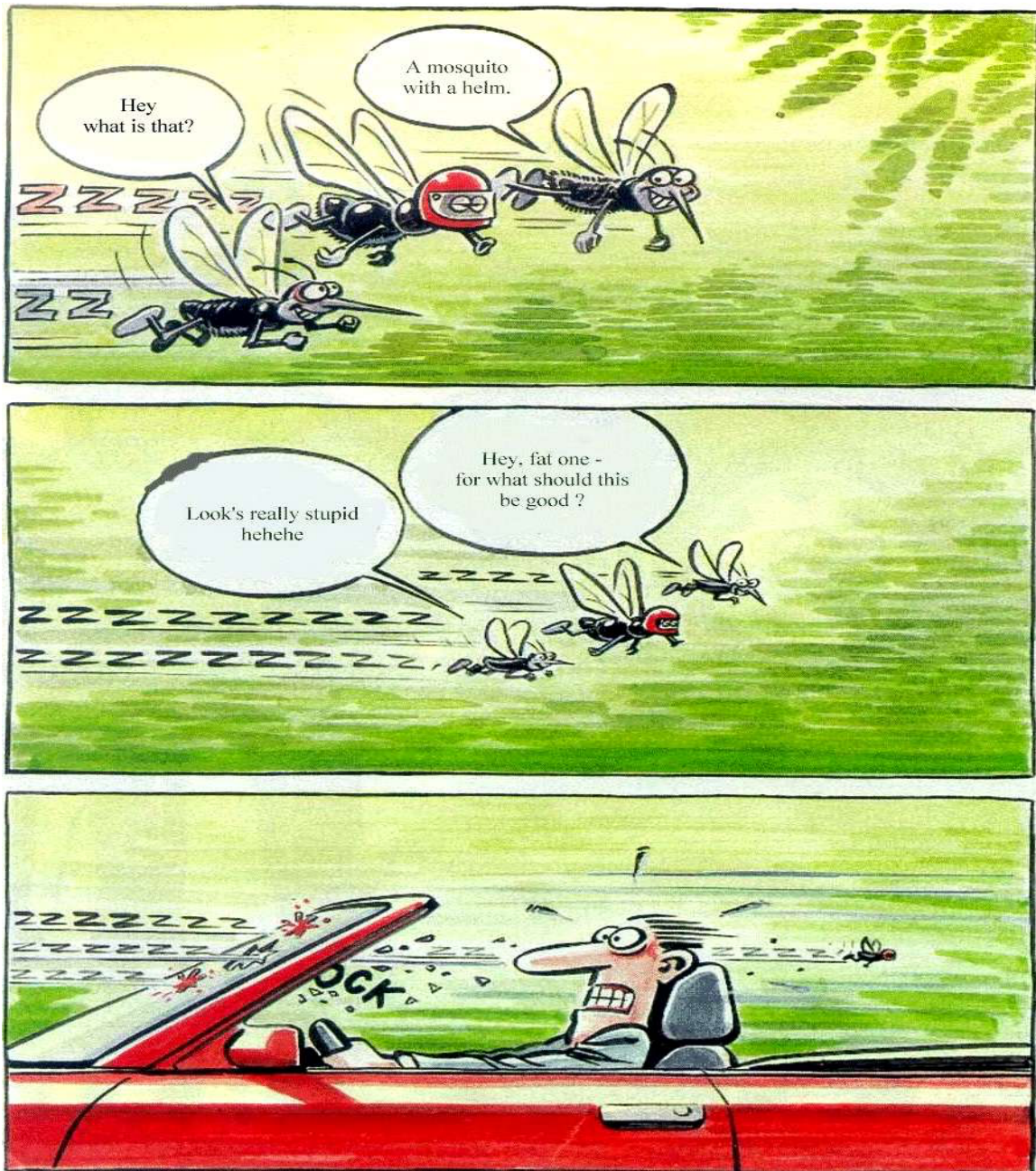


SEARCHING FOR COHERENCE

Volume IV

Jerome R. Gardner



SEEKING COHERENCE

Volume IV:

Creating A Comprehensive System For Child/Family Support

Addressing the moral implications of the development & implementation of social policy and human service delivery within local government as it is and might be.

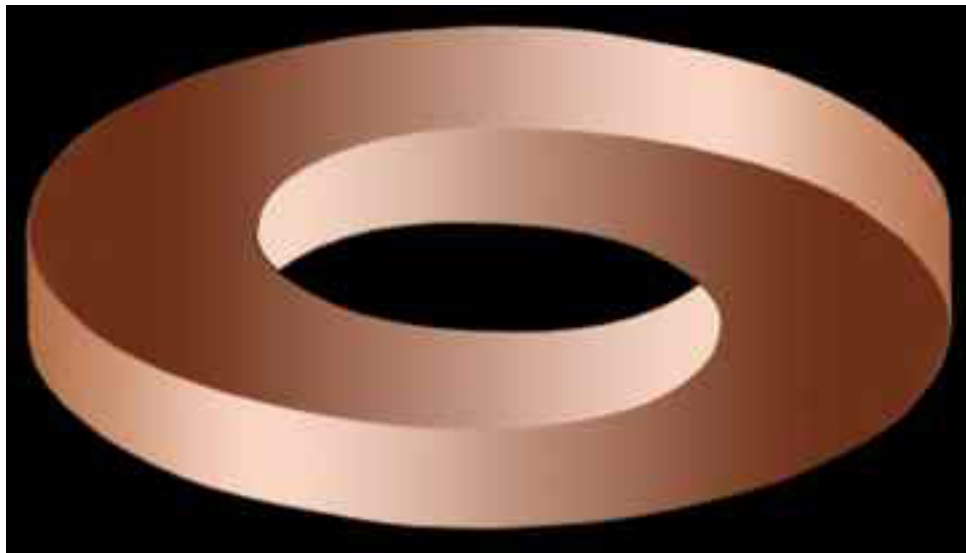
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THE TRANSFORMATIONAL SYSTEM



A COMPREHENSIVE SYSTEM FOR CHILD/FAMILY SUPPORT

When I think about how our century may be remembered, I believe it will be for the gap between rhetoric and reality -- for calling children 'our future' and 'most precious resource', but caring for them more in slogans than in actions.

Philip Coltoff

Definition & Direction

The title Seeking Coherence might have a subtitle such as 'an exploration into the architecture of personality'. In order to explore together, we need to define our terms and give direction to our efforts.

Architect	Entomologically, an <i>architect</i> is a 'master builder'. [Dictionary of Word Origins - Ayto]
Architecture:	composition, arrangement, production, form, structure, art. [Roget's Thesaurus]
	Science of building; things built; style of building; construction. [Oxford Illustrated]

As we can see, the word *architecture* has an unusual aspect in that it represents four distinct dimensions of the *object* of experience. These include the **science** [or systematic and formulated knowledge and principles of building or *the way an object is or should be built*]; the **art** [style or modality, beauty or elegance *of the way an object is put together*]; the **process** [or construction of the object]; and the **object** itself.

When we explore the architecture of personality, therefore we must inquire into

1. The scientific basis for the development of personality:

The basis for this scientific exploration is cognitive science. Douglas Hofstadter conceptualizes the basic principles and the cognitive therapists have provided the materials.

2. The artistic and individualistic flair of each individual in his/her creation of their own personality development,

Howard Gardner in defining multiple intelligences and Daniel Goleman in his 'emotional intelligence' indicates the power of the emotional content in the individualistic flair.

3. The process of personality development is both individual and social.

When we combine the science and art of personality development, we discover that the individual chooses his/her own personality, but this choice is influenced by the events and experiences of life. The individual is uniquely both the *architect* and the *architecture*.

4. The personality itself.

We will suggest that what we call personality or self can be analyzed and restructured, but only with the participation of the individual and psychological reflection from another outside the self. This is the equivalent of holding a mirror so that the person can see him/herself from another perspective.

Personality has its own characteristics. Etymologically, Ayto tells us that the word person - Latin *persona* originally denoted a 'mask, particularly one worn by an actor.' It gradually evolved through 'character played by an actor' phonetically through *parson* and later restored to *person* meaning 'human being'. The thesaurus gives us words like character, demeanor, disposition, manner, nature, and temperament and the dictionary suggest that it means being a person; personal existence or identity of one's own.

Interestingly this exercise seems to lead us to the notion of the personality of the individual as being the activities of the self that are available for others to experience. Whether this personality or demeanor is a 'mask' or the true 'nature' of the individual is left somewhat open ended.

We will suggest that not only do individuals have personalities, but that groups of individuals have personalities as well. Generally we refer to these as 'cultures'. While seeking coherence, we are seeking it in the personalities of both individuals with problems in living and the organizations or systems that are designed to serve them.

Further we will suggest that the culture or personality of the human service systems will need to be restructured into some degree of coherence before the process of effectively enabling people with problems in living to restructure their own personalities.

PREFACE

In our society, we constantly state that our children are our future, and then we throw them away. It has gotten so bad, that we fear our children more than we love them. No one system is at fault. All systems have failed, even the community and family systems that are not usually indicted. We have endeavored in previous volumes to indicate some of the moral dilemmas that have plagued the present method of providing human services. In those we have articulated some specific changes in conception that we believe must occur if we are to regain a moral ground. To reiterate a few:

Needs to Goals

We have suggested that we can no longer afford to operate in a coercive system where the needs of the individual are defined by the 'expert' and the personal preferences of the individual are ignored.

Deficit To Competence

We cannot state this more effectively than J.D. Wise does in the first chapter of ***Perspectives on Social Competence.***

The advent of competence approaches is a fairly late development in the human service professions. Until recently years, these professions have been dominated by defect approaches; the medical and psychoanalytic models their best-known examples. Adherents of the deficit approaches assume that pathological, socially deviant behavior is the most important feature to observe about human functioning. Deviant behavior is attributed to stable states inside the person, the cause of which occurred at some time removed from the present. In contrast, competence models are concerned with a fuller range of human functioning, stressing positive capacities. The ongoing interaction between individual and environment is emphasized: the two are regarded as mutually influencing, and the relationship between them as fluid and changeable. The person-environment relationship has been described as interdependent or transactional.

Not only has Ms. Wise succinctly stated the case; she has presented the next conceptual change as well.

Interactiveness

The individual cannot be seen as separate from his/her environment and the removal of children from these normalizing environments under the guise of

providing 'help' is detrimental in almost all cases. Gregory Bateson discusses this extensively in his book ***Mind And Nature: A Necessary Unity*** when he focuses on how language commonly stresses only one side of any interaction.

We commonly speak as though a single 'thing' could 'have' some characteristic. A stone is 'hard', 'small', 'heavy', and so on. But this way of talking is not good enough in science or epistemology. ***To think straight, it is advisable to expect all qualities and attributes, adjectives and so on to refer to at least two sets of interactions at a time.***

'The stone is hard' means a) that when poked it resisted penetration and b) that certain continued interactions among the molecular *parts* of the stone in some way bond the parts together. 'The stone is stationary', comments on the location of the stone relative to the location of the speaker and other possible moving things.

Language continually asserts by the syntax of subject and predicate that 'things' somehow 'have' qualities and attributes. A more precise way of talking would insist that the 'things' are produced, are seen as separate from other 'things', and are made 'real' by their internal relations and by their behavior in relationship with other things and with the speaker. [Emphasis added]

The gist of this discussion is that our language persuades us to think in terms of singular 'things', while rational thought would lead us to conclude that everything is interactive. To suggest that aggressiveness is a characteristic of a child is somewhat inaccurate. The child may be aggressive in a given relationship [or in many relationships], but it requires an 'other' for the aggressiveness to be fulfilled. Therefore, when we speak of Oppositionally Defiant children, we must question who the 'other' that the child is opposing is and what the 'other' is doing, and wonder if the 'other' could do something different to change the relationship [e.g., the opposition].

It is true that children who act defiantly tend to draw us into this kind of relationship. But the question of professional relationships versus personal relationships is the first area of concern. The teacher, clinician, etc., who responds with anger when a child calls him/her a #^#@*&\$#, is suspect on a helper level. The teacher, clinician who wants to 'control' the child's behavior loses the perspective of the child's revealed preferences in favor of their own agenda. Usually this is articulated as the child's 'need' to be

controlled, rather than as the child's desire to reach a goal which is as yet unidentified and which is being frustrated by the 'professional'.

Outcome Orientation

We must have a system that is focused on outcomes and the outcome expectations of the child/family we serve and ensure that these preferred goals are the ones that we address. In order to get the client to reveal these outcome expectations, we will need to ask, probe and negotiate. We will also need to take a perspective of our own beliefs that we apply to all people wanting to self-actualize. What is our 'fundamental assumption' about why people behave in the ways that they do? If we do not believe in the coherence of humanness, we will be unable to 'allow' others to make critical choices for themselves. Further, the outcomes will need to be documented to ensure that the system we use to provide these services is a learning system that improves quality continuously.

That which gets rewarded gets done

Not only must we seek substantive outcomes of our interventions, we must reward the achievement of those outcomes, rather than give financial incentives that lead to fragmentation and ineffectiveness, these rewards must be given in normalized living.

Improved quality through feedback

Rewarding the outcomes combined with feedback documentation enables us to become a learning system, which adjusts the way we do business and the financial incentives based upon actual experience.

Thought -> Emotion -> Behavior

In order to enable our clients to self-actualize, we will need to change dramatically the way we provide help. We know that we have failed over the last fifty years, and therefore, we need a better fundamental assumption about why people behave atypically and a theory of change that is connected to this assumption and the outcomes on which we are focused.

Cognitive Behavior Management is the only intervention process to date, which suggests that it may meet these expectations. Even this, however, must be subject to the rigors of documentation and quality improvement.

Victim To Hero

The difference in approach is to change the client from an object to a subject. S/he no longer is the 'object' to be 'serviced' by the expert; but is the subject of the change process and a person who is *served*. .

The psychologically distressed among us are not the symbol of failure that some would have us believe. If they are a symbol at all, they are a symbol of humanity's everlasting endurance against all odds. Human beings are capable of inordinate endurance. We have lived through blizzard, drought, famine and holocaust. Time and time again, we have turned seeming disaster into victory. Few, if any, simply 'give up', and those that do are generally lost to our history. The psychologically distressed have not given up. When their great sensitivity conflicts with an insensitive world, they find new and creative ways to endure. They are not 'heroes' nor 'artists', for those have found acceptance for their creative efforts. These are everyday people striving to overcome the prejudices and welfare offered by those around them who are too uncomfortable to see their strength and see instead only their strife. We mistakenly see their fight as flight and their flight as failure, instead of noticing that they do battle with us for their very survival. If only we could see, perhaps we could lay down our arms and channel their enormous endurance into a struggle to grow, instead of just survive. [Jerome R. Gardner, ***Generic Principles of Psychosocial Rehabilitation***- 1989]

The 'hero' is one who takes personal responsibility for his/her actions and cares for him/herself and others. The victim is incapable of such actions. We must stop making people with problems in living victims of our own incompetence. We must stop suggesting that they are incapable of making changes in their own lives and that we need a 'pill' to do what they cannot; in the process creating a drug dependent society.

All Human Services Are Experimental

We have suggested that we must take the position that all human services are experimental and follow the guidelines recommended by the Belmont Report. This report provides ethical principles and guidelines for the protection of human subjects of research. Since we are suggesting that all human services are experimental, we are suggesting that such guidelines should be followed everywhere. The basic principles of *Respect for Person*, *Beneficence*, and *Justice* are clearly ignored in the present system that is turned inward and often places the client in jeopardy to avoid liability for the helping organization. The concept of the *autonomous person* is a powerful guide to focusing on the goals or personal preferences of the individual client. And because we are considering interventions to be experimental, we will need to document the impact of such intervention and ***learn from this feedback***.

Regeneration Of Community

Following the title and content of an article by John McKnight¹, we must reinstall in the community the power to provide care to its members who suffer from severe and persistent problems in living. Combining this regeneration with the construct of a Sociology of Acceptance² we must stop viewing defect abhorrently and regain our posture of caring for each other.

The problem is not so much that our culture has changed, although it has dramatically. We have moved from a political construct of 'rugged individualism' where each person was personally responsible for his/her own growth and development, to a construct of 'general will'³ in which an elite group suggests that it must provide for the destitute, thereby creating a 'victim' class. At this point, almost everyone in this society is dependent in some material way on the government, while at the same time there is little connection in a relational way between people. The regeneration of community as a place of caring is a significant responsibility.

A major concern is that in destroying old institutions and values, we have not created new ones. We have created an anarchy of beliefs. This volume is a proposal to re-create institutions in a conscious, coherent manner with very new values. Children, when they are not at home or playing in the community, belong in school. Therefore, home, school and the community are important child management arenas that need to be overhauled. School is identified as the predominant professional institution in the child's life, and along with home and community, becomes a centerpiece in our proposal.

As a mandated service for all children, education staff are required to provide services to children regardless of their problems in living, yet receive few effective resources or support to address the non-educational problems effectively. This is not to imply that more money is the answer. Financial aid to school has escalated far beyond the rate of inflation and the continued deterioration in the schools ability to educate those children who do not seek education is astounding. Relevant court actions have recognized this disparity and demanded the states pursue an interagency remedy, modeled on a National Institute of Mental Health model entitled Children and Adolescent Service System Program [CASSP]. This interagency concept was

¹ *Regenerating Community*. Social Policy, Winter 1987.

² *Toward a Sociology of Acceptance: The Other Side of the Study of Deviance* by Robert Bogdan and Steven Taylor, Social Policy, Fall 1987.

³ Jean-Jacques Rousseau, in *the Social Contract*, invented the deadly abstraction of the "**general will**" to achieve social goals. The general will, he said, is the rule of justice agreed upon by assemblies of free people whose interest is only to serve the welfare of society and each person in it. When achieved, it forms a sovereign contract that is "always constant, unalterable and pure.... Each of us puts his person and all his power in common under the supreme direction of the general will, and in our corporate capacity, we receive each member as an indivisible part of the whole". The general will leads to an elite group that decides what is the general will and was thought of as the 'tyranny of the majority' by the founders of the American constitution.

recently endorsed by Congress in passage of the Individuals with Disabilities Education Act [IDEA] 1997 and as amended 1999 and again in 2004, which states in part "ensure that an interagency agreement or other mechanism for interagency coordination is in effect between each public agency ... and the State education agency, in order to ensure that all services ...that are needed to ensure a free appropriate education are provided."

Yet these efforts to force public child serving agencies to collaborate ignore the fact that they also keep such turf issues intact. The very term 'collaborate' implies the continued separation of the 'turf'. Collaboration does nothing to change the 'patchwork quilt of human services, the command and control methods of management, and the biomedical paradigm that has created so much of the problem. In fact increasing financial resources only increases the advance of these detrimental approaches. The behavior perspective is equally problematic, unless one is able to separate out the cognitive aspects from the behavioral. The separation has much to do with core beliefs about self, others and future prospects and the emotions generated when events and experiences are interpreted through a distorted lens. The group of developmentally delayed children can be defined as having a deficit in their behavioral repertoire. They simply have not learned how to achieve certain goals and intents because of the developmental delays that has deferred such learning. For this group, the functional behavior assessment process and positive behavioral approaches have substantial merit. A second group of developmentally adept children, however, can best be defined as having a ***distorted view*** of when and where to use certain behaviors that have already been learned. This distortion may have occurred because 1) the basic social unit for teaching behaviors, the family, has different norms and mores; or 2) because the nuances of behavior selection are not understood - for example, certain prejudices or partialities were conveyed in the teaching that are allowed within the culture promoting unit, but are to be hidden elsewhere; or 3) because of the *interpretation* of the teaching that the individual child has brought to the situation.

For the first group of developmentally delayed, there is some validity in the traditional behavioral approach since the concept is that these children are trying to achieve some goal, but that the behavior they are using is not functionally valid. Since they can be considered to have a limited behavior repertoire and are presumed to not be able to clearly communicate their goals, desire and intents, we might need to infer these factors and teach the appropriate behavior to achieve that which is desired, but not expressed.

For the second group, who display distortion rather than deficit, the traditional approach merely reinforces the behavior that the 'experts' in the environment views as inappropriate. This is so because the adults in authority act in exactly the manner that the distorted 'inner logic' predicts.

What is often forgotten is how one person's negative behavior can alter and shape the other person's behavior. Therefore, the behavior has the exact outcome that is expected. For example, "These people don't like me and therefore they are likely to repress or oppress me - behavior occurs - a response occurs - See, I was right! They are altering the environment and consequences to make me do what they want!"

