important.

The term “culture” can be thought of as a pattern of human behavior that includes thought, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, or social group.

Cultural competence at its most basic definition can be thought of as an understanding and appreciation for cultural diversity. The idea behind culturally competent practice is that people are served best when there is an understanding and appreciation of the impact of a person’s culture and cultural status on their life, and that by ignoring these elements, we, as providers of service, will not only be ineffective, but potentially destructive as well.

Let’s take a look at the different levels of cultural competence that people and provider organizations can achieve.
The Cultural Competence Continuum

This is what is known as The Cultural Competence Continuum: It is a tool used to identify and/or evaluate how culturally competent an individual or organization is. The idea is that cultural competence exists within a continuum from low to high in the achievement of competence.

There are 6 points along the continuum moving from cultural destructiveness to advanced cultural competence.
1. Cultural destructiveness lies at one end of the continuum.
   • It is the most negative end of the continuum
   • It includes attitudes, policies, and practices that are destructive to cultures and the individuals within those cultures
   • It is a system that promotes cultural destructiveness and assumes that one race or culture is superior and should eradicate or control “lesser” races because of their perceived inferior position

Examples of cultural destructiveness include programs or policies that promote cultural genocide, or the purposeful destruction of a culture
2. Cultural incapacity is next on the continuum. Within this level:
   - The system, agency, or individual does not intentionally or consciously seek to be culturally destructive
   - Instead, the capacity to help people and communities of color is missing
   - The agency or individual remains extremely biased, believes in the racial superiority of the dominant group, and assumes a condescending attitude toward the perceived lesser races and cultures
   - Agencies and individuals may disproportionately apply resources and discriminate against people of color
   - They may support segregation as a desirable policy or may act as agents of oppression by enforcing racist policies that reflect racial stereotypes
   - Agencies at this point on the continuum are characterized by ignorance and an unrealistic fear of people of color
   - There may be discriminatory hiring practices, as well as subtle messages to people of color that they are not valued or welcome
   - There are generally lower expectations for clients from minority groups
3. At the cultural blindness level of the continuum

- The system and its agencies, or an individual, has expressed the belief of being unbiased
- The philosophy at this level is that ethnicity, race, or culture makes no difference and that all people are the same
- Service approaches at this level are those that are traditionally used by the dominant culture because they are believed to be universally applicable
- It is a well-intended liberal philosophy
- The driving force is not racism
- The consequences of this belief are services that are potentially useless to all but the most assimilated people of color
- Agencies or people at this level may participate in special projects for minority populations when grant money is available, but operate with the intent to “rescue”
- Agencies at this level suffer from a lack of information and are unaware of the avenues to obtain more information

Finally, attitudes, policies, and practices reflect ethnocentrism, which is evaluating other peoples and cultures according to the standards of one's own (typically dominant) culture.
4. At the cultural precompetence level:
   • Agencies or individuals realize that they have weaknesses in serving people of color.
   • There are attempts to improve some aspects of their services to specific populations.
   • Agencies may try innovations in service approaches, hire diverse staff, explore how to reach out to people and communities of color, initiate culturally relevant trainings for their workers, recruit minority individuals for boards or advisory committees.
   • There is a desire to achieve high-quality, culturally relevant services.
   • The danger at this point along the continuum is that:
     ◦ There is a false sense of accomplishment, or
     ◦ The initial failure causes the belief that the approach is not practical, and
     ◦ The hiring of staff of color is no guarantee that services will be improved; often professionals of color are trained in the dominant culture’s frame of reference and may also need cultural competency training.
5. At the basic cultural competence level there is:
   • Acceptance of and respect for differences
   • Continuing self-assessment regarding culture
   • Careful attention to the dynamics of difference
   • Continuous expansion of cultural knowledge and resources
   • Adaptation of service models in order to better meet the needs of communities of color
   • An effort to hire unbiased employees
   • An effort to seek advice and consultation from communities
   • Active decisions about what the agency is capable of providing to clients of color
   • And finally, there is ongoing dialogue and input from communities of color with the culturally competent agency at ALL levels of the organization
6. At the most advanced level of cultural competence:
  • Agencies or individuals hold cultures in high esteem
  • They seek to add to the knowledge base of culturally competent practices by developing new therapeutic approaches that adapt to cultural differences
  • They evaluate and disseminate the results of demonstration projects for examination and feedback from stakeholders
  • They experiment with changes in its organizational structures that support the cultural values and beliefs of the people whom they serve
  • They hire staff who are specialists in culturally competent practice
  • They advocate for cultural competence throughout their systems and the systems of others
  • This is considered the most positive end of the continuum
Cultural Competence