Labels & Categories

One of the tenets of our proposal is that categorization of the children as delinquent, mentally ill, drug addicted, etc., is invalid. All of these children are operating as they do because of distortion that results from maladaptive thoughts. It is this cause of behavior by which children with atypical behavior should be grouped, not based upon how their behaviors are manifested and where they occur. They are the same children⁴ and they need to be addressed in the same way. Thus labeling of various mental 'illnesses', substance abuse, delinquency, and the like organizes the children into the turf battles, but essentially they all need the same thing. They need to change the way they think about themselves, others and future prospects. They need to develop more internal attributions of success and failure, and they must reduce the number and frequency of cognitive errors. This is not to imply that children in the other group who are developmentally disabled cannot also benefit from an analysis of their thoughts. It is not the experience, but the ***interpretation*** of the experience that concerns us here.

If we truly want systems change, we must deal with the following:

- **Create a single system**

A system is etymological something that is 'brought together'. A system, therefore consists of multiple components brought together to achieve a single purpose! To have separate systems is to have multiple purposes. To have multiple purposes is to have separate systems - and this is a moral dilemma leading to ineffective and inconsistent help. To define the single purpose of a system of care for children with social and behavioral problems in living, it is required that the components of the system differentiate and define the specific outcome expectations that will identify achievement.

- **Continuous Quality Improvement**

The pivotal word in this equation is Quality. Quality must be operationalized by defined outcome expectations, which will identify achievement. While it is recognized that the system needs to have articulated outcome expectations to which it is committed, it is clear that individual child/family

⁴

Let us re-emphasize: we are talking here about children whose problem in living *is* behavior.

units have outcome expectations as well. It is required, therefore that the system identify, and help to have articulated, the outcome expectations of the child/family and operate on the basis of **preference** as opposed to need. Organizational and personal goals may occasionally be incongruent, but they cannot be incoherent.

This is a substantive change away from **need** as identified by the 'expert' or society, and is focused on 'revealed preferences' of the child and family.

Improvement implies measurement and measurement implies baseline [starting points], benchmarks [achievement levels], criterion [indices of measurement], feedback [collection of data] and standards [outcome expectations]. Thus both staff and clients must be able to identify *substantive* progress towards coherent personal and organizational goals.

- **Values**

As we have stated in earlier works, value denotes worth or importance. Values can be held at three levels: 1) as ideals which one would hope to aspire to as perfect; 2) as goals which one will work to achieve over time; or 3) as commitments which one expects to occur NOW. When we are committed, we seek **zero** deficits in our model. No child will fall through the cracks.

A system which is committed to coherent outcome expectations, measures its impact upon the discrepancy between outcome expectations and performance and responds effectively to increase the potential for achievement, is a learning system which improves its performance over time in relations to its purpose or definition of quality - always seeking perfection.

However, the implementation not only requires a singleness of purpose, but a division of labor. One cannot be expected to accurately measure with a crooked ruler. When I am asked to appraise my own performance, I am likely to skew that appraisal with my own feelings about how good or bad my skills, talents or tools should be. Thus measurement and performance must be functionally separated, bound only by the single goal [outcome expectation] and constraints [philosophy] of the system.

Our proposal recommends a separation of roles and functions as part of its comprehensiveness. We have identified five [05] specific, and necessarily separate functions:

1. **Executive:** there is a requirement that any human service system have an executive function capable of making decisions about direction, coherence with the direction, and needed responses.

2. **Assessment:** there is a requirement to discriminate inputs; e.g., to describe the *baseline* level of individual functioning across life domains and to determine the personally preferred criterion for remedy.
3. **Service Delivery:** there is a requirement that someone provide the activities specified, and makes recommendation for formative change. The service delivery, whether it is educational, clinical, protective or corrective, must be separate from the executive, assessment, monitoring and evaluation functions. The provision of services is a market function and must have a market test of competition and selection. The original reason for a not-for-profit status was the consideration that some goods and services could not meet this basic business criteria and that "where these conditions are impossible to meet, the producer will have the capacity to charge excessive prices for inferior services" [Hansmann, 1980]. The nondistribution restraint imposed on not-for-profits, prohibiting the organization's managers from keeping the 'profits' and requiring reallocation of any excess income to the provision of services for which it was originally intended [Kramer, 1980] was meant to diminish the desire and usefulness of such excesses. The oligarchies of human services have negated these guidelines and have thus lead to mismanagement and callous views about clients.
4. **Monitoring:** there is need for someone to oversee the activities and ensure that the 'vision is kept' so that personal preferences are always addressed - this is a quality assurance responsibility. With the present focus of the human services provider system on the 'payer' of services, rather than the 'recipient' of services; the creation of oligarchies and the focus on unit of services data over outcome data for organization performance; some one needs to help mind the store.
5. **Evaluation:** there is need for someone to evaluate the performance of the various components to determine that the organization continues on the right track, that it learns from its own experience and from the experiences of others - this is a quality enhancement responsibility.

Certainly any reasonable observer might suggest how these components could be reduced through shifting functions to some components and eliminating others without necessarily eliminating the checks and balances. The executive, for example might monitor and evaluate. However, it is our contention that given the size of the system envisioned and the variety of providers [mental health, mental retardation, drug and alcohol, dependency, delinquency and educational] to be involved, that the use of all five components as separate entities makes sense.

Based on this sense of appropriateness, we envision a comprehensive system for child/family services to embody the following component functions. Each component must have a functional relationship to the other components and together hold the system responsible for achieving the organizational and client outcomes deemed appropriate and articulated by the Executive body.

Executive: this function would embody two constituent segments *governance* and *management*. The governance would be provided by the County⁵ Commissioners, who oversee the welfare [clinical, protective and correctional] responsibilities and the County Intermediate Unit Board,⁶ which is comprised of those who oversee the educational responsibilities. Executive management would be provided through the Executive Director of the County Department of Human Services⁷ and the Executive Director of the County Intermediate Unit, but may include executives of public educational and welfare agencies in its responsibilities and labor division.

Assessment: this function would be served by a Comprehensive Assessment & Planning Service [CAPS]. CAPS would initiate a process of evaluating a **situation** and a **community** because of the understanding that the child is an **interactive** part of a system. CAPS would therefore provide a single plan for children and their families who have problems in living covering all of the appropriate areas [antisocial behavior, emotional stability, psychological states, etc.], as well as addressing **primary**, **secondary** and **tertiary** clients who contribute to the situations.

All assessments done in the system regardless of the manifestation of problems in living, would be done by CAPS, except where the parents are seeking an independent evaluation. Three unique factors exist in the implementation of CAPS:

1. The assessment is of the total ecosystem. Defined as a 'community of interest' this entity through the magic of words, the contagion of emotion and the modeling of behaviors provides the context for disruptive behavior. Even when the disruption is carried out by an

⁵ We build on our premise of local control and will use two locales: the county as the geopolitical unit of control and the school district as a local community of interest, if not of reality. Others using this volume as a guideline will need to determine who are the elected and appointed officials and bodies that must be included.

⁶ In Pennsylvania, this is an educational service whose board is composed of elected board members selected from the existing elected school district boards; and which provides special and alternative education to children with problems in living. Since the expectation is that all children would be part of the focus, the CIU mission must necessarily expand. What is sought is a local entity of elected officials who are responsible for the education of all children in the defined area.

⁷ In Pennsylvania, many counties have such a department that provides coordination and oversight for mental health, mental retardation, substance abuse, children & youth protective services and juvenile probation. This department combined with the intermediate unit provides a unifying opportunity. For almost all child related services. Where these services are not combined in this manner, some process must be developed to unify them under one leadership.

individual the context (community of interest) may need to make significant changes.

2. There is a shift from a deficit model, in which a beneficial outside power rescues an individual or community from weaknesses, to a social competence - capacity building model, in which individual or communities rescue themselves based on their own strengths and relationships in the community.
3. The focus of this planning would be on the development of individual personal, child/family and community goals.⁸

Service Delivery: this function would be provided by the range of providers of services and listed above⁹. Since the delivery of services in our proposal is designed to be a *competitive* system, with a market test primarily based on outcome [although cost compared to benefit is also a consideration], a demonstration model of cognitive behavioral technology would be created unless or until such time as other providers demonstrated technological competence and outcome effectiveness. While we believe in the social learning process, our primary purpose is to find technology capable of producing *improved quality of life*. If traditional methods prove to be more effective, so be it. But based on the history, don't place your savings there.

Monitoring: this *Quality Assurance* function would be provided by a Service Facilitation Manager assigned to the individual school district and supported by a Home, School and Community Council¹⁰, specifically designed to represent the child/family, education, protection, correction, clinical services and the community [business, civic, pastoral, etc.] which utilizes a particular school district. The intent is to place the local community in a position to manage the care of their own children. The Home, School and Community Council would function as the 'managed care organization' [MCO] for the community and should embody principles of **restorative justice** into its operational mechanism. The Service Facilitation Manager, as an arm of the MCO, would monitor day-to-day activities and report to the Council, which would then make recommendations for enhancements. Instead of having case managers for every population [Children, Youth & Families; Mental Health, Mental Retardation, Juvenile Probation, etc.], this model recognizes the similarities of the populations and provides a case manager to the family

⁸ As will be later explained, the assessment process as presently executed is a dangerous exercise which reminds one of the Mark Twain admonition 'when you only is tool is a hammer; everything looks like a nail'. To some extent the constructs of balanced and restorative justice are brought to the assessment rather than just the response table.

⁹ Services presently include educational, clinical, correctional and protective entities. Often these are defined by the population served - e.g., drug & alcohol and mental health services are both clinical services. The more the services can be defined functionally, the better the competition is likely to work.

¹⁰ It is proposed that each school district have such a council that brings all stakeholders to the table, unifies the system and empowers the community to manage the care of its own children. This will be further delineated later.

- which will follow and support the family wherever and whenever they are involved with child management systems. Since the singular system in which all children participate is the school, this would be the point of entry.

Evaluation: this *Quality Enhancement* function would be provided by a research, data management [Management Information System/Performance Outcome Measurement System] function and an Institute for Cognitive Behavior Management. We would propose a public/private partnership with an academic institution and the Department of Education and/or Department of Public Welfare as a means of initiating this program. This is the research and development arm of the human services system.

The following sections will elaborate on each of these components.

COMPONENT #1: EXECUTIVE DIRECTION

INTRODUCTION

"Government must steer, not row" Osbourne & Gaebler

We would modify this concept to read. **Governance** must steer, not row. Whether public or private, leadership must set direction by defining outcome expectations. Peter Drucker, the country's dean of business management consultants has said that people fail because of what they won't give up. "We cling to what has always worked - even after it has clearly stopped working. We cling to a way of managing atypical behavior that no longer works; if it ever did. We still think external control is the way to change people. "

It is our hypothesis that the inability of governance to steer [set precise goals both for direction and measurement of accomplishment]; and to learn [identify discrepancies between goals and outcomes and design new alternatives to more optimally meet those goals] has left us with a human services network which marches toward oblivion with very good intentions. We further suggest that the conflict between explicit and implicit social policy, the lack of consistent patterns of values and incongruous sets of ideological principles, result in real harm being done to people with problems in living [See Volume II].

Performance is always a measurement against a standard. The standard is defined through a process of:

- clear articulation of a goal,
- the development of indices with which to measure accomplishment,

- collection of the data regarding indices,
- comparison of the data to historical benchmarks.
- the development and reinforcement of best practice identification and, as this learning occurs,
- the development of improved methods for reaching the goals.

We contend that present social policy has a conflicted goal context combining as it does the explicit desire to help people with problems in living improve their quality of life, with the implicit goal of protecting society from people with severe problems in living by 'controlling' client behavior. This conflict has allowed the continuation of methods that have proven ineffective for the explicit mission, while only marginally effective for the implicit mission.

Outcome accountability can replace centralized bureaucratic micro-management and rigid rules. It become easier for policy makers to desist from regulating and micro-managing of processes and procedures if they have the capacity to hold programs, institutions and those who run them accountable by managing for results. This allows also for a *market test* as significant degrees of both local variation and frontline discretion by professionals produce creative program variation that are measured by results. Competition is placed appropriately in the arena of seeking better service outcomes, not in trying to *keep* more clients and maintain a larger staff and budget. The use of outcome indicators helps to focus attention on mission rather than rules. The question shifts from "Did you do what you were told?" to "Did it work?"¹¹ Outcomes can also help to increase resources by assuring funders and the public that investments produce results. Finally, agreement on desired outcomes facilitates a coherence to a single system; a *telos* or aim, to which all concur. We may differ how best to get there, which opens us up for creative approaches that continue if successful in results, but are discontinued if they prove faulty. But we all know where we are going.

This is also a proposal about children with problems in living who are affected by the present lack of coherence, and the organizations that are set up to help them. The question of coherence in managerial methodology is every bit as concerning as that of direction. All health, education and welfare services to some extent suffer from the same chaos of structure and purpose. If there is anything to be learned by this discussion, it is applicable to all such systems.

¹¹ This does not suggest that the "ends justify the means"; Means are constrained by the philosophy and ethical principles that underlie the system.

In ***Reinventing Government***, Osbourne & Plastrick [1996] define again reinventing government. Much of what they have to say is significant to our proposal.

By 'reinvention' we mean the fundamental transformation of public systems and organizations to create dramatic increases in their effectiveness, efficiency, adaptability, and capacity to innovate. This transformation is accomplished by changing their purpose, incentives, accountability, power structure and culture.

Reinvention is about creating a public sector, including contracted private enterprise, that has a built-in drive to improve - what they call a 'self-renewing' system and that we have called a 'learning system'. To do that, they suggest, that the public sector needs an 'adaptive capacity' to address new issues as they arise, getting government ready for challenges they cannot yet anticipate. This requires a fundamental transformation to an *entrepreneurial government*. That phase may surprise those who think of entrepreneurs solely as business people. "But the true meaning of the word *entrepreneur* is far broader. The French economist J.B. Say, around the year 1800, coined it. 'The entrepreneur,' Say wrote, "shifts economic resources out of an area of lower and into an area of higher productivity and greater yields". An entrepreneur, in other words uses resources in new ways to maximize productivity and effectiveness." [From *Reinventing Government* - Osbourne & Gaebler, 1994]

The construct of *telos*¹² means aim, end, or fulfillment. A telos is opposite to cause as we generally think of causes today. Causality asks, 'Who started it?' It imagines events pushed from behind by the past. Teleology asks, 'What's the point? What's the purpose?' It conceives events aimed toward a goal. 'Teleology' is the term for this belief that events are pulled by a purpose toward a definite end.

A teleologic system would then be one that is pulled towards an end: a goal, an outcome expectation. The first and original meaning for telos (formulated by Aristotle) is: 'that for the sake of which'. When Viktor Frankl suggested that man must decide on a meaning for life, he was suggesting the development of telos - that for the sake of which I live.

Telos gives a limited, specific reason for the sake of which I perform the action. It imagines every action to be purposeful, but it does not state an overriding purpose to action in general. The idea of telos gives value to what happens by regarding each occurrence as having purpose. Telos gives events value.

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With thanks to James Hillman.

Purpose does not usually appear as a clearly framed goal, but more likely as a troubling, unclear urge coupled with a sense of indubitable importance. Thus, each worker in the human service system struggles to meet the control of regulatory input, while being unclear as to what is their personal intent. Many paddles in the water turned to their own interpretation of truth. But a teleologic system, drawn towards a specific outcome, well defined and sanctioned, not only directs the rowing, but provides clear indication when someone goes astray. Steering must come from a clear *summon bonum*, or greatest good.

Most policy makers recognize the difficulties inherent in public human services systems. The search for ways to make such systems more effective will require a profound shift in the ways we do business.

TRANSFORMATION

To predict what form resistance might take, managers need to be aware of the four most common reasons people resist change. These include: 1) a desire not to lose something of value, 2) misunderstanding of the change and its implications, 3) a belief that the change does not make sense for the organization, and 4) a low tolerance for change.

In making the shift from traditional models of serving people with problems in living to a transformational model, one is required to look at the full range of organizational elements identified by Waterman, Jr., Peters, and Phillips as ***structure, strategy, systems, style, skills, staff*** and ***superordinate goals***. Because we are talking about transformational change, it is not sufficient to focus on one organizational element as a multiplicity of factors influence an organization's ability to change.

We intend to convey the notion of the interconnectedness of the variables - the idea is that it is difficult, perhaps impossible, to make significant progress in one area without making progress in the others as well. There is no starting point or implied hierarchy. A priori, it isn't obvious which of the seven elements will be the driving force in a particular organization. It is tradition among managers to *pilot* a project. To take one small segment and see how it works. But as we have pointed out in earlier works, transformation takes a total commitment. Just how dramatic the differences are is shown in the following chart that conceptually compares the transformation model to the traditional model.

Organizational Comparison

<i>Organizational elements</i>	<i>Traditional Model</i>	<i>Transformational Model</i>
Superordinate Goals or Fundamental Assumption	Pathology & Cure	Cognition & Learning
Strategy or Unique Value	Control	Choice & Personal Responsibility
Staff or Basic Values of Management	Credentials & Hierarchy	Outcome Productivity & Personal Responsibility
Skills or Attributes or Capabilities Capacity or competence	Therapy, biomedical or psychodynamic approaches	Teaching, social content with cognitive & behavioral techniques
Style or Patterns of action Symbolic behavior	expert professional preference programs & restrictions medical jargon	enabler client preference valued settings support intensity functional language
Systems or Formal & informal procedures	process orientation & command & control	outcome orientation & continuous quality improvement
Structure or Task division & coordination	'factory' model centralized vertical	temporary services decentralized horizontal

The chart indicates a clear outline of the changes in thinking required in the transformation model. The fundamental assumption of our proposed service has been extrapolated in earlier volumes, but we will repeat:

A person is literally *what s/he thinks* - character is the complete sum of all thoughts. Thought has a controlling effect on behavior. A person acts on an internal logic based upon significant beliefs about self and others. What we do in our

minds controls what we do in our lives. Personality is the complete sum of all attitudes and actions. Change will occur only when the thoughts change.

Our strategy is defined by the unique value of *personal responsibility*, which differs significantly from the strategy of traditional intervention that promotes *victimhood*. Each person is responsible for his/her own growth and development; for his/her own thoughts and upon learning how these thoughts may contribute to an inability to create mutually satisfying relationships, for the *decision* to change. "We are not always responsible for the circumstance in which we find ourselves, but we are always responsible for our behavior" [Frankl]. But our strategy also includes *opportunity* for a civilized society must provide opportunity for all of its citizens.

Our skills or technology are equally articulated as social learning *cognitive and behavioral* interventions. We make no attempt to cure or control the people we serve. We train or teach each person sufficient skills so that they can resolve their own problems in living if they so choose. We disdain the biomedical and/or psychodynamic [introspective or insight] approaches as being archaic and destructive in the context of human services. The moral dilemma is epitomized by these offerings.

Our systems¹³ are *outcome oriented* and *continuous quality improvement* focused - which are the systems of a *learning organization*. These are systems that are oriented towards clearly defined and expected outcome. The systems use feedback data to continuously improve, they are systems that recognize and reward individual performance.

Our style is based on *client preference*. We are not as interested in client need that is often only a professional articulation of professional expectations. We are interested in the client's expectations, and the client's definition of quality. A client who has no desire to change behaviors that are unacceptable must suffer the consequences of that choice. Our style is imbued with information ["the difference that makes a difference" (Bateson)] with which we help our clients define their vision and select their preferences. Our style is further delineated by the concept of the person as a system and as a part of a larger system. Thus the interaction between the figure and the ground are to be addressed thorough involvement of all in the solution as well as the problem.

Such preconceived elements require a staff that is oriented towards productive outcome and personal responsibility, trained in the appropriate technology and holding the values required. This will make it difficult for

¹³ This reference is to the support or sub-systems [human resources, finances, etc] as well as to the 'system' or meta-system for serving children and their families. An unfortunate ambiguity in language.

'saviors' and 'experts' alike. The staff will not merit extreme social status for working with 'very difficult clients' or by having special credentials, but will merit such status for being highly effective and efficient as measured by the ability to help such clients achieve specified outcomes. No doubt the status of both the individual staff person and the organization will diminish as social problems in living decrease.

Our superordinate goal, our *summon bonum*, our *telos*; "that for the sake of which we act" requires profound thought and dialogue.

ORGANIZATION

In what may seem to be a paradoxical move given the desire for a decentralized, horizontal administrative model, the system early on needs to place the direction of this endeavor with one project manager or chief staff officer. Too many different strands need to be coordinated for it to occur by committee happenstance. Further, we have suggested the abhorrent notion that **everything** must change at once; ignoring the 'pilot project' mentality of the past.

The project manager will require personal qualities of leadership, creativity and tolerance of chaos. S/he will need to be more a leader and a provocateur than manager, as s/he will need to provoke each component leader to dismantle his/her domain and reshape it into a comprehensive system designed to meet the agreed outcomes. Such a role is not long lasting, nor will it be fully appreciated. The role is the 'lightning rod' that will take all of the shocks, but since no one else gets burnt, misses the gratitude. Like the general who goes into the worst of the battle to rally his/her troops, the project manager will need to constantly place him/herself in danger. And just as a timid general loses the battle, the timid project manager will fail to achieve transformation.

The Project Manager will particularly need to address the constituent issues of *early identification* and a timely, consistent and appropriate *response*. It is better to have a small, but effective response to small issues, than to respond mightily to great issues. A major failure of the concept of child rearing is tolerance of seemingly minor misbehavior. Just as parents must learn to use these small incidents as 'teaching moments' for training their children in self-discipline, so too, the system needs to identify and respond to insignificant situations; training both the parent and child in the process. Thus, we would like to respond effectively to 'sore thumbs' and diminish the number of 'problem children'.

Sore Thumbs

Significant adults such as parents and teachers quickly identify children who stick out like a 'sore thumb'. They are annoying, difficult to direct, and fail to do things that adults expect. Across all dimensions [child care, early intervention, head start and all elementary schools, such 'sore thumbs' are being identified and a range of responses or nonresponses is taking place. The stakeholders in the transformational system need to develop a philosophy of response that is neither labeling nor traumatic, but which specifically addresses the type and frequency of these 'sore thumb' behaviors. The response in all likelihood will be to enhance the capacity of the child's natural supports [adult caregivers] to respond effectively. Rally the troops to effective action.

Problem Kids

At some point in time, those kids who stand out like 'sore thumbs' or others become 'problems'. Either they are disrupting classrooms, have committed delinquent acts, are fighting in what seems an excessive manner, or participating in some other activity which no longer feels to surrounding adults like a potential for problem, but has reached the threshold of 'a problem'. Usually this leads to *disciplinary action*. Such disciplinary action varies across the spectrum of home, school and community involvements. Often the disciplinary action is punitive, which has been shown to be ineffective and even detrimental to the goal of social affiliation. The movement of disciplinary actions, as identified in the revised IDEA, is moving towards segregation and punishment and away from prosocial goals. The transformation system will treat discipline as a *noun*, not a verb. Children need to be taught discipline, not be disciplined. This concept places the control of the child in the hands of the child - a transformational idea.

Self-Fulfilling Prophecies

If adults fear violent children they will often act in a manner that brings such violence about. Just as the artifacts of locks, bars and metal detectors send out the message 'danger' - so too does a response that is supposed to tell the child 'I am in control' send out a similar message. Students therefore deduce that they need to be wary and prepared to defend themselves. The fearful ones become increasingly anxious and the aggressive ones tend to hit first. The thinking of adults becomes counterproductive in the way it shapes the thinking of children.

"The student's social environment greatly influences the level and intensity of his or her aggressive and violent behaviors in the school and classroom. Social learning may be the most important determinant of both aggressive and prosocial behavior. According to Bandura (1973) aggression is learned

through the observation of aggression and its consequences and through experiencing the direct consequences of aggressive and nonaggressive behaviors. Kauffman (1993) made a series of generalizations about the effects of social learning which culminated with a suggestions that "the punishment of children by adults may result in aggression when it causes pain, when there are no positive alternatives to the punished behavior, when punishment is delayed or inconsistent, or when punishment provides a mode of aggressive behavior [Rutherford& Nelson, 1995].

If the child managers are to be effective, they will have to stop fighting their children, they will need to calm themselves and assume a role of teacher, not policeman.

Corrective Actions

Along with segregation and punishment, the environmental culture is increasingly laden with artifacts that send messages of danger and result in fear. These artifacts are quite as powerful as the 'stop and think' prosocial icons and have similar impact upon the thinking process and resultant behaviors. Such icons are particularly salient when supported by the underculture of violence that is maintained through the entertainment media. The culture has tolerated, even supported the dichotomy of 'keeping it real' and the sham that this endows. Children want to dress like criminals or vagrants, 'because it is who they are'; but do not want to suffer the consequences of other people accepting them for what they appear to be. We cannot have it both ways. If you want to be who you are and display to others that you are a 'punk' or 'easy'; then you must expect to be treated as a 'punk' or 'easy' - whatever that entails. The concept is not to ask the person to change who they are; only to be conscious of what to expect if they make that choice and to accept the consequences of their own decisions. If you believe that it is 'cool' to dress provocatively, then let us be assured that you understand what the style might provoke. Make a conscious choice - and then accept the results. The present separation of behavior and natural consequences is an abomination.

Disciplinary action must be designed so that it assures that it is timely and consistent, results in no pain, is directed towards the learning of positive alternative behaviors, and provides an adult model of behavior that is appropriate. The *consequences* of unacceptable behavior therefore must provide the opportunity to *learn* appropriate ways of behaving. The first order in attaining this goal is to develop a legitimate philosophy of response which can be accepted by the significant adults in the home, school and community environment and to provide to those adults the attitudes and skills necessary for carrying out the model. Since a child moves through locations and levels of school, the consistency of the model needs to be quite

broad. The pivotal concept is that discipline is a noun, not a verb: children need to learn discipline, not be disciplined.

Additionally, a singular approach which our transformation demands will require a program for training all child serving personnel, natural support caretakers and families in a basic understanding and acceptance of the model. Such training will need to be offered at all levels and in a form that is understandable to people at all stages of acceptance and readiness.

Once a negotiated response model is accepted, the Project Manager will need to ensure that all segments within the *metasystem* of human services have an opportunity to reshape their own systematic responses. If the philosophic position is that children learn behaviors through the words and actions of significant adults, the *metasystem* must debate the *salient message* contained in present words and actions and change the words and actions accordingly. The dimensions of this endeavor can be understood to include the language of the following organizations or their equivalents.

- County Office of Human Services
- County Department of Children, Youth & Families and all of their contracted providers of service.
- County Department of Drug and Alcohol Services and all of their contracted providers of service.
- County Office of Mental Health/Mental Retardation and the contracted Medicaid managed care organization if one exists, and all of their contracted providers of service.
- Juvenile Probation Department
- County Intermediate Unit and all constituent School Districts.
- The families of all children who are involved with any of the above systems.
- The social institutions which support the moral and character building endeavors of the community such as churches and community recreational programs.

There is no expectation of this proposal that each and every adult in these organizations will accept and implement a transformational response to children who fail to act in a socially acceptable manner, although we could certainly hope that both managers and recalcitrant staff could agree that they do not continue in the system. But we are dealing with difficult issues. Not only do these systems have a way of thinking that requires substantial renovation, but often the violent behaviors of such children arouse not only fear, but anger, and this emotion *justifies* the need to punish or seek revenge. Thus, the attempts to change affect not only culturally acceptable ways of behaving, but to modify the evolutionary nature of human beings. This is not to imply that it cannot be done, only that it is a long process that will be fulfilled, if at all, only incrementally. This does not negate the need

for the *metasystem* to first become *aware* of its own behavior and to *evaluate* the message and therefore the response behavior. The essence of the message change appears to be:

You are defective and not in charge of your own behavior [out of control] and therefore need to be controlled.

To

You¹⁴ are personally responsible for your own behavior and are capable of learning new and more effective ways of behaving if you choose to do so.

The project manager should not overlook the media as a part of this change. As the media is able to take on the new language of transformation, they will convey their own message in new terms. To have the news discussing the 'inner logic' of a behavior or response would be profound. Recently a policeman killed a young black man who was unarmed. The media of course covers this incident and the succeeding rioting as sensational news. If just one source began to examine what the young black man might have been thinking as he ran; what the policeman might have been thinking as he shot; what the rioters might have been thinking as they rioted; what a profound discussion we might have had. There is an ancient story of a Buddhist monk who built a room with sixty-three reflecting mirrors, all differing reflections of a statue of the Buddha, in order to show paradise. One might suggest that the young man, the policeman and the rioters might have had sixty-three different possible ways of thinking about what was occurring. Each chose one response. Had they been able to consider all sixty-three, they might have entered paradise.

AUTHORITY

The role of the Project Manger is temporary and organismistic. S/he needs the authority to cross lines and to tap the resources and skills of a wide variety of people. The value of each element in the system can only be determined by its willingness to go out of business. This includes the governmental agencies as well as the contracted provider, if they exist. This may be a moral dilemma for an individual, but is a criminal event in human services. If the purpose for which the organization was formed is to help people - and they are unable to meet that purpose - demise is the only moral alternative. One cannot transform a system that is intent on survival. Something must end for something new to exist. What that will be is an unknown before the process begins, but the project director must have the

¹⁴ 'You' refers to each person in the ecosystem /society. Each person has a responsibility for the problems and the solutions.

authority to ask the pertinent questions. For some period of time, the Project Manager needs to be able to convene leaders to discuss, debate, negotiate and accept a mission and strategy for transformation, and consider their own demise.

Key roles in the development of commitment during the transformation process include:

- *Change Sponsor* - the individual/group with the organizational power to legitimize the change.

At minimum, this requires the political electees and executives. In the ideal, this would include the leadership [boards & executives] of the organizations which make up the *metasystem*.

- *Change Agent* - the individual/group responsible for implementing the change.

At minimum, the Project Manager carries this role, at ideal, each system offers a change agent to participate in helping the Project Manager implement the process. The change agent must make the tough decisions that create the strategies that are targeted at the organization's present capacity and the outcome expectations required. We would agree with the position of Cusumano and Markides [2001] who argue that:

- Designing a successful strategy is not a science, it is an art.
- Both rational planning and intuition are valuable in developing strategies.
- It is possible for [an organization] to design a superior strategy; and it is possible for others to learn the art of crafting superior strategies.
- Strategies need to be developed in response to [an organization's] stage of evolution,
- Strategies need to be developed to fit an organization's current and future context.
- Effective strategic thinking is a process of continuously asking questions and thinking through issues in a creative way.
- Designing successful strategy is a never-ending quest.

The change agent will be required to use the principles of feedback and response in a learning way as s/he seeks to install a system and instill an attitude in the people who inhabit that system.

- *Change Target* - the individual/group that, as a result of the change, will alter something about their knowledge, skill, attitude and behavior. At minimum, this would include the potential clients. In the

ideal, it would include every person who provides input to the system. Each person will be required to change, to give up what s/he believes to be true in order to change.

The Change Sponsor must be clear as to the identification of the Change Target(s) and understand the potential barriers to transformation. When involved in major change where modifications significantly disrupt the standard operating patterns, high levels of commitment are essential. Transformation, which results in old patterns of expectation becoming invalid, will cause reactions of uncertainty, fear, disorientation, and confusion. Crisis is the result of a breakdown in the established relationship between an individual and his/her expectations of the environment. If the Change Sponsor is not clear and consistent on new expectations, such confusion can result in resistance and sabotage.

A person can be said to be committed to a specific outcome when s/he pursues that goal in a consistent fashion, with the passing of time and varying situations, the committed person persists in activity that will help achieve the desired goal. The committed person will reject courses of action that may have short-term benefits if they are not consistent with a strategy for overall goal achievement. Finally, the committed person understands that a price will be paid. For sponsors, commitment means they will use their organizational power to legitimize the change and assure it will take place. This needs to be consistent regardless of the resistance that will assuredly occur.

This is a proposal oriented on the following assumptions:

- children should receive services in their own home, school and community maintaining at all costs *full community membership* and maintaining *valued social roles*.
- children cannot receive effective services through the present system because of failed service technology, fragmentation and poor distribution.
- children learn behaviors and find support for them through a variety of systems including family, peer group, schools, etc. and all systems must be coherent in providing support for prosocial outcomes.
- schools are the *valued* setting for children and provide the first socio-cultural challenge to the child; therefore they become a major setting for social conflict and the opportunity for development.
- schools are already the predominant provider of service to children with mental health and delinquency problems although funds are distributed to other systems.
- that we can implement the construct of **prevention** through changing both the external state [the ecosystem] and the internal state [theory of meaning, model of the world, etc.].

The proposal assumes that a major transformation can occur which will result in a system of service to children which has a positive impact on the culture which recursively will have a positive impact on children. The change is major - moving as it does from a defect to a competence culture; potentialities instead of limits; and with a dramatic shift in power.

NEED – System Failures

Dysfunctional relationships on all levels are destroying individuals, families and whole communities.

“Serious antisocial behavior in children and adolescents constitutes a significant problem in children’s mental health services and may be one of the most serious public health challenges in American society” [Earls, 1989; Prinz & Miller, 1991]. In fact aggressive and violent behaviors, whether identified as mental health issues or not, are increasing among children in America. “Although many children and adolescents occasionally exhibit aggressive and sometimes antisocial behaviors in the course of development, an alarming increase is taking place in the significant number of youth who confront their parents, teachers, and schools with persistent threatening and destructive behaviors” [Rutherford, Jr. & Nelson, 1995].

Worse, perhaps is our society’s inability to address these issues. In fact, the frequency of lying, cheating, stealing, fire setting, fighting, noncompliance and oppositional behaviors are growing at an exponential rate in our society. Models of such behavior without consequences abound in adult settings ranging from athletics to politics. Each child who reaches adulthood with cognitive processes and rationales that justify such behaviors, in turn models such behavior for their progeny and others. Even the professionals providing remedial services often model punitive and coercive means through their attempts to control children. Thus mental health professionals use coercive methods to gain compliance and schools seek punitive methods to ‘stay in control’. The failure of each of these professionals to act from a ‘professional self’ is appalling.

Saving our children and our children’s children from such an antisocial culture will require more than a simple response; it will require a revolutionary transformation of the way adults present themselves to children. A *systematic* method to deal with prevention, development and remedial actions in a manner that alters *adult* behavior while consciously addressing the needs of the child.

Recent research comparing 'inclusive' with 'out of district' educational placements indicates much higher rates of successful student transition to independent community life for students in less restrictive programs (Wagner, 1989; Lipsky and Gartner, 1989). Outcome research over the past two decades has clearly indicated that systems of separate special education are quite limited. Efficacy studies have shown little or no positive effects on students placed outside of the general education setting, regardless of their disability (Lipsky and Gartner, 1989). These studies have evaluated outcome data along several dimensions. For example, although data are hindered by definition problems, approximately 38% of students with disabilities drop out of school sometime during their high school career (US Department of Education, 1994). This is significantly higher than the 29% of non-disabled students [which, by the way, is atrocious in its own right]. In addition, fewer than half of students with disabilities exit high school with a regular diploma. Further, post graduation data also show equally dismal outcomes. The unemployment rate for individuals with disabilities is the highest of any population subgroup. Two thirds are not working, while only 20% hold full-time jobs. This is the case in spite of the fact that 80% of those interviewed report that they would like to be employed.

With respect to instructional practices, recent research is strongly supportive of least restrictive educational placement. Studies show that special education students placed in general education settings perform better both academically and socially when compared with those in segregated settings (Baker, Wang, & Walberg, 1994; Cole & Meyer, 1991, Straub & Peck, 1994). Research has demonstrated improved outcomes along many dimensions, ranging from attendance to self-esteem (Kelly, 1992; Strain, 1983). Equally important, recent research studies show no detrimental effects on the learning outcomes of non-disabled classmates (Hollowood, Salisbury, Tainforth & Palombaro, 1995; Kennedy & Shukula, in press). Long-term outcome research also shows positive correlation between the amount of time spent in regular education and adult achievement. Specifically, the more time children with disabilities spend in general education settings, the greater they achieve as adults in areas of employment and/or continuing education (Ferguson & Asch, 1989).

A final consideration pertains to litigation. In the past, courts have been willing to accept the judgment of school officials regarding placement decisions. However, recent court cases have challenged restrictive placements by school districts. Specifically, courts are now requiring uncontroverted proof that inclusion is not feasible. Several forces appear to underlie these trends in legal judgment. First, a strong parent group has advocated for inclusion, viewing it as a step toward normalization. Second, although it was initially recognized that educating students in the least restrictive setting would take time to accomplish, the Individuals with Disabilities Education Act (IDEA) has been re-authorized with new provisions

requiring that school districts (and other child serving agencies) give evidence that placements in less restrictive settings have been tried (with appropriate accommodations) and have failed before more restrictive placements are considered. Consequently, courts will be expecting that schools should currently be prepared to provide education in the least restrictive environment. Finally, many school districts and states have demonstrated that educating students in inclusive settings can indeed be accomplished (e.g., Vermont, Alaska, Kentucky). Thus, when such placements are challenged, courts are less inclined to rule in favor of restrictive placements. Similar litigation in the human service arena has led to similar expectations of child and family agencies and service providers within the county and communities (e.g., Lawrence K. and/or Scott v. Snider).

A word needs to be said about the response of the general public in regard to disability and atypical behavior. In the world of residential services, the slogan is, Not In My Back Yard. In similar ways, parents have a tendency to take the perspective that having an atypical child in a classroom is likely to negatively affect their own child. We suggest that this ignores the strengths of their own child [victimhood again], for it is the strength of the typical child that can help to shape and support the child with problems in living.

We would suggest going even further and make special education inclusive; not by eliminating special education, but by making all education special. What this means is that we tie to the concept that all people are on a continuum. There is no threshold that separates us from them. We all have problems in living, although we recognize that some are more difficult from others. However, each child needs to be addressed as an individual, with individual styles and preferences. They may not need specialized instruction, but they may need something else. The goal of education should be to meet the individual styles and preferences of each child. The fact that most children will need very little extra support will occur, but the threshold and the stigma presently produced can be reduced by perceiving the process as responsive rather than divisive. At the same time, children with antisocial behaviors who do not need individually designed educations will have their issues addressed.

Interestingly enough, it is a counterintuitive method that can be used. If we standardize practice, we can be assured that the child with special needs will 'pop' out and then we can create an individualized plan. Standardization of human services is difficult since the individual worker has so much flexibility in his/her relationship with the individual client. Management will need to develop procedures and protocols that it can measure if it is to seek standardization. While we have a total 'command and control' method, virtually none of the interventions are standardized. Psychiatrists and educators alike are left to decide for themselves how to present the material

and content of the intervention. If the belief system of each staff person is different in regard to the fundamental assumption of atypical behavior and theory of change, it is unlikely that a standardized approach can be followed.

Of course, special education is only one facet of the *behavior* equation, since some children with antisocial behaviors end up being defined as delinquent, rather than *exceptional*, although they are often included in both counts. Children adjudicated as delinquent, unless incarcerated, are present in the public schools as well. Providing special education for these kids in terms of social education [up to and perhaps including cognitive restructuring] makes sense. The primary cognitive restructuring program in the country is probably the Options¹⁵ program, which is run in federal corrections. Why not provide the services **before** the necessity for incarceration. Further, these children may need supports at home in order to function better in school.

Current practice for adjudicated, but not incarcerated, offenders is to provide supervision through the efforts of line juvenile probation staff. Is there any reason to set such a clear dividing line. If the probation function were provided in the school as a support to the individual child, it would be similar to other supports of other children. Juvenile Probation Officers [JPOs] also need to address their function more effectively. Exhaustive caseloads combined with lack of technology makes many of these staff function rotely, or concentrate of a select few cases. As I understand it, probation has several functions:

- 1) to ensure that the child is carrying out his/her responsibilities in life, such as attending school, class and achieving, or completing community services,
- 2) to ensure that the child is avoiding people and places which may contribute to his/her problems in living, and
- 3) to help the child improve his/her performance in living.

Since schools already have the child, the first function is a matter of coordinating the authority of the court with school personnel. The school can also enhance the second function, in that it has many of these other people within its walls. Finally, the JPO can use social learning cognitive processes to help the child change the way s/he thinks.

Along with the requirement to deal with children who have behavior problems and delinquency, school professionals have additional responsibilities as mandated reporters of child abuse or child neglect. After such reports are made, staff must deal with the consequences of such reports either through contact with irate parents and embarrassed children

¹⁵ Prepared by John M. Bush & Brian Bildeau in 1993 under an interagency agreement with the U.S. Navy and the National Institute of Corrections, U. S. Department of Justice.

whose cases have been determined *unfounded* or with the difficult outcomes of dependency and the intervention of child protective agency. The protective agency's legitimate attempt to reduce the number of children who are *placed* away from home *increases* the burden on public schools as they continue to have the responsibility for serving such children either in home or host school environments.

However, again we have an either/or threshold that stigmatizes. Why shouldn't every family have an opportunity to receive social learning family interventions¹⁶ when they need it and choose to use it? Despite our modern structure in which little sense of community exists, school personnel are often aware of families who are in trouble, long before the breakdown occurs. Is there a way to use the capacity of children and youth services for family preservation in a manner that goes before investigation rather than follows it? Can families be offered help, even though there is no founded evidence of abuse and/or neglect? Must we wait? Must we investigate, prove and then provide services. Isn't this backwards? What if social learning family intervention was available to all families - at the family's request?