Cultural competence is a goal toward which individuals and agencies can strive. It is a developmental process that does not happen overnight. So what does cultural competence mean for you as an RCYCP working in residential care?
To begin with, ethnic minority youth are overrepresented in residential care. So, within residential care, the idea of cultural competence is to meet a child’s emotional, psychological, religious, physical, and social needs in a way that enables the child:
1. To develop a positive identity for him/herself as an ethnic minority child.
2. To develop the necessary linguistic, cultural, religious, and social skills to function effectively as an adult in a multiracial, multicultural society.
3. To acquire skills to cope as both child and adult in a society in which the child is likely to encounter racism, prejudice, and disadvantage.
4. And to enable the child to come to terms with living apart from the birth family.
Example of Cultural Competence in Residential Care

To illustrate this concept of cultural competence and what it looks like in practice, let’s look at an example of cultural competence in action at a residential youth center.

Residential counselors at Warren Youth Services in Calgary, Alberta in Canada took a culturally competent approach to working with Inuit adolescents from Nunavut (an aboriginal tribe) who are placed there.

There were a number of complex challenges faced by the Nunavut youth when they were placed in a residential facility in Calgary. They were from very small, rural communities that were culturally homogenous (similar). The largest Nunavut community had a population of approximately 6,000, however, most were less than 600, whereas Calgary is a metropolis with a population of over one million. Additionally, Calgary is culturally and socioeconomically diverse. The worldview of the Nunavut youngster is shaped by the rural living and their culture which has a specific language, customs, food, dress, family patterns, symbols, art, music, habits, traditions, spirituality, communication style, and social dynamics such as gender relations, as well as their understanding of their existence, as a people, and a culture that predates the larger Canadian society.
The goal for the Warren Youth Services staff was “to incorporate an Inuit youngster’s cultural practices and experience during placement while not overlooking the youngster’s treatment needs. This includes staff recognizing and maintaining the identity and characteristics of the Inuit culture while assisting the youth to fit into the host community so that he or she participates in the larger society”.

Additionally, staff worked to understand how the cultural considerations would have an impact on the issues that brought the child/youth to residential care.

Some of the ways they incorporated culture into treatment were the following:

- Staff were encouraged to understand the Inuit values and behaviors and how these differed significantly from those of the dominant Canadian culture, including the rural – urban differences.
- Staff learned firsthand about the Nunavut culture by accompanying youngsters on trips to their homes in Nunavut to reconnect with their heritage.
- Cultural awareness was instilled in staff and residents by watching Aboriginal Peoples Television Network (APTN).
- Staff paid attention to, and understood, adjustment issues having to do with cultural diversity, acculturation issues, English as a second language, and the potential to face discrimination that have been historically endured by Aboriginal people.
- Staff followed requests by the females that they live separate and apart from the males as is done in their culture – therefore a space was rented to accommodate that living situation request.
• Staff were made aware of gender differences that required different intervention and treatment strategies – for example, girls’ aggression is experienced differently than males – it is more covert and it involves behaviors such as manipulation, excluding other girls, and name calling) and is more likely to be self-harming than boys.
• Staff were made aware of how important it was for these youth to not lose their sense of meaning, or their own values, that are linked to their customs, traditions and heritage.
• Direct care staff understood that in Nunavut culture meal time is not just about the consumption of food, but an opportunity for sharing and bonding as well and make allowances for that in the home; additionally, both native food and food common to Calgary were served.
• Young people were encouraged to decorate the house and their rooms with pictures, posters, art objects, and other materials reflective of their ethnology such as the Nunavut flag.
• Different protocols of communication required staff to be able to follow and to understand the nuances in meaning, by listening, observing, and processing the exchange of dialogue.
• Staff were cautioned not to make false interpretations of behavior and to examine how cultural upbringing has influenced psychological characteristics of the youth.
• Workers established common ground or grounding of their shared beliefs, knowledge, and values so that there was a common base to work from. This finding of common ground helps youth to trust staff as well as think positively about themselves and their own capabilities.