There is currently a public debate over the appropriate role of government [the allocation of resources and the implementation of social strategies] in assuring that each of these children achieves and maintains an optimal level of physical and psychological fitness and lives in a safe and secure environment. While many people see such debate as a threat to the survival of the most vulnerable children; such a debate might properly be viewed as an opportunity. The professional literature is unfortunately replete¹⁷ with evidence of the failure of present human service efforts to provide adequately for children with emotional and behavioral disabilities and worse yet, failure to be effective with those for whom it does provide. Those who believe that what we are doing is the right thing and that all we need is more money to do the job right seem to miss the point. If we continue to do what we have been doing, we will continue to get what we've got, and the record shows that this is not even close to satisfactory.

16 Among the most well documented precursors and covariates of conduct disorders are parent and family characteristics and behaviors, particularly in the area of child management and monitoring. In addition, researchers have convincingly demonstrated that parent and family characteristics such as marital distress, spousal abuse, lack of a supportive partner, maternal depression, poor problem solving skills, and high life stress [socioeconomic disadvantages and a lack of social support for the mother outside the home (e.g., few positive social contacts with family or friends)] are likely to lead to serious defects in child and family management practices. Attempts to address the issues of child management, therefore, cannot be expected to achieve success, unless some of these issues are directly addressed. A Social Learning Family Intervention therefore, is a comprehensive approach that combines training with clinical intervention and enhancement of natural supports. This approach is specifically important for the families of children with Conduct Disorders.

17 See, for example, *All Systems Failure*, published by the National Mental Health Association and the Federation of Families for Children's Mental Health or *Current Issue in Special Education - Integrating Services for Children and Youth with Emotional and Behavioral Disorders* published by the Council for Exceptional Children. Both additionally cite such sources as *The Joint Commission on Mental Health of Children* (1969); the *President's Commission on Mental Health* (1978); the *Office of Technological Assessment* (1986); the *Institute of Medicine* (1989); the House Select Committee on Children, Youth and Families (1990); the *National Governor's Association of 1989*; and the research of Knitzer 91982) along with other citations to indicate the failure. This combined with trends indicate a serious need for change.

Whether we spend more or less money on children in the coming years is *not* the appropriate point of the debate. If we can agree on the goal of adequately providing for *all* children; then the truly debatable points are how to develop *effective* [quality outcomes] and *efficient* [prudent expenditures] strategies. Even if such strategies are *more* expensive in the short term, positive outcome would make them *less* expensive in the long term since increasing numbers of children with problems in living would become *contributing* citizens as adults and the numbers of children with such difficulties would diminish over time. An ounce of prevention might well be worth a pound of cure; but the prevention must *work effectively* in order to make this so.

An ideal outcome, it would seem, would be to identify very different strategies that are both effective *and* less costly. It is to this end, that recommendations for *dramatic* change are made regarding the overall strategy to improve the lives of children. What is being suggested then is a strategy that would provide to the child, the family and the community the skills, services and supports which are necessary to create an environment for psychological fitness. In addition, it is expected that such involvements would cost *less* than the present strategies while having more impact through positive outcome and, at the same time, support personal responsibility and rights of the individual

We have seen a manifestation of increasing numbers of children who are labeled as delinquent, dependent or mentally ill because of behaviors that are atypical and/or disruptive. We have identified also some of the causes of these behaviors and how these causes have become cyclical and potentially exponentially profound. We have indicated the failure documented over fifty years and through a multitude of national studies and the increment of local concern of the traditional intervention technologies and systems to adequately remedy these concerns. And we have also attempted to document the value of *place* in addressing the issues. We believe that we have developed a reasonable need for a transformational change in the way human services does business.

Now we would turn to an exploration of the *symptoms* of this failure and the potential means for addressing them.

CAUSE & EFFECT

The manifestation of problematic behavior in children is considered by us to be of the same etiology and susceptible to the same remedy regardless of the labeling.

There are essentially two broad clusters of childhood disorders:

- Over-controlled or internalizers

This group contains children with social anxieties and withdrawal. Often identified as being depressed, phobic or obsessive compulsive.

- Under-controlled or externalizers

This group contains children who are identified as having a conduct disorder, oppositional defiant disorder or attention-deficit hyperactivity disorder. The under-controlled child lacks or has insufficient control over behavior that is expected in a given setting.

While it is the under-controlled child with external antisocial behaviors who draws our attention, schools are equally concerned with children who internalize and withdraw. Teen suicide is an ominous reminder of our failure to pay sufficient attention¹⁸.

More children and adolescents in the United States die from suicide than from cancer, AIDS, birth defects, influenza, heart disease, and pneumonia *combined*.

Sweeney, ***A Portrait of the American Child*** - 1995.

The distinction between difficult behaviors and 'behavior disorders' lies in the severity and extent of such behavior. It is the degree of the disruption or destruction, the frequency of occurrence of the behaviors in more than one setting, and the persistence of these behaviors over time. When antisocial behavior endures for at least six months, causes impairment in home, social and school functioning and takes a form deemed more serious and intense than ordinary mischief, a child qualifies for a primary diagnosis of either conduct disorder or severe oppositional defiant disorder [Diagnostic and Statistical Manual].

Thus, unlike delinquency, which is determined by breaking a specific standard that must be proved in a court of law, a *social judgement* is made which separates normal child behavior from a 'mental health' behavior. While such judgement is honed by a body of knowledge, it has invariable been shown to be biased.

Volumes of research have been done to demonstrate the absolute unreliability of psychiatric diagnosis. The only consistent pattern is that the more the doctor likes the patient, which by and large means the closer they are in social class, the more likely he is to diagnose the patient as neurotic

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In 1994, suicide comprised 03% of all deaths between birth and age 19 according to the PA Child Death Review Team Analysis Based on PA Depts. of Health and Public Welfare Data.

rather than psychotic. Poor people, blacks and Hispanics are quickly labeled psychotic or character-disordered for the same behavior that earns white, middle-class patients the label neurotic [i.e., relatively healthy]. To be called neurotic by a psychiatrist is a compliment. Drummond 1979

A child develops within a complex system of relationships affected by multiple levels of the surrounding environment. Further, it is clear that these various influences have differing orders of salience at different points of development. While the family has the earliest and most profound effect on the emerging person, there are really several interrelated affectional systems that influence [shape] and maintain [reinforce] behavior. These include the mother-infant affectional system that is sustained or terminated in varying degrees and includes the onset of father affection and the age group or peer affectional system which concludes with the heterosexual affectional system. Given this plethora of influences, wholistic perspectives may be helpful in creative designing of corrective interventions.

Unlike other species such as rodents, strains of which have been bred for aggressiveness [Elbert, 1973; Lagersperz and Lagersperz, 1977], no particular ethnic, racial or religious group has shown itself to be innately or enduringly more aggressive than any other [although from time to time throughout history, the people of one country or another have attempted to so distinguish themselves]. The social and biological sciences have come to recognize that probably the most important influences on the development of violent behaviors are environmental or experiential. Although violence does not invariably beget violence [Widom, 1989], there is abundant evidence that a history of maltreatment is often associated with aggressive behaviors. From conception onwards, the ways in which living creatures are treated affect the ways in which they treat others of their species. [Lewis]

Starting with the mother-infant affectional system, which prepares the child for the perplexing problems of peer adjustment by providing basic feelings of security and trust. Playmates determine social and sexual destiny, but without the certain knowledge of a safe haven, a potential playmate can at first sight be a frightening thing [Harlow, 1974]. When the mother suffers from her own problems in living or is overwhelmed by stressors, the safe haven may not prevail.

- Parents who are exposed to high levels of insularity and other personal or environmental stressors demonstrate deficient perceptions of their child's behavior, engage in longer and more inconsistent coercive episodes in the home and have children who display more oppositional behavior.

- Depressed mothers are more punitive in their perspectives on child-rearing practices and less knowledgeable of their children's developmental milestones.
- Highly distressed families are not likely to use or consistently apply effective child-management skills. Personal and marital problems may interfere with a parent's ability to accurately focus on their child or to assimilate new child-management patterns.

Each of these points indicates how family breakdown can contribute to a lack of security and trust. Additionally, the behaviors of such a family are models for the child. In a comprehensive review of treatment research for childhood aggressive and antisocial behavior, Kazdin [1987] identified structured family intervention based on behavioral social learning principles as the most promising intervention tested. For children with externalizing behaviors, intervention with families is mandated if behaviors are to be effectively addressed. It is important also that family services address the individual issues of family member. Maternal depression in particular seems to have a major effect on the development of child behaviors. While schools do not traditionally provide services to families, the failure to have effective services leaves the school without support. This separation of adult and child services is obviously self-defeating to maximum outcome.

Probably the most pervading and important of all the affectional systems in terms of long-range personal-social adjustment is the age-mate affectional system. One of the primary functions of peer play is the *discovery and utilization of social and cultural patterns*. (Italics added) - Harlow 1974

This affectional system develops through the transient social interactions among babies, crystallizes with the formation of social relationships among children, and then progressively expands during childhood, preadolescence, adolescence and adulthood.

We are aware that markedly antisocial children often experience negative repercussions in the form of peer rejection [Berman, 1986; Cantrell & Prinz, 1985; Shantz, 1986]. Since the peer group is predominant in the development of social and sexual destiny, such rejection is substantive.

Traditional interventions also contribute to an interruption of full community membership by placing students with externalizing behaviors in restrictive settings away from normal peer groups and with a peer group more likely to instigate and maintain social behaviors that are unacceptable.

Internalizing children are often so fearful or sad, that they withdraw from peer play even when their behavior is not sufficiently different to merit rejection, thus suffering a similar deprivation.

An ecological approach goes beyond intrafamilial or intraindividual factors and views maladjustment as a problem across entire ecosystems [Haley 1973]. The aim is to change transactions within and between all pertinent environmental systems that serve to maintain, or to be maintained by, a child's deviant behaviors. Coordination of such ecological approaches will demand not only the use of cognitive behavioral technologies, but the development of a comprehensive and unified system which can overcome the impact of traditional interventions.

All of the interventions of the transformational system are based on a fundamental assumption that a person is literally what s/he thinks and character is the complete sum of all thoughts. Acceptance of such an assumption requires that the clinician understand that traditional techniques send messages and cause thoughts or support belief systems that are not particularly helpful to positive change.

Many offenders are accustomed to feeling unfairly treated and have learned a defiant, hostile attitude as part of their basic orientation toward life and other people. Offenders often think they are entitled to a kind of absolute freedom in the way they conduct their lives. From this point of view, any restriction of their freedom is resented as an unjust intrusion. Relationships with other people are dominated by a struggle for power. Win-lose (us & them) is the dominant form of personal relationship. They picture themselves as the victim and righteous anger displaces the feelings of loss and failure. This logic is a vicious cycle. Whether they win or lose, the underlying cognitive structure is reinforced. Bush & Bilodeau 1993

Language control is required as well, for language is one of the wonders of the natural world. Thus clinicians will need particular training in the use and abuse of language and a sensitivity as to what combination of ideas we intend. The language of professionals is generally pejorative. Mentally ill, delinquent, etc., are not helpful labels from a cognitive standpoint. Many people rebel immediately when therapy is mentioned, not because they don't want help, but because they do not want to see themselves as 'crazy'. Human service professionals, much as other professionals create a new language, which only they understand as a way of self-promotion. Unfortunately such language in the delivery of human services sends messages which are salient, but not beneficial - ***as we generate new languages in our professions, and disseminate them within the culture, so do we insinuate ourselves into daily relations. As these terminologies are disseminated to the public - through classrooms, popular magazines, television and film dramas, and the like - they become available for understanding ourselves and others.*** They are, after all, the "terms of the experts," and if one wishes to do the right thing, they become languages of choice for understanding or labeling people

(including the self) in daily life. Terms such as depression, paranoia, attention deficit disorder, sociopathic, and schizophrenia have become essential entries in the vocabulary of the educated person. And, when the terms are applied in daily life they have substantial effects - in narrowing the explanation to the level of the individual, stigmatizing, and obscuring the contribution of other factors (including the demands of economic life, media images, and traditions of individual evaluation) to the actions in question. [Gergan, Hoffman & Anderson. 1996].

We need to talk in the language of the client. S/he perhaps says s/he can't - which indicates a lack of skill, or s/he says s/he won't which indicates a lack of motivation. This is sufficient language to help us deal with the problems in living without a more sophisticated label.

Additionally, children with antisocial behaviors and particularly their families are often identified as *resistive* to help. It is important to note that researchers have found a correlation between such resistance following specific therapist behaviors. Moreover, certain therapist behaviors have been shown to significantly affect the probability that a parent will respond with resistance [Alexander et al, 1976; Chamberlain & Baldwin, 1987; Chamberlain et al, 1984; Chamberlain & Ray, 1988]. Clinicians will need to receive training in supporting and reframing interactional techniques. Such resistance is unlikely to occur when people are treated as autonomous agents and given respect.

While the symptoms of the problem are reasonably clear, the causes are multifaceted. The symptom is manifested in an increasing number of children being identified as having problems in living such as delinquency, dependency and disability. But the problem is much broader than that which traditional interventions address. While we have identified the nature of the manifestation as summarized below, the nature of the remedy will require an understanding that the child is only one part of a system that needs to be addressed. The child is an *interactive* component to a complete system, which includes his/her family, social units and culture. Just as we cannot assess the potential for a flat by simply looking at the tire and not understanding how the car is being driven, so we cannot understand the nature of the child without understanding how s/he interacts.

The data on symptoms are very clear and support the notion that public schools have a specific and important role to play in providing services to these children since they are part of the school population. Thus, the present way we approach problem solving seems to speed the spiral of despair that the cultural input has begun. If this is so, only a transformational system has potential for change. Such transformations embody the difficulties of changing paradigms.

What is important is that we change our perspective away from children as pathological to children as persons embedded in a system that supports and maintains behaviors. Therefore, one cannot address the issues of the child without concurrently addressing the issues of secondary and even tertiary clients. A professional approach would examine the need to address the child, the family and the individuals in it, the adult support system [teacher, etc.] and the peers for behaviors which instigate or respond in ways that maintain the thoughts, feelings and behaviors that we hope to change in the child. Intervention would then be carried out to the degree necessary - perhaps in simply providing some skill techniques that the teacher or parent could use, or perhaps entertaining cognitive restructuring. The fact that a parent who has severe and persistent problems in living is not the primary client is irrelevant. The primary client is likely never to improve in those cases where the secondary client's responses maintain the child's theory of meaning.

Another dimension to be considered is not just in levels of client intervention, but levels of intervention with clients. While the major focus traditionally has been to focus on remedial interventions with those most suffering, this is a self-defeating tradition, for even if the interventions were effective, they are unlikely to diminish the future need for such intervention. Greenberg, et al¹⁹ have provided a report that identifies critical issues and themes in prevention research with school-age children and families through review and summary of the current state of knowledge on the effectiveness of preventive interventions intended to reduce the risk or effects of psychological disorders in school-age children. The first part of that report reinforces the idea of a multilevel intervention strategy that includes primary, secondary and tertiary clients. The following is a liberal adaptation of the initial section of that report.

I. CURRENT ISSUES AND THEMES IN PREVENTION RESEARCH

Introduction

In the last decade prevention has moved into the forefront and become a priority for many federal agencies in terms of policy, practice, and research. This shift began with a report by the National Advisory Mental Health Council (1990) and is reflected in the combined work of the National Institute of Mental Health (NIMH, 1993) and the Institute of Medicine (IOM, 1994). More recently, the National Advisory Mental Health Council Workgroup on Mental Disorders Prevention Research (NIMH, 1998) outlined a number of priorities and recommendations for research initiatives in prevention science.

¹⁹Mark T. Greenberg, Celene Domitrovich. & Brian Bumbarger, PREVENTING MENTAL DISORDERS IN SCHOOL-AGE CHILDREN: A Review of the Effectiveness of Prevention Programs, 1999

The Need for a Preventive Focus in Child Psychological Development

Interest in prevention is also reflected in the goals that have been set for the nation's health. One of the original objectives of Healthy People 2000 was to reduce the prevalence of psychological disorders in children and adolescents to less than 17%, from an estimated 20% among youth younger than 18 in 1992 (DHHS, 1991). As of 1997, the summary list of psychological objectives for Healthy People 2000 included reducing suicides to no more than 8.2 per 100,000 youth (aged 15-19) and reducing the incidence of injurious suicide attempts among adolescents to 1.8% and, more specifically, to 2.0% among female adolescents (DHHS, 1997). A number of other objectives were related to child and adolescent mental health. One of the risk reduction objectives in the Violent and Abusive Behavior category was to reduce the incidence of physical fighting among adolescents aged 14-17 from a baseline of 137 incidents per 100,000 high school students per month to 110 per 100,000 (DHHS, 1997). Two additional objectives in this category were to increase to at least 50% the proportion of elementary and secondary schools that include nonviolent conflict resolution skills and to extend violence prevention programs to at least 80% of local jurisdictions with populations over 100,000 (DHHS, 1997). Greenberg suggests that it is unlikely that these goals will be met by the year 2000. It is also unlikely that these goals have been met today.

As we have already noted, there is growing concern in our country as increasing numbers of children and adolescents are having difficulty managing the challenges of development. Between 12% and 22% of America's youth under age 18 are in need of psychological services (National Advisory Mental Health Council, 1990), and an estimated 7.5 million children and adolescents suffer from one or more psychological disorders (OTA, 1986). In addition to the personal suffering experienced by children with emotional or behavioral problems and their families, mental health disorders also have a tremendous cost to society. According to the National Advisory Mental Health Council (1990), in 1990 psychological disorders cost the United States an estimated 74.9 billion dollars.

While a number of reviews provide evidence that childhood disorders are amenable to intervention, the literature must be interpreted cautiously. There is still a great deal to be learned about specific types of interventions, their appropriateness for certain disorders, and the factors that contribute to outcome success and failure. We have not reached the point where we are able to serve all children effectively. As suggested by the Institute of Medicine in their report to Congress on the state of prevention research in psychological disorders, it is important not to overlook the significance of prevention even if remedial intervention efforts have been unsuccessful; in fact, prevention may play a particularly important role for these types of disorders (IOM, 1994).

It is clear that to reduce levels of childhood psychological disorders, interventions need to begin earlier, or ideally, preventive interventions need to be provided prior to the development of significant symptomology. In addition, efforts need to be increased to reach the many children that do not have access to services. Many children and adolescents with clinical levels of problems never receive appropriate services or they receive inappropriate services. Another problem with service delivery is that some children only become eligible for clinical services after they have entered another system such as special education or juvenile court and this is usually after their problems have begun to escalate. This threshold issue may make sense financially, but does not benefit the successful outcome for the child.

On the other hand, there is clearly a suggestion that it is not only the accessibility of services that is questioned, but the effectiveness of services that are offered. Some people are concerned that the 'medical model' paradigm is one that is destructive rather than helpful.

The Role of Developmental Theory in Prevention Research

Prevention science is highlighted by the integration of developmental theory with models from public health, epidemiology, and sociology in conceptualizing, designing, and implementing preventive interventions. As concepts in development have broadened to include ecological analysis and multivariate examination of causation and risk, developmental theory has provided a powerful framework for organizing and building the field.

Given the principle that the developing organism is strongly influenced by context, Bronfenbrenner's model of the nature and levels of context has catalyzed the field. The ecological model posits four [04] levels for classifying context beginning with those ecologies in which the child directly interacts and proceeding to increasingly distant levels of the social world that affect child development.

- The first level, the **microsystem**, is composed of ecologies with which the child directly interacts such as the family, school, peer group, and neighborhood.
- The **mesosystem** encompasses the relationships between the various microsystems (e.g., the family-school connection or between the parents and the child's peer group and peers' families). The absence of mesosystem links may also be an important risk factor in development.

Interactions within both the microsystem and mesosystem are often affected by circumstances that do not directly involve the child. For example, children

and youth may be significantly affected by changes in marital circumstance, parental social support, changes in the legal system (e.g., changing definitions of neglect or abuse; regulation of firearms, tobacco, and illegal drugs), the social welfare system (e.g., welfare reforms, boundary changes for categorical services), the mass media (e.g., controls on children's exposure to television violence, the widened horizons via the internet), or other social structures that set policies and practices that alter microsystem and mesosystem interactions.

- The **exosystem** is those contexts and actions that indirectly impact the child's development. Many preventive interventions may be viewed as changes at the exosystem level that alter interactions among lower system levels.
- Finally, the **macrosystem** represents the widest level of systems influence, consisting of the broad ideological and institutional patterns and events that define a culture or subculture.

Developmental-ecological models can be used both to frame basic research attempts to understand layers of influence on behavior, and also to identify potential targets and mediators of intervention. It is important for researchers to specify, for example, whether their interventions focus primarily on: the microsystem - or a particular portion of it; multiple microsystems (e.g., interventions for both the home and school); the mesosystem (e.g., the family-school connection); informal networks that in turn affect the microsystem (e.g., the development of extended family or peer support to parents); or developing new models of service delivery or regulatory reform (e.g., formal services in the exosystem). Further, one might ask if these different levels of intervention emphasize changing the attitudes and behavior of individuals at these levels (i.e., person-centered), or changing the nature of the system's operation itself (i.e., environment-focused).

The Role of Risk and Protective Factors in Preventive Interventions

Public health models have long based their interventions on reducing the risk factors for disease or disorder as well as promoting processes that buffer or protect against risk. Community-wide programs have focused on reducing both environmental and individual behavioral risks for both heart and lung disease and have demonstrated positive effects on health behaviors as well as reductions in smoking.

Risk factors and their operation During the past decades, a number of risk factors have been identified that place children at increased risk for psychological disorders. Coie et al., grouped empirically derived, generic risk factors into the following seven [07] individual and environmental domains:

1. ***Constitutional handicaps***: perinatal complications, neurochemical imbalance, organic handicaps, and sensory disabilities;
2. ***Skill development delays***: low intelligence, social incompetence, attentional deficits, reading disabilities, and poor work skills and habits;
3. ***Emotional difficulties***: apathy or emotional blunting, emotional immaturity, low self-esteem, and emotional dysregulation;
4. ***Family circumstances***: low social class, mental illness in the family, large family size, child abuse, stressful life events, family disorganization, communication deviance, family conflict, and poor bonding to parents;
5. ***Interpersonal problems***: peer rejection, alienation, and isolation;
6. ***School problems***: scholastic demoralization and school failure;
7. ***Ecological risks***: neighborhood disorganization, extreme poverty, racial injustice, and unemployment.

Theory and research support a number of observations about the operation of these risk factors and the development of behavioral maladaptation.

- First, development is complex and it is unlikely that there is a single cause of, or risk factor for, any disorder. It is doubtful that most childhood social and behavioral disorders can be eliminated by only intervening with causes that are purported to reside in the child alone.
- Furthermore, there are multiple pathways to most psychological disorders. That is, different combinations of risk factors may lead to the same disorder and no single cause may be sufficient to produce a specific negative outcome.
- In addition, risk factors occur not only at individual or family levels, but at all levels within the ecological model.

The complexity of developmental pathways is clear from research relating risk factors to disorders. There appears to be a non-linear relationship between risk factors and outcomes. Although one or two risk factors may show little prediction to poor outcomes, there are rapidly increasing rates of disorders with additional risk factors. ***However, not all children who experience such contexts develop adjustment problems*** and no one

factor alone accounts for children's adjustment problems. Just why this is true is not accounted for in the report, but can be found in the pattern formation and decision making of the individual child which is built over time from random data collection [i.e., not all stimuli are received equally by the individual in proximity nor are they necessarily interpreted the same]. Thus, as the child creates a ***theory of meaning*** about the world and his/her place in it, the patterns formed and the judgements made about those patterns differ and create either a balanced and rational or a distorted and irrational 'inner logic' which determine how the individual will even consider stressful, let alone how they will act in stressful situations.

Given the above findings, it is apparent that many ***developmental risk factors are not disorder-specific***, but may relate instead to a variety of maladaptive thoughts that are supported or disputed by the ecosystem surrounding the child. The notion of generic and inter-related risk factors has led to a strategy of targeting multiple factors simultaneously with the hope that the potential payoff will be greater than a focused attack on controlling a single risk factor. Recent findings in behavioral epidemiology indicate that psychological problems, social problems, and health-risk behaviors often co-occur as an organized pattern of adolescent risk behaviors. Thus, because risk factors may predict multiple outcomes and there is great overlap among problem behaviors, prevention efforts that focus on risk reduction of interacting risk factors may have direct effects on diverse outcomes.

Protective factors and their operation

Protective factors are variables that reduce the likelihood of maladaptive outcomes under conditions of risk. Although less is known about protective factors and their operation at least three [03] broad domains of protective factors have been identified.

- The first domain includes characteristics of the individual such as cognitive skills, social-cognitive skills, temperamental characteristics, and social skills.
- The second domain is comprised of the quality of the child's interactions with the environment. These interactions include secure attachments to parents and attachments to peers or other adults who engage in positive health behaviors and have prosocial values.
- A third protective domain involves aspects of the mesosystem and exosystem, such as school-home relations, quality schools, and regulatory activities. Similar to risk factors, some protective factors may be more malleable and thus, more effective targets for prevention.

Coie et al. suggested that protective factors may work in one or more of the following four [04] ways:

- directly decrease dysfunction;
- interact with risk factors to buffer their effects;
- disrupt the mediational chain by which risk leads to disorder;
- or prevent the initial occurrence of risk factors.

By specifying links between protective factors, positive outcomes, and reduced problem behaviors, prevention researchers may more successfully identify relevant targets for intervention. However, the development of rational and balanced thoughts concerning what is happening around you substantially buffers the potential for dysfunction as well as disrupting the mediational chain by which risk leads to disorder. By enhancing the balanced and rational thinking of the child managers, one reduces the negative messages and nonconscious reinforcements that may contribute to the disorder itself.

The specification of intervention goals is an important component of preventive-intervention research and practice. This requires both an understanding of risk and protective factors that contribute to outcomes, and also the identification of competencies that are presumed mediators or goals of the intervention. Although these goals may include the prevention of difficulties (e.g., absence of psychological distortion, abstention from substance use), they also involve the promotion of sound developmental outcomes. Further, the prevention of deleterious outcomes involves the enhancement of competency mediators (e.g., effective social problem-solving as a mediator of reductions in delinquency).

Preventive Intervention: Definition of Levels

The IOM Report (1994) clarified the placement of preventive intervention within the broader intervention framework by differentiating it from direct services (i.e., case identification; standard interventions for known disorders) and maintenance (i.e., acceptance of long-term clinical recommendation to reduce relapse; after-care, including rehabilitation). Based, in part, on Gordon's proposal to replace the terms primary, secondary, and tertiary prevention, the IOM Report defined three [03] forms of preventive intervention: universal, selective, and indicated.

- Universal preventive interventions target the general public or a whole population group that has not been identified on the basis of individual risk. Exemplars include prenatal care, childhood immunization, and school-based competence enhancement programs. Because universal programs are positive, proactive, and provided independent of risk

status, their potential for stigmatizing participants is minimized and they may be more readily accepted and adopted.

- Selective interventions target individuals or a subgroups (based on biological or social risk factors) whose risk of developing psychological disorders is significantly higher than average. Examples of selective intervention programs include: home visitation and infant day care for low-birth weight children, preschool programs for all children from poor neighborhoods, and support groups for children who have suffered losses/traumas.
- Indicated preventive interventions target individuals who are identified as having prodromal signs or symptoms or biological markers related to psychological disorders, but who do not yet meet diagnostic criteria. Providing social skills or parent-child interaction training for children who have early behavioral problems are examples of indicated interventions.

FINANCIAL CONSIDERATIONS

That which gets rewarded, gets done!
Michael LeBoef

Too often the 'powers that be' believe that the financial functioning for human services is the same as in business and industry. Nothing could be further to the truth. In business and industry, the avowed purpose of the organization is financial profit. Thus financial thinking plays the predominant role in decision making about the organization. In human services, however, whether it be governmental or not for profit²⁰, the primary decision determinant is not financial. In fact, we should be willing to go into debt to accomplish certain human service missions, although obviously over time, we must also make a profit to stay in business. The driving force of decisions, however, is different. Yet this is not reflected in the structure of our financial patterns.

No where does the system of providing supports to children with problems in living fail more than in it's financing. Regardless of the amount of money available, in whatever pocket is required, the process of implementation is hindered. Not only is the financial structure organized around a 'command and control' style [meaning that you must spend money in the manner

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I am increasingly disappointed by the not for profit status since the people who have it seem to continue to perform in a manner which indicates financial concerns are predominant. On the other hand, government agencies should be cautious about profit oriented human service agencies. While they may prove to be more efficient, the pre-eminence of financial concerns of human service missions makes the conflict apparent. In all cases, the business and industry model of financial pre-eminence is apparent and problematic.

which is stipulated in the command, rather than to meet the purposes of the organization and the specific requirements of the client], but the financial incentives reward all of the wrong things. I first ran into this problem of financial incentives when I experienced managing a foster care program. At the time, there was a national scandal about the numbers of children who were caught in the system until they were eighteen, despite the fact that foster care was supposed to be a twenty four [24] month program whose goal was to provide a permanent and positive home and family for the child.

During the period in foster care both child and family were to be provided with enhancing programs, and the policy makers could determine whether the parents were going to be able to get themselves under control sufficiently to take the child back into the family; or whether it would be necessary to take the child from the family and place them in an adoption. Being a bright young man²¹, I quickly realized that children were neither returned home nor placed for adoption, because social workers even younger than I was, were completely unable to make such a judgement. Taking a child away from the natural parents, no matter how destructive the parents were was a very difficult decision for someone under twenty-five. So I reversed the process. Going into the six-month review, I announced that the child would be removed from the parents and placed for adoption. Young, dedicated people can and will fight vehemently if they think that the decision is wrong and that the child and family can get back together. In like manner, they will sit in passive acceptance if they think the decision is right; thankful that they did not need to make it. In this manner, I found that eighteen of the forty children in foster care were ready to move into the adoption process, and ultimately they were placed. In the process of meeting the goal of permanency for the child, I virtually bankrupted the foster care program. No one paid for meeting the goals. Rather, they pay you for providing foster care. Thus, I had forty [40] foster care families but only money to support twenty-two [22]. Something is wrong here!

In like manner, no one is paying for mental health clients who improve so they no longer need services. In fact, you will receive greater financial rewards for the more intensive and restrictive services²². The organizational performance standard is based on the numbers of units of services, and these are reduced by successful intervention and increased by failure. The incentives even work toward greater restriction since the resident county is 'held harmless' [meaning no cost from their budget] if one of their citizens goes into a state mental institution, but it can be quite expensive to serve the person in their own home. In a similar style, the local school district

²¹ Both 'bright' and 'young' have gained different connotations over the years and are no longer applicable.

²² The last time I looked, the state institutions received about \$90,000 per resident. At the same time, a residential placement in the community was about \$19,000.

generally breaks even or even saves money by sending a difficult student to an approved private school.

The players in a multifunction case often see themselves burdened by needing to serve a child who might be served in a different system. For many years, it was even difficult to get educators to talk about what a child would be most helpful to the child, because the process could commit the local district to expensive services. This event is promoted by categorical funding. This funding is only for kids with, for example, Mental Retardation and even if this other child [with autism] would benefit, we cannot help. Even if the situation is critical and we all know what needs to be done, and even [though this rarely ever happens] if we happen to have a lot of extra money, we cannot use it for a purpose, which, though required by professional opinion, is not allowed. The system wins and the child/family is punished. Categorical funding is the bane of a local administrator and the darling of the state and federal legislators. The reason for the latter is that by making funding categorical, rather than functional, it is easier to connect a legislators name to it. How boring it would be to pass a bill to provide funding for needed services. But to be a champion of mental retardation, now there is something to campaign on. There are secondary supports for this behavior of course, as parents seeking funding for their own child join with like minded parents and form a coalition for mental retardation, not for services to disabled children. Legislators win by keeping the various coalitions competing for funds. Public agencies also win, because they have lobbyist to increase their own funding.

Another aspect, of course is one of power. If the money is not bound up in a command, local authorities would be likely to make *decisions* about how it is spent. Now we all understand that local authorities often are not considered adequate by their federal and state counterparts. The fact that the local leaders are closer to the source of public scrutiny and therefore much more able to be influenced by local pressure seems to go unnoticed²³.

The fact of the matter is that we need to create a local 'child fund'²⁴ which can be used as required to appropriately serve a child/family. One aspect of the child fund is that it could be implemented immediately, without bureaucratic red tape. If a child is in need of immediate service and the family in need of immediate respite, the child fund can be immediately accessed and services provided to relieve the pressure. The other factor is in flexibility. If a child needs anger management training, it does not matter whether that child is emotional unstable, mentally retarded, delinquent or

23 Or conversely, is noticed, and considered by the elitist politician to be a bad thing.

24 This would be a 'slush' fund capable of being used as needed. As a 'slush fund' which some auditor will use to describe it, we have a deliciously 'seedy' word which implies that administrators will use it to their own advantage, which of course they should if there goal is to provide immediate access to services.

dependent, s/he needs anger management training and such training can be purchased from any provider capable of providing it effectively. Providers need to excel in interventions, not populations. Yes, I am aware that there are nuances to disabilities that a person will need to know. But people, even those with disabilities are more alike than different. One settlement house that I worked with did wonders for an autistic child without ever knowing that he was autistic. It is the guilds that promote the separateness [and of course, the stigma], not the kids.

The presence of a children's fund can not only provides quicker, more functional services, it helps to shape the provider system towards appropriate skills in intervening. It will not, in and of itself, however, move providers towards improving outcomes unless the reward system changes. LeBoef, in his book, ***The Greatest Management Principle*** states the principle clearly - "That which gets rewarded, gets done". Unless and until we begin to reward positive outcome, it is unlikely to occur. However, this issue will be explored further in the Quality Enhancement section.

How much money would a child fund require? Do the command and control legislators and government administrators need to turn the whole pie over to the whims of the local government? Not only is this not likely to happen, it is probably unnecessary. If the various child serving agencies could create a fund of even ten [10%] of their *usual funding* for this cross system decision making, it would probably suffice²⁵. Notice that we are talking money that is usually spent for these kinds of supports. What is changed is not the outcome of the financial support, but the decision-making efficacy in arriving at the allocation. Let us, for example, assume that a team of people [professional educators, clinicians and family members] representing the various child serving agencies meet with a child and determine the following:

- the child is 'out of control' and the family is exhausted and in need of respite

This would imply that if some change is not made with due haste, either the child was going to do something harmful to him/herself or others or that the family may lose control and either respond inappropriately and harshly or not monitor the child. An 'incident' waiting to happen.

- the child, it is agreed, is clearly suffering from social, emotional and behavioral distortions and there is reason to believe that the family has fewer than normal child management skills to address the child's atypical behavior.

²⁵ Although the bureaucrat should be forewarned that the success of such an enterprise is likely to lead to demand for more flexibility in the rest of the budget.

This would imply that an intervention is needed with both the child [to teach the child social competence skills, to cognitively restructure] and with the family [to teach child management strategies, to perhaps provide clinical input to individual members of the family other than the child].

- the child has also been assessed as having autistic characteristics which influence his/her behavior and reciprocal social relationships and makes child management even more atypical

This would imply a special education input and special instruction. Which raises the question: "how much of the 'difficulty' is caused by the autistic syndrome and how much by the mental issues? This has no impact upon a decision of what services need to be provided, or even who provides those services [except, of course by tradition], but of course this is directly applicable to who pays for what.

Let us continue our fantasy and indicate that all professional and family members agree that this child needs to: be removed from the family for some limited period of time, be provided with cognitive restructuring and social skill building services and receive special instruction.

Now the educational and clinical questions arise:

Where should the child be placed? What is available? Is it appropriate?

Who will work with the family? In/outside of the home?

Who will work with the child?

What is the least restrictive service and have we met the command criteria that the child will not be placed residentially unless, and until all less restrictive options have been met? [Do we place the judgement of the group of professionals on hold until we try other options, which these professional all believe will fail or at least be ineffectual because of the family crisis involved?]

The professional group struggles to answer these questions, and continuing our saga, they decide that they have an appropriate available residential placement that provides mental health and autistic specialties, and that an educational component can be adequately developed. A provider is also identified who can work with the family both now and the child when s/he returns to the family. By the way, this NEVER happens. I know of no location which is so abundantly capable of providing service and has such a great capacity that there is an opening.

But if this agreement was all worked out - professionals and family agree - then the big question would surface - who will pay? One must work through making the child/family eligible for certain funds [Medicaid] and determine who is responsible for what. If the residential placement is an Approved Private School²⁶ with a residence, the services to the child could be paid by the school. If the APS is also licensed as a mental health residential facility, all of the services, except for the academic services could be paid through mental health or Medicaid [assuming, of course, that the organization has a Medicaid contract]. But are the services oriented towards the autism characteristics to be considered educational or clinical? The debate is never ending. And if the professionals around the table are the appropriate ones for deciding on what services should be offered, they are not the administrators who will decide in what category the expenses should be placed. The end result is likely to be the need for everyone to go away without agreement as to how the services are to be done, and to check with the administrators, meaning that the child/family will most likely receive no immediate services until the bureaucratic and financial requirements have been met. Perhaps, the team will recommend the parents contact the protective agency, Children, Youth & Families and tell them that their child is 'incurable' and that they can no longer keep him/her at home. The threat to put the child on the street brings in the protective agency to provide emergency respite. However, since CY&F is not oriented toward providing the services for mental health and autism, which the team has reviewed, CY&F will probably make the child voluntarily dependent and place the child in a shelter where the child will receive none of the recommended services, except separation from the family. Further, until the agency makes a determination independent of the recommendations of the team [even if they participated] they will not be able to provide services to the family.

This less than satisfactory outcome, will probably lead to an abandonment of the original plan, since other issues are now in motion. The child/family may never get the services so thoughtfully considered and recommended to meet all of the identified needs. **TIMING DOES MATTER IN MATTERS OF SOCIAL, EMOTIONAL AND BEHAVIORAL DISTRESS.** If a Child Fund existed, the team could implement its plan immediately and charge all costs to the Child Fund. The administrative hassles then could take place to decide how the funds would finally be allocated while the services are being provided. The clinical decisions would therefore take precedence over the financial decisions as is appropriate with a human service organization. In the end, the allocation of the funds will probably be identical to the allocation made after substantial delay - the difference is that by delay we placed the child/family in jeopardy. We somehow always find a way to place clients in jeopardy to avoid the jeopardy of the public agencies or their surrogates. We are so afraid of a financial audit finding us guilty of misusing funds, that we consistently

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In Pennsylvania, certain schools are approved to provide specific special education services.

misuse people. A Child Fund, properly structured, could help to overcome this problem.

Administrators and financial experts can audit the Child Fund on a regular basis and make recommendations as to where those costs are ultimately allocated based on their own understanding of the fiscal regulations or commands. The Executive Direction should steer, not row. It should place at the disposal of those dealing with the direct needs, the access to funds to implement what is determined necessary in a timely fashion without concern for responsibility. Over time, the system will learn more about these how these allocation decisions are made as precedents will be set. Since the Child Fund would allow for clinical decisions to be made by the people closest to the problem and the financial decision to be made by different people who are close to the financial problems, it makes immanent sense.

This minor amount of funding can be used to leverage the rest of the system into an effective responding unit. All of the money is ultimately properly allocated according to the federal and state commands; it is simply allocated after the fact, not before it. And in this reallocation process, perhaps we get a truer picture of where the legislature needs to allocate funds in the first place.

This does not, of course, diminish the measurement of substantive outcome, which would provide Executive Direction with a degree of understanding of what works effectively and who makes the most appropriate decisions. The feedback from this data would help in determining the effectiveness of the decision made in crisis while the children's fund would provide the resources to actually carry out those decisions.

Of course, the best idea would be to revamp the entire system into a child services funding stream which had as its requirement certain outcomes for ALL children and that as long as the funds were used for the purposes of achieving the outcomes the providers of services would be rewarded. Be clear, however, that the term *achieve* is in this equation.

MANAGING THE CULTURE

A culture is defined by evolutionary psychologists Tooby and Cosmides (1992) as ***the serial reconstruction and adoption of representations and regulatory variables found in others' minds through inferential specializations evolved for the task; language as a system for dramatically lowering the cost of communicating propositional information; tool use adapted to a diverse range of local problems; context-specific skill acquisition; multi-individual coordinated action; and other information-intensive and information-dependent activities***. To understand just how culture is created, one must understand

the concept of these 'representation and regulatory variables found in other's minds ...'. These representations have been called 'memes' [to sound like 'genes'] and defined as units of cultural information that can spread through a culture rather as genes spread through a gene pool.

A meme can be just about any form of non-genetic information transmitted from person to person: a word, a song, an attitude, a religious belief, a mealtime ritual, or an engineering concept. Bodies of memes can be whole religions, ideologies, moral systems or technological systems. The operational word, of course, is 'information' - the difference that makes a difference [Bateson]. The difference that causes arousal in the brain, causing the individual to attend to the novel idea. It is the ideas [mental representations] of the religion, ideology, moral system or technology that is informative. When a monkey first washed sand off a potato in the water, she started with an 'idea', which she conveyed to the other through her behavior. When others picked up the idea [and resulting behavior] the culture of the troop changed. This cultural trait has been passed down from generation to generation through imitative behavior so that the troop still displays this behavior.