Using these techniques, Warren County Youth Services worked hard to integrate cultural competence into treatment practices.
Cultural Competence: How to Succeed

According to research in this field, in order to succeed at cultural competent practice:

1. Workers need an awareness and acceptance of cultural differences

This can happen in a number of different ways:

First, practitioners need to acknowledge cultural differences and to become aware of how they affect the helping process.

Secondly, an understanding and respect for cultural differences between the worker and youth or youth’s family will help the worker gain credibility, as well as allow the worker to use youth and family’s strengths that are tied to that culture.
Also, workers need an awareness of their own cultural values.

In order to fully appreciate cultural differences, workers need to recognize the influence of their own culture on how they think and act.

Workers should also understand how their day to day actions are influenced/shaped by cultural norms and values and then reinforced by friends, family, social institutions.
Workers need an understanding of the “dynamics of difference” in the helping process.

When people interact they are bringing to the interaction their own unique history with the other group, as well as culturally prescribed patterns of communication, etiquette, and problem solving – people may also bring stereotypes or positive/negative feelings about the other culture. It is important to understand that all of these factors influence interactions – interaction does not occur in a bubble. An example: in some cultures a weak handshake is preferable to a strong handshake which is considered rude. In other cultures the opposite is true. People who are not aware of these cultural differences and shake hands differently might interpret the interaction negatively when it is simply a miscommunication.
Cultural Competence

Workers need a basic knowledge about the client’s culture

Having a basic knowledge of culture can clear up mistaken perceptions, beliefs about another’s behavior. Additionally, making a conscious effort to understand behavior within the context of culture is important, for example asking the question “What does the client’s behavior signify in his/her group?” This allows workers to assess individuals based on their own cultural norms, rather than the dominant society or those of the worker’s. The worker must be able to take the knowledge gained and use it to adapt the way in which services are delivered.
Workers need the ability to adapt practice skills to fit the client’s cultural context.

A worker can adapt different skills to meet clients’ cultural needs, for example, family interventions might be structured differently based on culture.

Understanding how issues affect your clients is important—otherwise you will be shortchanging your clients.
Cultural Competence: What Can You Do?

So how can you as an RCYCP become more culturally competent in your work with residential youth? Here are some things to do:

Culture and ethnicity are always important, but not always obvious: explore issues such as culture and ethnicity even when worker and client “look” the same.

People who are different from you are not necessarily the same as each other: avoid assuming that all people from the “same” country, family, or local culture follow the same rules of behavior, preferences, and so on.

Ethnicity and culture are socially constructed: as well as asking “What is?” ask, “How do you...{experience} sadness, joy, saying hello, saying goodbye, leaving home?”

Suspend your belief: step outside your own cultural rules that are often ‘taken for granted.’

Suspend your disbelief: step into other people’s ideas, customs, and patterns.
Be ‘clumsy’ rather than ‘clever’: the value of ‘not knowing’ can be a useful tool for gaining information and the potential of curiosity. That is to say, offer up your not knowing how culture affects a youth with regard to something specific, for example how it impacts what they eat, or in a general way – how culture affects them at all.

Be sensitive not superficial.

Talk through emotional and cultural issues, value and acknowledge cultural identities, heritage and histories of ethnic minority people
Meet the cultural, religious, linguistic, skin care, hair care, and dietary needs of the ethnic minority children in care.

Enable ethnic minority youth in care to take pride in their race, skin color, physical features, religious, linguistic and cultural identity.

Acknowledge and understand the implications of discrimination and racism upon ethnic minority children in residential care, for example, lack of personal growth, dignity, worth, and power.

Examine the use of language, personal norms and values, which may be degrading and stereotyping to ethnic minority people and supporting those who take a stand against any kind of discrimination and racism.
And finally, in the words of one cultural competence scholar:

Above all else, “In order to meet the needs of, and help the development of any child, black or white, it is essential that the service operates with adequate knowledge, understanding, sensitivity, intelligence and, most importantly, the ability to empathize” (Mehra, 2002, p.255).
Cultural Competence Videos

- Overcoming Cultural Stereotypes
- Understanding the Importance of Multicultural Counseling

Click on the links to see some videos about cultural competence.

Overcoming Cultural Stereotypes: http://www.youtube.com/watch?v=MDw68BQxKEk

Understanding the Importance of Multicultural Counseling:
http://www.youtube.com/watch?v=xZUgD-NbRvo
Cultural Competence Self-Test

- Culture competence self-test
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