You can think of memes as competing for access to your brain through a process of natural selection, which they use to propagate themselves. The selection process is based on utility - a good idea is one that works. Thus, a culture is based upon a set of good ideas that work for the group of people who have selected them. When an idea no longer works or an idea that works better comes along, the old idea is often replaced or mutated.

As Tooby and Cosmides noted, we have a more convenient process of communicating these memes than the monkey population through language and this is one reason why human cultures change faster than animal cultures - always progression, though with obvious chaotic interludes, to a better idea.

Obviously, neither genes nor memes are **conscious** - they don't actually calculate stratagems for penetrating your body/mind. Yet biologists find it useful to view genes as active agents that 'replicate themselves' and 'compete' for space in the gene pool. The justification for this metaphorical shorthand is that natural selection preserves those genes that happen to act **as if** they were pursuing a strategy. And the same holds true with memes. The downside of the metaphor is, of course, that it misleads the lay reader as to the actual vector of change - it is not the idea that causes change nor the mutation of the gene - it is the utility of the difference that causes continuation. If the mutation of the gene or meme is not utile or is even harmful, it ceases to exist. Thus, both genetically and memetically, the general movement is towards progress, although sometimes the utility of the change is not immediately apparent. Often, we need to revisit an idea

over and over before we finally decide that it is not helpful. This is particularly true of those memes that are utile [pleasurable] in the short term, but nonutile [painful] in the long term.

In this context Wright reports that Dawkins also compared memes to viruses as they hop from one person to another much as viruses do. Memes, like viruses, can be bad for the people who help spread them. The meme of injecting heroin is so pleasurable that a person may do it repeatedly, and eventually die from it. The meme then dies with him, but that's tolerable from the meme's point of view so long as some of his friends have picked up the habit from him. The heroin-shooting meme, like the AIDS virus, can thrive even while killing its host, so long as it waits long enough for the execution and transmits copies of itself in the meantime. [Wright 2000]

Wright contends that there aren't prolific memes that are like viruses although he admits that heroin shooting is one. "Human brains, having spent the last couple of million years of their biological evolution in a cultural milieu, are pretty good at selectively retaining memes that are good for them, while aggressively repelling memes that are bad for them." Wright may be an optimist. Many 'good ideas' in present society are notoriously dangerous. Socialism comes to mind as a prime example. Wright outlines both the positives and negatives of Marx's 'meme' in his book and we will not revisit it here. However, the seeming positive nature of cooperation as opposed to competition 'hooks' most humans as the most humane way to operate in the world. This idea is not in itself nonutile - but the uses of it as a way of governing are extremely non-utile - yet millions of people continue to suffer under its oppression. As Wright notes "This is one problem with the idea of ruling elites whimsically imposing whole ideologies on brain-dead common folk". Once the elite come into power, the common folk have little to say about how utile the meme really is.

But in both individual and collective circumstances, the memes of the social group, with impact ranging from the most powerful [significant adult family members] to least powerful [heard on television], memes compete for a place. Unlike the gene, where the environment makes the ultimate selection of 'fitness', with memes, it is the individual person in the context of other people of importance. Other people are important for an 'historical memory'. Each person does not need to test each meme for him/herself. Nonetheless, in some sense we do. If an idea carries information - a novelty or difference that attracts our attention [makes a difference] - the individual who finds it interesting makes a judgement about it. S/he may take into consideration what other people think of the idea, but s/he is capable of 'going against the grain' and accepting the idea for him/herself even if others discard the idea.

This then bring us to the idea of how one might change a culture. Osbourne & Plastrick [1997] have done a wonderful job in *Banishing Bureaucracy* of outlining culture transformation within an organization and we have accessed much of it here for our own purposes. We have intertwined material from Baar's *Cognitive Theory of Consciousness* as well.

Osbourne & Plastrick start off by telling us that changing an organization's culture is not a science. This is not because there are not structures from cognitive and behavioral science that can be utilized, but rather because culture is so pervasive and complex. Further, cultures are based on nonconscious mental contexts that are held by a group at varying levels of coherence. Within every culture there are established presuppositions that tend to become unconscious. Whatever we believe with absolute certainty we tend to take for granted. We lose sight of the fact that alternatives to our stable presuppositions can even be entertained [Baar].

Thus a culture is a many faceted perspective, perhaps best seen as a set of control memes - plans, recipes, rules, instructions, which are the principle basis for the specificity of behavior and an essential condition for governing it. Since these variable memes have generally become repetitious and habitual, they have become a nonconscious mental context that, for people who are committed to it, results in an inability to consciously think consistently of the alternatives to their own, stable presuppositions. This is why it is so difficult to get the faculty of a school with a metal detector to even consider removing it [See Volume III].

It is important to note that the culture in an organization is not necessarily the organization's plans, recipes, rules and instructions, but most often includes those informal plans, recipes, rules and instructions which form in response to the organizational system. [Remember from Volume III the potential of the metal detector to create a sense of fear and distrust, which is presumably just the opposite of what the organization intended.]

Historically, the traditional means for structuring experience was the *myth*, a term deriving from the Greek *mythos*, meaning 'word' - in the sense that it is a definitive statement on the subject. To give someone the 'word', even today is to 'show them the ropes' or tell them how events and incidents occur within the context of this environment. Taking a new teacher aside and helping him/her understand the threat of violence from students and how the other teachers protect themselves from it is how we convey the cultural myth. This process, of course, promotes the *expectation* of violence in the new teacher's mind and promotes a self-fulfilling method of response. The myth of violence in the school thus becomes very real - the meme 'violent children' becomes a very productive meme associated with many horror stories..

A myth, then is an authoritative account of the facts that is not to be questioned, no matter how strange it may seem. Myths need be neither true nor false, just useful [utile] constructs for explaining the nature of an experience. Such myths were the 'common knowledge' of various cultures and helped naive people understand the nature of the world. One of the main uses of myths was to provide an explanation of how real world events work. People using myths made no pretensions to truth, rather they were stating – "this is the way we do things around here". It is somehow comforting at times of crisis to have a belief system that provides some explanation for what would otherwise seem a capricious event. In this same sense, "the way we do things around here", the *mythos culture* if you will, may be quite different from the *logos culture* [logical or formal culture] of the organization. In fact, the experience of quality circles is that the perspective of the direct worker and of the manager can be amazingly different around even the most common processes of the organization.

A paradigm is a set of assumptions about the nature of reality. Thomas Kuhn introduced the notion in 1962, with the publication of his book *the Structure of Scientific Revolutions*. The scientific paradigms he described were highly rational: they had explicit rules, recorded in scientific literature. Cultural paradigms are different: they are often unwritten, unspoken, even unconscious. A cultural paradigm is like an identity: it is so much a part of each of us that we are not even aware of it. [Another analogy that might make sense is that the cultural paradigm is like gravity - we rarely notice it in our everyday functioning, but it has a powerful influence.] If someone asked us to write down the basic assumptions of our cultural paradigms, few of us could do it. And yet we could not operate without them. Kuhn argued that, "something like a paradigm is prerequisite to perception itself. What a man sees depends both upon what he looks at and also what his previous visual-conceptual experience has taught him to see."

Thus the individual cognitive mental contexts described by Baar might be considered the parcels or packets of information, or *meme*, which support the cultural paradigm and the *meme*, in various combinations, predispose us to acting in certain ways. It is not too difficult to be reminded of incidents where an individual [child] behaved dramatically different in a different context or culture.

In conceptual contexts, we can at times make a *meme* consciously accessible, and change it. The new conceptual context then begins to shape the interpretation of observations. Since new paradigms, which are made up of many *memes* are born from old ones, they ordinarily incorporate much of the vocabulary and apparatus, both conceptual and manipulative, that the traditional paradigm had previously employed. But they seldom employ these borrowed elements in quite the traditional way. Within the new

paradigm, old terms, concepts and experiments fall into new relationships with the other.

Communication across the revolutionary divide is inevitably partial. Both parties are looking at the world, and what they look at has not changed. But in some areas they see different things, and they see them in different relations one to the other. Picture, for a simplified example, the 'old woman/young woman' illusion seen below. If you were to have a conversation about the picture, without attending to the fact that it was an illusion, you might find the conversation incoherent as the other person referred to things in the picture which don't, to you, exist. Kuhn calls this phenomenon 'the *incommensurability* of competing paradigms'. Just because it is a transition between incommensurables, the transition between competing paradigms cannot be made a step at a time, forced by logic and natural experience.



Paradigms *are* conceptual contexts. If one tried to make a paradigm conscious, one could only make one aspect of it conscious at any one time because of the limited capacity of consciousness. [Again, think of the illusion. You cannot see (comprehend) both the young and old woman at the same time.] But typically paradigm-differences between two groups of scientists involves not just one, but many different aspects of the mental framework simultaneously.

For persons within a culture change, because of these multiple illusive details, understanding either occurs as an *epiphany*; a spiritual experience, or becomes quite difficult to understand at all, causing anxiety and uncertainty. Further increase of exposure results in still more hesitation and confusion until finally, and sometimes quite suddenly, many begin to produce some of the correct identifications without hesitation. This is because the new *memes* have now become, through repetition and habituation, no longer novel, but a nonconscious context. A few people, however, will never be able to make the requisite adjustments of their contexts and these people who then fail often experience acute personal distress.

To change a culture, you have to change paradigms.

According to Osbourne and Plastrick, the first thing you have to do is get people to let go of their old assumptions. In science, the key is what Kuhn calls 'anomalies' - problems the old paradigm cannot solve, realities it cannot explain, facts it cannot admit to be true. As these anomalies pile up, people begin to lose faith in the old paradigm. Thus the manager needs to develop a change strategy that will:

- introduce anomalies and help people to perceive them
- provide a clearly defined new paradigm
- build faith in the new paradigm
- help people let go of the old paradigm
- give people time in the neutral zone
- give people touchstones
- provide a safety net

To this list, we will add, for purposes of human services, you also need to provide strategies for changing the thoughts of clients.

Counterintuitively, and contrary to our beloved 'pilot project' approach, implementation of the whole plan must occur all at once. People begin to let go of their old paradigms when they run into experiences, facts, and feelings that cannot be explained by the old set of assumptions. These anomalies provoke 'dissonance' - conflicts between what one has experienced and what one knows to be possible. Often people cope by refusing to see the anomalies. When anomalies appear, they immediately define them as something else. If they are able to retreat to another part of the organization and find support for their resistance, it is unlikely that the culture will ever change in the direction that management has chosen. [Though it will change in response to the new order.]

To break through this paradigm blindness, you must not only introduce anomalies into the culture, you must actively help people perceive them for what they are. As they begin to experience the resulting dissonance, they will be uncomfortable. Asking people to give up their most basic assumptions about life is like asking them to play a new game without knowing the rules - a game that will determine whether they have a job, how much they earn, and what their colleagues think of them.

Hence you must give them a new set of rules. You must provide a new way of understanding the anomalies - a way they can embrace. They will not be able to tolerate the ambiguity for very long. They will either make the leap or retreat into their old paradigm.

Osbourne and Plastrick liken it to the trapeze artist, there must be no ambiguity about there being a specific time and place to land when s/he lets go of the bar. Every paradigm shift is ultimately a leap of faith and for those who have faith only in the old culture, there is likely to be a great deal of anxiety about who to trust and where they will land. To build people's faith in a new culture, you must first earn their trust. None of us put our faith in people we don't trust. You must then prove to them that others who have made the leap before them have flourished, and assure them that they too will flourish in the new culture. A paradigm shift begins with an ending. It begins when people let go of their former worldview - a frightening process that creates much of the resistance to change; but one that the transformational system will ask clients and their support groups to undergo as well.

You must accept the fact that it will take time before people fully internalize the new paradigm. It's the limbo between the old sense of identity and the new. It is a time when the old way is gone and the new doesn't feel comfortable yet. People make the new beginning only if they have first made an ending and spent some time in the neutral zone. And yet, you must also make it untenable to continue holding onto the old bar. The trapeze artist of our analogy is likely to take a greater risk to leap to the new bar, if s/he is aware that the old bar is disappearing. But being aware that the old culture [bar] is gone and not being able to see the new culture [bar] is 'being between a rock and a hard place'. It is a dilemma without any apparent answer. Managers who seek to change cultures want the new place to be very apparent. And so Osbourne and Plastrick suggest that you give people touchstones - guidelines and reference points they can hold onto as anchors as they struggle.

What this means is that in a *transformation* of culture, the management must be prepared to articulate the new culture completely and to change the world abruptly. This is not a *transition*. A transition would change pieces and not the whole. We might change structure, or staff, or skills, but not

everything. An abrupt change requires that there be plans, recipes, rules, instructions, which are the principal bases for the specificity of behavior and an essential condition for governing it. Change is a time of uncertainty. Uncertainty causes anxiety. Managers limit uncertainty not by 'easing into a new program', but by being explicit about expectations. Like them or not, knowing the new expectations and how their own performance will be measured relieves uncertainty, and for most, diminishes anxiety.

Osbourne and Plastrick have more to say on cultural change which should be explored not only by public, but private managers as well. Additionally, the understanding of the workings of thought on emotion and behavior is important knowledge for all managers.

Strategies

The actions described so far, may be sufficient for normal business and industry, but the human services manager [clinical, educational, corrective and preventive] must go even further. The culture they intend to change requires not only that the organizational staff change their paradigm perspectives, but that the community at large and the people they serve do so as well. The process must be duplicated [a metachange, if you will].

Individuals have problems in living, according to our theory, only because of the way they perceive the world and the thoughts and resultant feelings about these experiences. People are the sum total of their thoughts. One cannot act different than the way they think [unless, of course they are 'acting'!] Therefore, change can only occur when they think differently. Interventions that help people think about how they think have the most impact on change.

We might first note that there are two mental processes to consider. First, there is the mental construct that creates and contains a 'theory of meaning' for each individual. This 'meaning system' provides a framework for each individual to interpret, appraise and judge the objects and events and to create a model of the world. The major mental contexts of each individual, which characterize self, others, future prospects, including attributions [explanations] of success and failure, populate this structure. These contexts develop over long periods of time with the most naive theory construction occurring around four years of age. Up to that point the process is bottom-up data driven: each new experience providing more information about the world. After about four years of age, the experience becomes more top-down and theory driven. Thus new experiences get measured by what I believe about myself and others and this gives meaning to the experience. Personal theories get more and more entrenched over time, unless dramatic new information causes reassessment.

The other framework is the 'leakage' of theory of meaning contexts that occurs through internal dialogue and resultant behavior. As we experience events we comment on them using our theory of meaning or 'inner logic'. Thus, we might see a couple kissing and be appalled at the behavior because, according to our theory of meaning, kissing implies sex and sex is 'bad'. The comment either to ourselves or to others might be 'look at that tramp' [adding the sexism of the culture], or something similar. The behavior response may range from walking away to some form of 'attack', based upon the interpretive judgement and the behavior repertoire.

It is this 'leakage' that provides the potential for others to infer the theory of meaning of the individual client and provides an aspect for work in helping that person change. As we are able to help the person identify 'cognitive errors' in the leakage, and to weigh the results of these thoughts, we open the potential for cognitive restructuring and change.

Thus we start our exploration of the language and concepts according to our theory of change by becoming acutely aware of the 'leakage' or cues coming from our clients and related people in the ecosystem; identifying the mental representations of self, others and future prospects; the explanations they give for why they succeed and/or fail; and what are the automatic thoughts that occur to them as internal dialogue when objects or events are perceived by them, and whether these automatic [reflex] thoughts create positive or negative feelings which influence the choice of behaviors.

If we want to dissuade the thoughts of a student that s/he must bring a weapon to school, it will require that we ascertain what s/he thinks regarding the subject. Both direct questioning and 'leakage' can provide us with information about these thoughts and it is from this information that strategies [protocols, techniques and procedures] can be developed to help the person change the thoughts that lead to problems in living. However, while many of these methods are useful in healing or changing difficulties after they have begun, *it is also possible to utilize the same principles to help children get a good start in learning how to live.* This is through the creation of a culture that promotes positive thoughts.

An exercise

Starting this cultural change process usually requires 'changing the mind' of staff. This might hinge on helping the *helping* staff access their own wisdom regarding change. Managers can do this by helping the staff, individually and collectively, *metaperceptively* examine their own experiences. Metaperception is the ability of human beings to remember the past and imagine the future. We can perceive an event in the present; remember the event as we think it happened; imagine the event as one that will occur in the future; and change all of the variables of time, space, our relationship to

it [participant, other participant, observer, observer of the observer, etc.]. Thus, we can experience objects and events in multiple [meta] ways.

Depending on how far you have progressed with the managerial phase, you may ask each staff person to start by thinking about and articulating in one sentence a personal fundamental assumption about the underlying cause of a client's atypical behaviors and a personal 'theory of change'. [If you have already inculcated a theory, the staff person is likely to 'parrot' that theory, rather than provide one that they believe. On the other hand, if you are using this to develop some accord from a managerial perspective, you may first, bring into consciousness, the individual staff person's theory, and then, utilizing comparative analysis, challenge or support that theory. If you do not have consensus, the following exercise may help to make the point.

This exercise is helpful in both dissociating ourselves from objects and events with substantive emotional value [positive or negative] and for the creative process of looking at something from different points of view. We can help staff understand this concept and the language that goes with it while, at the same time, help them experience it in a new way through many exercises. The following exercise taken from *The Heart of the Mind* by Connirae and Steven Andreas [1989] might be a good way to start.

1. Ask each staff person to think of a difficult situation with a child they serve.

Perhaps the child has been doing something that the staff person has not known how to handle, or something that 'drives them up a wall'. S/he might choose something the child does or something s/he believes the child is feeling, but the most value will come from considering something that occurred recently.

2. Ask each staff person to run a movie of the situation from their own point of view.

Running a movie is usually a self-explanatory concept. Have the staff person re-experience the episode as though they were watching it on a movie screen. Imagine going through the episode with the child again. *Start from the beginning, looking out through staff eyes, and noticing what actually happened. Notice what information is available to you, how you feel, and what you see and hear.*

3. Each staff person should then re-experience this *same* situation again, but *as the child*.

This step is moving you to what is known as the second position. You are no longer yourself, but you are the other person in the event. This is a degree

of separation or dissociation from the person that you were in the situation and the emotional reactions that you had in the situation.

Before each staff person starts the movie this time, s/he should think for a moment about the child. Think about the child's posture, breathing, movement, etc. Recall the sound of the child's voice. Once s/he has imagined the child clearly, she should *step into the child*! Then s/he should take a moment to *become* this child. Then, starting at the beginning, run the movie of the situation from the child's position. You are now moving as the child, sounding like the child and seeing out the child's eyes. Experience the feelings of the child in the situation. See what you can learn.

Each staff person should take as much time as s/he needs to go through this situation *as the child*, and notice what new information is available. Do you become aware of feelings the child may be having that you were not aware of when it was really happening? What sense do you get of the child in the situation and the way s/he handled it?

What do you notice about your own behavior as you watch and listen from this vantage point? If you notice that part of your behavior seems very inappropriate from this vantage point, you can be pleased that you have acquired new and useful information. If you learn something about what the child may be feeling, you can be similarly pleased.

4. Each staff person should re-experience this situation from an 'observer' position.

Now you are moving to a third position - to that of a third party who is interested, but uninvolved in the event. This is one step further removed from the emotional context that the event originally created.

Run the same movie again, but this time try to observe it from this bystander position. Observe *both* you and the child together. Observe your *interaction*. Be someone else.

Notice what you learn from this position. Do you notice something about the way you and the child respond to each other? What do you see more clearly about you and/or the child?

5. Make use of the information.

You have just experienced [metaperceived] a problem situation from three very different and very important positions. What information do you have now that you didn't have before? What ideas does this give you about what you might do with the child given this information?

Be tentative about what you have learned. No one ever completely knows what another person is thinking or feeling, so when we do this we are 'making it up', and need to check out this information carefully. The process can help us tremendously in gaining better intuitions about what others are thinking, but *they* are still the *experts about themselves*!

NOTE: It is almost never helpful to tell the child what you think about what s/he feels, even if you are right.

But this new perspective can be used along with the 'leakage' and direct questioning to ascertain what is really happening in the mind of the child you intend to help.

For purposes of culture restructuring, however, the real purpose of this exercise is to help the individual staff person identify anomalies in preparation for change. Hopefully, it is not too confusing to state that you will need to change the way your staff think so that they can help change the way the clients think; and both processes follow the same principles.

COMPONENT #2: COMPREHENSIVE ASSESSMENT & PLANNING SYSTEM [CAPS]

INTRODUCTION

...psychiatric diagnoses lack reliability; are not operationally defined; have no useful implications for etiology; have few implications for treatment planning; overlook the contribution of the environment and milieu; focus too much on pathology; invoke burdensome labels that overgeneralize and negate the individual; and are based on very debatable theoretical notions.

Lorna Smith Benjamin, 1981

Dr. Peter Breggin:

"Going to a psychiatrist has become one of the most dangerous things a person can do."

We have discussed the potential of changing the culture specifically for the purpose of providing a prevention culture to diminish problems in living through changing the way children think. While we believe that such measure can reduce substantively the numbers of children who will need remedial services, it is unlikely to eliminate this need. Children will still be referred for assessment.

Our proposal describes an approach to assessment and planning for children and adolescents who demonstrate multiple and complex problems in living. The approach is designed to help school district staff, parents and multiple child and family service agencies improve their understanding and skill in identifying and implementing special techniques, services and programs. The intended outcome of this approach is a Comprehensive Plan of Change, which embodies:

- A *Vision Statement* from the child/family which defines goals, desires, and preferred preferences across life domains.
- A statement of community norms and expectations
- The baseline performances of the child and family in areas of expected progress.
- An initial set of benchmarks, identifying target achievements along the path to successfully meeting the goals, desires and personal preferences.
- An initial set of recommended interventions [protocols, techniques and procedures] to address outcome expectations²⁷.
- A recommended time schedule for benchmark achievement.
- An identification of natural supports/barriers to achievement.
- Recommended interventions to enhance natural supports and overcome barriers.

Science, perhaps diverted by the fear of contamination as a 'psychic' phenomenon, has long avoided the emotional contagion that is prevalent in both human beings and animals. Epitomized by the wave of crying that travels through a nursery when one begins to wail, this *empathy* is one of the powerful forces which helps to shape each of us. "Mature empathy is an outgrowth of the primitive transmission of emotion between individuals, even through this dichotomization provides no clue about the way such transmission occurs" [Natheson]. Whether such emotional contagion results from subtle clues that in the mature empathy shows on the face and in the movements of the bodies, or whether there is some other method of transmission, such exchange does exist. Thus, a community can become beset with fear or anger [as the lynch mob attitude epitomizes] without its members even understanding the nature of the anger or fear.

Empathy combines with the 'magic' of talk [despite its ambiguity] and the 'modeling' of behavior, to provide three [03] nonconscious methods of shaping an individual child. Too often these nonconscious and unapparent 'forces' are ignored when a child begins to have problems in living. The attempt is to get the child to 'change' without understanding either the external world or the child internal interpretation of it.

Gregory Bateson in 'Mind and Nature' [1979] describes one *presupposition* as that of individuality. 'Language commonly stresses only one side of any interaction. We commonly speak, he notes, as though a single 'thing' could 'have some characteristic. A stone is 'hard', 'small', 'heavy', etc. That is how our language is made. But this way of talking is not good enough in science. To think straight, it is advisable to expect all qualities and attributes, adjectives and so on to refer to at least *two* sets of interactions in time. The stone is hard, he states, means a) that when poked it resisted penetration and b) that certain continual interactions among the molecular *parts* of the stone in some way bond the parts together. Similarly 'the stone is stationary' comments on the location of the stone relative to the location of the speaker and other possible moving things. A more precise way of talking would insist that the 'things' are produced, are seen as separate from other 'things' and are made 'real' by their internal relations and by their behavior in relation with other things and with the speaker.

From this perspective, it must be understood that the evaluative or assessment model which is presented here and which is encouraged is not just of the child, but the child's circumstances and the capacities of the adult and peer structures that support or diminish the child's capacity to achieve expected outcomes. The child is an interactive 'thing' with other interactive 'things' - each of which contribute to the characteristics of which we are concerned. A Plan of Change therefore would be inadequate unless it addressed all of the interactive 'things' that contribute to the characteristics to be changed. Thus the Plan of Change would address primary, secondary and tertiary clients as needed.

It is proposed to implement this approach for children referred through the Home, School & Community Council [See Component #4] by school districts, parents and other child serving agencies. Procedures used and products created will be consistent with regulations, standards and policies of all public child service systems in the county. Although it is hoped that the initiative would change regulations to be coherent with the values and direction of the transformational system, it will not start this way. Thus all of the criteria for eligibility, credentialing, etc., will need to be met.

Further, the design is based on models of assessment and intervention that will have demonstrated effectiveness in multiple settings over time. Given the trends favoring less restrictive placements and convincing evidence that students who can effectively function in programs provided by their home school and community have a far better chance for becoming successful and contributing, we recommend an alternative to large scale out of district placements.

Such a process will not allow for the assessment staff to be isolated from the ongoing process of providing help. Yet there is need for some aspects of the

traditional measurement of performance capacity, if for no other reason than to meet the requirements of present regulation. CAPS is intended to fulfill the traditional functions, albeit in non traditional ways. CAPS will provide the basic assessment for eligibility into clinical and educational programs. However, CAPS will also be coordinated with the Quality Assurance [Component #4] and Quality Enhancement [Component #5] functions to perceive assessment as an ongoing process. The traditional methods being simply a 'snapshot' of a dynamic process require ongoing data to make sense. In order to enhance this process, we will include some very different methodologies into our thinking.

At the same time it must be recognized that we are talking about the individual/relationship ambiguity, which we have compared to the particle/wave ambiguity of quantum physics. This is an observer created reality of a degree of uncertainty. Our language does not permit us to speak of the individual and the relationship at the same time. Thus, we will refer to the individual and his/her responses as well as the community responses, but find it difficult to talk about them simultaneously.

TRANSFORMATION

The value of thinking in terms of possibilities rather than of limits is great, whether we are assessing ourselves or others; but it is surely at its greatest when we are assessing children.

Purpose

The purpose of assessment is to measure social competence. Competence can be defined as *capacity equal to expectation*. Almost everything we do involves either interacting with other persons or inhibiting interactions with other persons. If we fail to follow the often unspoken rules about these interactions, the consequences will be clear: others will judge us to be socially incompetent [Peter, et al 1998]. Thus, the requirement of assessment is to identify those areas of social learning limitation and to recommend social learning interventions.

Background²⁸

From a constructionist standpoint, our languages for describing and explaining the world (and ourselves) are not derived from or demanded by what exists. Rather, our languages of description and explanation are produced, sustained, and/or abandoned within the processes of human

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You will notice that much of the wording of this background is taken from an article at a site called Virtual Faculty, <http://www.massey.ac.nz/~A.Lock/virtual/welcome.htm>, entitled *Is Diagnosis a Disaster?: A Constructionist Dialogue*, by Kenneth J. Gergen, Lynn Hoffman, and Harlene Anderson.

interaction. Further, our languages are constituent features of cultural pattern. They are embedded within relationships in such a way that to change the language would be to alter the relationship. As we generate new languages in our professions, and disseminate them within the culture, so do we insinuate ourselves into daily relations - for good or ill. [Gergen, Hoffman, & Anderson, 2000]

From this perspective, we should be increasingly alarmed by the expansion and intensification of diagnostic categories in this century. At the turn of the century our system for classifying mental disorders was quite rudimentary in terminology and not broadly accepted. As the century has unfolded, the terminology has expanded exponentially, and public consciousness of mental deficit terminology has grown acute. In the 1929 publication of Israel Wechsler's, 'The Neuroses', a group of approximately a dozen psychological disorders were identified. With the 1938 publication of the Manual of Psychiatry and Mental Hygiene (Rosanoff, 1938), some 40 psychogenic disturbances were recognized. (It is interesting to note that many of the terms included therein, such as paresthetic hysteria, and autonomic hysteria have since dropped from common usage, and some of them - such as moral deficiency, vagabondage, misanthropy, and masturbation - now seem quaint or obviously prejudicial. In 1952, with the American Psychiatric Association's publication of the first Diagnostic and Statistical Manual of Mental Disorders (APA, 1952) some 50-60 different psychogenic disturbances were identified. By 1987 - only twenty-five years later - the manual had gone through three revisions. With the publication of DSM IIIR (APA, 1987) the number of recognized illnesses more than tripled (hovering between 180-200 depending on choice of definitional boundaries). DSM IV expands the list even further to perhaps over 300 diagnoses (APA, 1994). [Gergen, Hoffman, & Anderson, 2000]

At the present time, one may be classified as mentally 'ill' by virtue of cocaine intoxication, caffeine intoxication, the use of hallucinogens, voyeurism, transvestism, sexual aversion, the inhibition of orgasm, gambling, academic problems, antisocial behavior, bereavement and noncompliance with medical treatment. Numerous additions to the standardized nomenclature continuously appear in professional writings to the public. Consider, for example, seasonal affective disorder, stress, burnout, erotomania, the harlequin complex, and so on.

What, we might ask, are the upper limits for classifying people in terms of deficits? [Gergen, Hoffman, & Anderson, 2000]

As these terminologies are disseminated to the public - through classrooms, popular magazines, television and film dramas, and the like - they become available for understanding ourselves and others. They are, after all, the 'terms of the experts', and they become languages of choice for

understanding or labeling people (including the self) in daily life. Terms such as depression, paranoia, attention deficit disorder, sociopathic, and schizophrenia have become essential entries in the vocabulary of the educated person. [Gergen, Hoffman, & Anderson, 2000]

When the terms are applied in daily life they have substantial effects - in narrowing the explanation to the level of the individual, stigmatizing, and obscuring the contribution of other factors (including the demands of economic life, media images, and traditions of individual evaluation) to the actions in question. Further, when these terms are used to construct the self, they suggest that one should seek professional treatment. In this sense, the development and dissemination of the terminology by the profession acts to create a population of people who will seek professional help. And, as more professionals are required - as they have been in increasing numbers over the century - so is there pressure to increase the vocabulary in a 'cycle of progressive infirmity'. [Gergen, Hoffman, & Anderson, 2000]

Diagnostic systems give a sense of legitimacy, confidence and predictability both to the professional and to the client. In both psychotherapy and the broader culture, a diagnosis implies that the object of inquiry and the method of inquiry are based on stable assumptions like those in the biomedical realm. It operates as a professional code that has the function of gathering, analyzing and ordering waiting-to-be-discovered data. As similarities and patterns are found, problems are then fitted into a deficit-based system of categories. In a larger sense, this framework is based on the assumption that language is representational and can accurately depict 'reality'. When thinking of diagnosis, think of cybernetician, Heinz von Foerster's remark, 'Believing is seeing'. If you believe in the representation symbolized by the word, you tend to see it. [Gergen, Hoffman, & Anderson, 2000] This is similar to the Samuel Clemmen's [Mark Twain] concept that 'if your only tool is a hammer, every problem looks like a nail'.

Implicit in the DSM IV is the assumption that psychotherapy is a relationship between an expert who has knowledge and a non-expert who needs help. The public, the profession and the state have given authority to the therapist to collect information about the client and place it on a pre-determined therapist map from which the diagnosis is then derived and the treatment plan decided. This process reduces uncertainty by telling the therapist what the therapist ought to do and suggesting how the client ought to change in order to get well. [Gergen, Hoffman, & Anderson, 2000] It is also a process and a basic assumption that the author ardently rejects.

Instead of using the vocabulary and concepts of a statistical manual, the role of the assessment specialist is to discover the vocabulary and concepts used by the individual client and his/her 'community of interest'. Each client is

unique and has formed from his/her own experience, a representational system - a collection of rules, summaries and descriptions of reality, manifest in ideas, thoughts and submodalities²⁹ which characterize their mental representation of reality. When changed, these characteristics can affect the reaction of a person to a stimulus. According to a transformational grammar model, at each level of experience, a certain amount of information tends to be removed to make the model more compact. By the time an event reaches the level of surface structure (and therefore linguistic expression) a great deal is usually removed.

The role of the assessor is to discover the preferred representational system of each individual client and then to help the client become aware of and attend to this system. This is important because when an assessor or change worker is conscious of the process that the client uses to solve a given problem or store and retrieve information, s/he can help the client have much more choice about the nature of the process, and how and when s/he chooses to use it. And it is this personal choice that needs to be enhanced.

PROCESS

A child³⁰ is selected for assessment because of 'information' about attitudes or behaviors that are affecting social performance obtained from the community of interest. This information has *made a difference* to the child managers and has reached a level of concern that they believe requires a referral.

The process of assessment is a dangerous one. Regardless of the components being assessed, there is a tendency to find what you are looking for, if for no other reason than to justify the looking. The influence of confirmatory evidence is particularly strong when both variables are asymmetric because information about the **nonoccurrence** of one of the variables is likely to be ignored. Such negative or null instances have been shown to be particularly difficult to process according to Gilovich [1991].

Gilovich goes on to point out that people exhibit a parallel tendency to focus on positive or confirming instances when they gather, rather than simply evaluate, information relevant to a given belief or hypothesis. When trying to assess whether a belief is valid, people tend to seek out information that would potentially confirm the belief, over information that might disconfirm it. This tendency apparently need not stem from any desire for the hypothesis to be true.

29 Submodalities are such characteristics as brightness of an image, pitch of a sound, intensity of a sensation (such as hot or cold), and color images versus black and white.

30 Since we are concerned with children's services, we will use child throughout. However, the same process could be used for any person who is seen as begin disruptive to the community serenity.

This danger is increased with the ambiguity of the task. Thus, it is relatively easy to rate the height and/or weight of the individual without bias, but difficult to decide whether or not that person requires help. To err is human, and the humane error in this case is generally thought to be an assumption of need. That is the nature of the human service relationship. These are 'caring' people and tend to find needs, even where none might exist. This is followed by a labeling designation and some intervention process, which may be self-defeating if the child senses no need. There are also a variety of other human information processing problems that need to be considered. These include haphazard detail, the influence of experience, ignoring complexity, the need for closure, and inadequate self-correction [Carlson - 1993].

Reducing this dangerous tendency of assessment will require a shift in our social institutions from power-based structures and practices to relationship-based structures and practice; which itself is supportive of a change from a deficit model, in which the beneficent outside power rescues an individual from weaknesses, to a capacity building model, in which individuals rescue themselves based on their own strengths and relationships in the community. These processes give more power for finding solutions to those most directly involved and decrease reliance on distant authority. These new decision makers represent the child's **community**, in the sense that these are the people who have the greatest common *interest* in seeing that the behavior of the child is effective and efficient in establishing mutually satisfying and gratifying relationships with peers and adults.

To make the assessment process more exploratory than self-fulfilling, it is necessary to make some changes in the thinking about the process. Several specific changes are recommended:

- 1) The focus is on the **revealed preferences** of the client.

Traditional focus of assessment has been on the **need** of the client. Unfortunately, need is circumscribed by the understanding of the expert, rather than of the client him/herself. Thus, need, in this context, is really a social expectation, not a revealed preference. The **resistance** of clients is an outcome of the discordant views of reality.

This will require a very different type of interview for we are not looking for defects, but we are looking for what the child him/herself would like to change. The process of discovery here is often affected by both how we pursue the questioning and by the resistance of the child to even participate. The less the child participates in traditional assessment, the more severe the problem is seen to be. A new method of interview that is based upon the **structure of language** rather than content offers the potential of truly identifying the areas where the child is feeling pain.

This process called 'modeling'³¹ was originally devised by John Grinder and Richard Bandler as a way of codifying excellence. Joseph O'Connor and John Seymour define modeling as *"The process of discerning the sequence of ideas and behaviors that enable someone to accomplish a task."* Robert Dilts has another definition, *"The process of observing and mapping the successful behaviors of other people."*

If we combine these two definitions we can conclude that modeling is a process, something that happens over a period of time and, at the very least, involves:

- (a) Observing someone who is achieving something; and
- (b) Establishing a map or sequence (a model) of what they are doing.

To make life interesting you may note the word 'model' can be used three ways. There is 'to model,' which is the process defined above and for which the founders use the word 'modeling.' There is 'a model' who is the person from whom the information is being elicited. And finally there is 'the model' which is the end result of the modeling process.

It is important to understand that *a model* is an ideal to be imitated and patterned - the goal is not to find **defects**. The original models were people who were outstanding exemplars in their field. The purpose was to find out as much as possible about what they knew [consciously and subconsciously] and did, to be able to imitate their excellence.

It was soon realized that the same process could be used to model how people with problems in living 'do their problems'. The leap from modeling states of excellence to modeling problem states is not so large when clients are regarded as excellent at replicating their unwanted behavioral patterns. There is nothing wrong with their replicating mechanism (the process). It works perfectly. It is the output that is the problem for the client. Often the slightest change to the input or alteration to the process will produce significant changes to the output, i.e. behavior.

But is the output a problem; and if so, to whom? Part of the process of modeling is to gather data about the individual and in that process determine what, if anything, the person would like to change about themselves. Most of the things that we do, we do for nonconscious reasons. Everything we do, we do with positive intent. When it turns out badly, the

³¹ While some use the term model, there are other terms that refer to similar processes. Cognitive scientists usually refer to mental schema or filters. Other terms include the 'theory of meaning' or 'mapping'. All of these terms refer to some extent to the process of receiving information, coding it, giving it meaning, and using it to filter newer information. Grinder & Bandler coming as they do from linguistics and Artificial Intelligence prefer to use the term 'model' and we will use it throughout.

issue is not that the person does not want a better outcome, but that the person usually believes that s/he is doing everything possible to achieve a positive goal. It must, from this 'inner logic', be what 'other' people are doing that is the difficulty. This interactive quality is seen from the perspective of the child through his/her theory of meaning or model of the world.

The process of modeling as defined by Grinder and Bandler, because it was focused on really understanding what was going on with the expert, was not waylaid by the assessor's filters which were identifying 'problems', but were now looking for solutions. In outlining here the processes, techniques and procedures of modeling, we are seeking to change dramatically the focus away from diminishing problems to one of supporting achievement.

We must start with a beginner's mind. The mind of the beginner is empty, free of the habits of the expert, ready to accept, to doubt, and open to all the possibilities. In the beginner's mind there are many possibilities, but in the expert's there are few. When we say something, our subjective intention or situation is always involved. When you listen to someone, you should give up all your preconceived ideas and your subjective opinions; you should just listen to him, just observe what his way is. ...put very little emphasis on right and wrong or good and bad. ...just see things as they are with him, and accept them. Usually when you listen to some statement, you hear it as a kind of echo of yourself. You are actually listening to your own opinion. If it agrees with your opinion you may accept it, but if it does not, you will reject it, or you may not even really hear it. [Suzuki]

Modeling consists of using tools that have their origins in Artificial Intelligence [AI] and Cognitive Science research with the goal of making a model of **excellent** behavior, for transfer to other persons.

Its technology basis comes from combining linguistics, AI & Neurology, - more specifically:

- the theories of transactional grammar as developed by Chomsky and as represented by people such as professor John Grinder;
- the area of systems thinking, as started by Korzybski and extended by Bateson;
- the field of cognitive science with persons as Miller, whose models have been put into practice for Neuro-Linguistic Modeling.

Modeling will give the answer to the following questions: "How do the perceptual filters of the person work? How does a person address structure, context and process? How does s/he sort and attend to information?".

Changework is the art of enabling people to make specific changes in themselves. Doing a piece of changework starts out by setting an outcome. The traditional question to get an outcome is "What do you want?" In other words: What do you want to change about yourself? However most of the time the outcome as stated by the client will need modification in certain ways. There are six 'well-formedness conditions' that an outcome must satisfy in order to be a useful basis for changework.

An outcome should satisfy the following conditions:

- 1) Stated in the positive
- 2) Appropriately specific and contextualized
- 3) Verifiable (in sensory experience)
- 4) Initiated and maintained by the subject
- 5) Secondary gain taken care of
- 6) Ecological

The central task of psychology, whether experimental or applied, is the understanding of human behavior. To say, however, that our behavior is complex is not to deny that it has structure. It is useful that you distinguish between rule-governed behavior and determined behavior.

People who come to human service professionals typically have pain in their lives and experience little or no choice in matters they consider important. This is true regardless of the coercion they may feel about the process. All changeworkers are confronted with the problem of responding adequately to such issues. Responding adequately in this context means assisting in changing the client's interpretation of his/her experience in some way that enriches it. Rarely do changeworkers accomplish this by changing the world. The approach is typically to change the client's experience of the world, or at least his/her interpretation of that experience. People do not operate directly on the world, but operate necessarily on the world through their perception or model of the world.

When humans wish to communicate their experience of the world, they form a complete linguistic representation of their experience: this is called the **Deep Structure**. As they begin to speak, they make a series of choices (transformations) about the form in which they will communicate their experiences. These choices are not, in general, conscious choices. The outcome of those choices is the **Surface Structure** and this is the structure of the person that others in his/her ecosystem perceive.

One of the things that goes on in most assessments and helping relationships is a series of verbal transactions between the client and assessor/changeworker. A common feature of the encounter is that the counselor tries to find out what the client has come for; what the client wants to change. In terms of this process, the counselor is attempting to

find out what **model** of the world the client has. How does s/he see the world and his/her place in it?

This process may be difficult if the client is not willing to engage us in a discussion of what s/he wants to change. In fact, if s/he is feeling coerced, s/he may specifically resist. As we shall see, what s/he talks about - the content - is not relevant to this 'meta model'. It is the structure of his/her language that will give the changeworker the clues to potential areas for help. At any rate, it is the Surface Structure that we are exposed to and if we are unable to reconnect the Surface Structure to the Deep Structure we are left with a limited perspective or representation of the client and his/her model of the world.

If the model of the client's experience as articulated through the Surface Structure has pieces missing, it is **impoverished**. Impoverished models imply **limited options** for behavior. Since such a limitation of options often leads to problems in living, the changeworker, simply by listening to the client's responses and identifying areas where there are pieces missing, has a beginning sense of what the child may want to work on were s/he willing to get involved.

The elements

The number of possible sentences in each human language is infinite. The number of human descriptions is limitless. At the same time, the number of forms [syntax] in which this infinite set of meaning [semantics] is represented is highly restricted - has structure - and, therefore, may be described by a set of rules.

To say that human behavior is described by some set of rules is not to warrant that our behavior is determined or predictable. It is important if we want to understand the client that we begin to determine the 'inner logic' of his/her understanding of the world. It is imperative, therefore, that we use all of the tools available to dig deeper into his/her cognitive structure to gain this preferential knowledge.

People do not operate directly on the world in which they live, but rather create models or maps of the world and use these maps to guide behavior. The individual's representation of the world determines to a large degree what the person's experience of the world will be, how they will perceive the world, what choices they will see available to use as they live in the world. It is thought that creates feelings and ultimately behavior. Thought is represented in the mind [memory] by symbols or representations. We interpret or give meaning to the new experience, based in part, by the model or filters we have acquired in previous experiences. The model each person creates to guide him/herself in the world is based in part upon our

interpretation of our experiences. Each of us then, representationally through language and symbols, creates a different model of the world we share and thus come to live in a somewhat different reality.

There is a necessary difference between the world and any particular model or representation of the world. The models of the world that each of us creates will themselves be different. We can demonstrate some of the reasons for these differences by examining some of the constraints of perception that affect our modeling processes.

Neurological constraints.

We are aware that our central nervous system is some way designed to limit the amount of information that gets to us. Some examples of these limitations would include sound waves that are below 20 cycles or above 20,000 cycles per second, which we cannot hear although they exist in reality. Visual detection only between 380 and 680 milli-microns, above and below are undetectable.

Our ability to perceive being touched at two points on the surface of our skin varies dramatically. If we are touched in two places on the thumb or on the back will determine whether we can even know.

The physical world remains constant but our experience of it shifts dramatically as a function of our nervous system. Thus, one way in which our models of the world will necessarily differ from the world itself is that our nervous system systematically distorts and deletes whole portions of the real world. This has the effect of reducing the range of possible human experience as well as introducing differences between what is actually going on in the world and our experience of it. Our nervous system, then, initially determined genetically, constitutes the first set of filters, which distinguish the world - the territory - from our representations of the world - the map.

Biological Constraints Caused by Malformation

The neurological constraints listed above are 'typical' constraints that limit perception. There are, of course, other biological constraints that occur because of malformation or damage. Blindness is not a 'typical' occurrence. Nonetheless, blindness limits the information that is taken in from the environment and can shape our model of the world. As we will note later in *individual constraints*, it is not simply that blindness, or other such states, which limit perception, it is the interpretation of the malformation which can be very limiting.

Social Constraints.

Bandler and Grinder referred to this set of constraints as social genetic filters and it includes all the categories or filters to which we are subject as members of a social system: our language, our accepted ways of perceiving, and the socially agreed upon fictions.

Within any particular language system part of the richness of our experience is associated with the number of distinctions in some area of our sensation. In Maidu, an American Indian language of Northern California, only three words are available to describe the color spectrum. English has eight [specific] color terms.

While human beings are said to be capable of making 7,500,000 different color distinctions in the visible color spectrum (Boring, 1957), the person who speaks Maidu is characteristically conscious of only three categories of color experience while the English speaker has more categories and, therefore, more habitual perceptual distinctions.

This constraint would also include socially expected behavior. The common expectation of trauma, with its behavioral displays of sadness and agony is an expected behavior in our society and receives a great deal of support [secondary gain] and reinforcement from others. The degree of support can be expected to be quite different in a society where death of a loved one is an everyday occurrence, and the reinforcement over time is unlikely to be as pervasive.

While the neurological filters are the same for all human beings unless they are damaged or malformed, the social genetic filters are the same only for the members of the same social-linguistic community - but there are a large number of different social-linguistic communities.

Unlike our neurological genetic limitations, those introduced by the social filters are easily overcome. One remarkable way to do so is by simply adding novel concepts and language. The very fact that we raise a question, for example about goals to one who has never considered the future, may be the spark that opens up the panacea of future expectations in a very different way. Unfortunately, a similar but negative impact can be engendered by the suggestion of 'illness' and irreversibility of problems in living. Words matter.

Individual constraints

Our individual experiences begin to differ more radically, giving rise to more dramatically different representations of the world. This set of the individual

constraints is the basis for the most far-reaching differences among us as humans.

By individual constraints we refer to all the representation we create as human beings based upon our unique personal history and our interpretation of it. Every human being has a set of experiences that constitute his/her own personal history and are as unique to him as are his fingerprints. The experiences of Joseph Cary Merrick, known to the world as the Elephant Man, are clearly unique. Yet it was not the condition of Merrick that brought the most attention, but the interpretation made by Merrick. His willingness to accept his condition and relate to other people in typical ways is an outstanding example of the capacity of human beings. Merrick apparently refused to feel sorry for himself and despite being treated by others as an object of scorn and curiosity, was able to form positive human relations with others. One could easily imagine how he could have developed an 'inner logic' about how unfair life was to him and how he should attack those who ogled him.

Another example of this capacity is Christopher Reeves, who continued despite the trauma of his experience to perceive the world as a place worth the bother. One could wonder where he learned to interpret things in such a manner.

Individual constraints constitute the basis for the profound differences among us as humans and the way we create models of the world. These differences in our models can either be ones that alter our prescriptions [socially given] in a way that enriches our experiences and offers us more choices, or ones that impoverish our experience in a way that limits our ability to act effectively. People block themselves from seeing those options and possibilities that are open to them when they are not available in their models of their world.

The difference appears to us to be primarily that the people who respond creatively to and cope effectively with this stress are people who have a rich representation or model of their situation, one in which they perceive a wide range of options in choosing their actions. A person who thinks of him/herself and others in generally positive, balanced and rational terms. The people who think of themselves and others in negative, distorted and irrational terms tend to experience themselves as having few options, none of which are attractive to them.

It is important for us to realize that the people in the second group are not bad, crazy or sick. They are, in fact, making the best choices from those of which they are aware, that is, the best choices available in their own particular model. In other words, the behavior of human beings, no matter how bizarre it may first appear to be, makes sense when it is seen in the

context of the choices generated by their model; their **inner logic**. The difficulty is not that they are making the wrong choice, but that **they do not have enough choices** - they don't have a richly focused image of the world.

So the processes that allow us to accomplish the most extraordinary and unique human activities are the same processes that block our further growth if we commit the error of mistaking the model for reality.

We can identify three general mechanisms by which we do this.

Generalization is the process by which elements or pieces of a person's model become detached from their original experience and come to represent the entire category of which the experience is an example. Our ability to generalize is essential to coping with the world.

Generalization may lead a human being to establish a rule such as 'Don't express feelings'. This rule in the context of a prisoner-of-war camp may have a high survival value. However, using the same rule in a marriage, limits the potential for intimacy.

The point here is that the same rule will be useful or not, depending upon the context.

Deletion is a process by which we selectively pay attention to certain dimensions of our experiences and exclude others. The ability that people have to filter out or exclude all other sound in a room full of people talking in order to listen to one particular person's voice.

In the structure of the person's use of language we can identify differing types of deletions that occur regularly. The deletion may simply be a 'short hand' method of responding in which the person is easily able to specify what is missing, or the deletion may confuse the child as well as the changeworker, since the child is unable, when attention is drawn to it, to supply the additional information without help. "She didn't like me" deletes who the person is who didn't like the client.

Distortion is a process that allows us to make shifts in our experience of sensory data. Fantasy, for example, allow us to prepare for experiences which we may have before they occur. All the great novels, all the revolutionary discoveries of the sciences involve the ability to distort and misrepresent reality.

In understanding the power of individual constraints, we can refer to a classic psychological or expectancy experiment by Postman and Bruner and reported by Grinder and Bandler:

Subjects were asked to identify, on short and controlled exposure, a series of play cards. Many of the cards were normal, but some were made anomalous, e.g., a red six of spades and a black four of hearts. Each experimental run was constituted by the display of a single card to a single subject in a series of gradually increased exposures. After each exposure the subject was asked what s/he had seen, and the run was terminated by two successive correct identifications.

For the normal cards these identifications were usually correct, but the anomalous cards were almost always identified, without apparent hesitation or puzzlement, as normal. Without any awareness of trouble, it was immediately fitted to one of the conceptual categories prepared by prior experience. One would not even like to say that the subjects had seen something different from what they identified. With a further increase of exposure to the anomalous cards, subjects did begin to hesitate and display awareness of anomaly. Further increase of exposure resulted in still more hesitation and confusion until finally, and sometimes quite suddenly, most subjects would produce the correct identification without hesitation. Moreover, after doing this with two or three of the anomalous cards, they would have little further difficulty with the others. A few subjects, however, were never able to make the requisite adjustment of their categories. Even at forty times the average exposure required to recognize normal cards for what they were, more than ten [10%] percent of the anomalous cards were not correctly identified. And the subjects who then failed often experience acute personal distress.

The generalization that the people in the experiment made was that the possible color/shape pair would be the same as they had always experienced: black with clubs and spades, red with hearts and diamonds. They supported their generalizations by distorting either the shape or color dimensions in the anomalous cards.

The human mind, as opposed to the brain, is a very powerful tool that we are just beginning to understand. We know that there are epigenetic rules that help us to structure our experiences, but to a large extent we gather and sort our experiences from a random world. We are who we are because we have decided to be, based on our interpretation of our experiences.

Bandler and Grinder have helped us to examine at least one context of the mind in the Meta Model. They posit three structures of the human mind. The first is the experience itself, which includes many stimuli that never become

conscious and is called the **Reference Structure**. The experience is represented [coded] in a second structure in the mind by language, symbols and submodalities that are called a **Deep Structure**. When we attempt to convey the Deep Structure of an experience to other people we make certain cognitive errors that distort the experience. This third, **Surface Structure**, which results is an exchange that can help the assessor infer more about the Deep Structure and ultimately the experience itself. The areas of linguistic error [generalizations, distortions and deletions] are often the places where the individual feels blocked and without choices and are therefore possible areas for change.

We are not conscious of the process of selecting words to represent our experience, and we are almost never conscious of the way in which we order and structure the words we select. Language so fills our world that we move through it as a fish swims through water. It is this very intuitive quality of native speakers that enables the assessor to learn to use the tools of the meta model interview.

To qualify as a native speaker ...one must learn... rules.... This is to say, of course, that one must learn to behave *as though one knew the rules*. [Slobin, 1967]

The theory of transformational grammar was developed to explicitly describe patterning in human language systems. People have consistent intuitions about the language they speak.

- intuitions which allow me to consistently decide which sequences of words in my language constitute sentences [that is well formed sequences] of my language. We will refer to this as *well formedness*.
- intuitions which allow me consistently to decide which words in a sentence go together to form a higher level unit or constituent. This is called *constituent structure*.
- intuitions which allow me consistently to decide which sentences have which kind of logical/semantic relations, such as, 'Which sentences of different structure or form have the same meaning?' - This is referred to as *synonymy*. Relations such as, 'Which sentences have more than one meaning?' - which is referred to as *ambiguity*.

By *consistently decide*, we mean both that when presented with the same sentence at any of two points of time our intuitions about its structure will be constant and also that other native speakers will have the same intuitions about the structure of that sentence. It is this consistency which enables both the assessor and the client to communicate and for the meta model to work effectively.

2) The focus is on the ***interactive quality of relationships***.

One cannot assume that the disruption of community tranquility is the product of some characteristic of the child. Rather, it must be examined in the context of the child as an interactive person in a full ecosystem.

The child and the ecosystem must be specifically explored, and the process of exploration must be focused so that the assessment team is able to understand the context of the behaviors both from the 'inner logic' of the child and from the reinforcement and expectations ['inner logic'] of the 'other'.

The process that is described here is one that is to be carried out by a group of people composed primarily of those people who know the child and/or are charged with the supervision of the child. This 'community' would include, but not be limited to:

- the child;
- the child's parents and other family members;
- the child's teachers and other involved school personnel [e.g., guidance counselor];
- any other professional and/or natural support person who relates to the child;
- a person who is unaffiliated with the child, family or school, but is knowledgeable about the nature of child/adult relations;
- a facilitator who can lead the process of assessment [assessment specialist].

Depending upon the nature of the specific focus, this ***Community Assessment³²/Support Team*** [CAST] may include people adversely affected by the behaviors and/or their parents who may have particular concerns about the nature of the change that is expected to occur. We have referred to this collection of people earlier as a private community [of interest in the child].

The most important issue for the CAST to understand is that challenging behaviors serve a function for the child and are context specific. The second most important issue is to understand that they, in fact, are the most salient part of the context. The purpose of the CAST is to assess the situation and develop support for the child, his/her child managers and/or his/her victims [people adversely affected by the behaviors] and to find the means to reconcile all parts of the community. The process therefore is one of

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The term Community Assessment should be read as a duality: it refers to assessment of the community as well as the community carrying out the assessment.

examining not only the performance of the child, but the performance of those who manage the child as well.

Functional Assessment

One of the basic processes for determination of client status and intention is the **functional assessment [FA]**, recently required by the Individuals with Disabilities Rehabilitation Act [IDEA] for identification of behavioral difficulty in schools. The FA is a process that seeks to identify the problem behavior(s) a child or adolescent may exhibit, particularly in school, to determine the function or purpose of the behavior, and to develop interventions to teach acceptable alternatives to the behavior. Since this process is integral to school assessment and one which we desire to continue to use, albeit in an altered form, it is important that we delineate the differences between the traditional approach to this process and our expectations.

Traditionally the process starts with an identification of behavior that some person has decided needs to change and then proceeds with the following steps.

1. Define the dilemma

The first action taken by the CAST is to identify the attitudes and behaviors that are of concern. This requires an understanding that behaviors do not occur outside of a relationship. A child cannot be characterized as 'aggressive'; but a relationship or interaction can. The meaning of communication is in the response it elicits. Good intentions of the sender are not what was acquired by the receiver if the response is aggression. Resistance is a comment about the communicator. Thus, if the child's behavior is unacceptable, one must understand the internal/ external context of the situation and address both intent and outcome. The articulation of the dilemma should include both the behavior that has signaled 'difference' and the circumstances in which the behavior occurs.

There are a variety of other human information processing problems that also need to be considered. These include haphazard detail, the influence of experience, ignoring complexity, the need for closure, and inadequate self-correction [Carlson - 1993].

This stage of the community assessment is culminated by the development of a **statement** of the **dilemma**, which should indicate:

- specifically what attitudes and behaviors are problematic;
- to whom are these attitudes and behaviors problematic;
- if the behaviors are not problematic to the child who performed them, what are the attitudes which determine the behaviors;

- what are the antecedents and consequences of the behavior [attitudes and behavior responses of others] and are they problematic to the child?

Thus a statement of the dilemma might be as follows:

John tends to fight whenever his personal space is encroached upon. This behavior is of particular concern to his peers, teachers and parents. This behavior is not particularly of concern to John. However, John dislikes being kept after school when such incidents occur at school and dislikes being 'grounded' when the incidents occur at home. He perceives his behavior as being justified by the actions of the person who encroached, and therefore, sees the consequences as being unjust.

The development of this statement is an attempt to make the dilemma *conscious and available to all stakeholders*, so that the CAST can attend to it properly. The fact that the statement must be *negotiated* in a manner in which the wording satisfies all stakeholders helps to minimize the processing errors usually found in the assessment process. For example; what is meant by *encroachment*?

A dilemma is defined as a necessary *choice* between equally undesirable alternatives or a perplexing predicament. This seems to describe the community alternatives available at a time when they are seeking outside help. The child may need to change; other community members may need to change; or all may need to change. The choices made by the CAST about how to seek restoration of community relationships may be difficult, but such choices need to be made.

2. Collect data

Once the CAST has agreed on and established a statement of the dilemma, it shall seek to **collect information** that will help all stakeholders understand the nature of the predicament and to create solutions. Three **formal** patterns of data collection are available which will only be briefly described here,

Initial Inquiry - the first part of the functional cognitive behavior assessment entails a formal inquiry of all stakeholders to review the setting events, antecedents, behavior response and consequences. Of particular importance is to define these contexts both from an internal and external perspective: what was the child thinking when the incident happened, the behavior happened and the consequence happened. You will note that the example statement of the dilemma implies that the child feels victimized rather than victimizing. What do the child manager's think in these

situations. If the child managers think that the child is *incapable* of achieving some competence required by the community, s/he may then be acting in a way that 'bend over backwards' to please the child - but is received by the child as *patronizing*, which interpretation causes the child to seek to establish him/herself as *powerful* - wherein s/he selects the offensive behavior. The inquiry, if properly used, can begin to *infer* these thoughts through 'leakage' of the self-thoughts that occur routinely through self-statements, but may increase at time of crisis. In order to ensure that this objective is met, it is important that the standard Inquiry be updated to include questions which seek to address cognitive errors such as, but not limited to, magnifying, personalization, overgeneralization, 'shoulds', predicting, mindreading, etc. Such an updated Line of Inquiry is included in the appendix.

I may be helpful if the facilitator helps the group to design a 'flow chart' of a typical incident - thus opening the process up to potential change.

Observation -

Social competence is most easily defined as capability equal to expectation. If a child performs socially in a manner that meets the expectations of child managers and peers, s/he is usually considered to be socially competent.

It follows, therefore, that the nature and frequency of behavior patterns is often used to *define* social competence. While it is accepted that a focus on overt behaviors per se is necessary, it is not in itself a sufficient, defining characteristic of social competence. Nonetheless, in order to develop indicators for measuring competence requirements, educators and clinicians will need to address the use measures of overt behaviors as criterion.

Several areas of observation can be defined by the research. For example, it has been suggested that social competence is reflected in the manner in which children secure adult attention and how they utilize adults as resources. Other behaviors found to reflect a child's social competence are the ability to express emotions, including hostility and affection, appropriately, to lead and follow peers, to imitate both adults and peers, and to show pride in accomplishment.

Much can be learned by focusing upon the frequency of social contacts and the sequence of communications within these interactions. Ratings of children's behavior are found to relate positively to sociometric peer ratings of popularity (one way of operationalizing social competence). Thus not only the frequency, but the quality of a child's social interactions can be used to measure social competence.

Specifically, one might look at, and record, the amount of time a child spends alone, observing peers, and interacting with peers and adults such as teachers or parents. These interactions can also be coded as involving cooperative, affectionate, compliant/ noncompliant, derogatory, or attacking behavior. Behavioral ratings, therefore, are significantly related to sociometric ratings.

In an investigation of the social interactions of omega children (i.e., children chosen last for athletic teams during play periods at school), Ginsberg, Wauson, and Easley (1977) examined the following aspects of the behavior of these children:

- (1) their spatial proximity to other children;
- (2) the amount of physical contact with others;
- (3) the frequency of aggressive episodes; and
- (4) the child's location in relation to the rest of the group.

The results indicated that omega children were generally peripheral to the stream of ongoing activity. Not only were they isolated in location, but they also engaged in fewer physical and athletic encounters as compared with higher-ranking children.

Nonverbal behaviors (such as facial expressions, gestures, gaze, spatial behavior, nonverbal aspects of speech, bodily contact and appearance), as well as verbal acts (e.g., instructions, questions, comments, informal chatting, performance utterances, social routines, and the expression of emotional states, attitudes, and latent messages) have also come under study.

In similar fashion, other studies have examined teacher expectations. Thomas Good defines such expectations as "inferences that teachers make about the future behavior of their students, based on what they know about the students now". Two types of teacher expectation effects have surfaced: self-fulfilling prophecy and sustaining expectations. Self-fulfilling prophecy effects are based on expectations that lead teachers to behave toward a student in ways that may be damaging to that student's learning. Sustaining expectations effects occur more frequently. Here the teacher assumes that student performance will remain the same as in the past and teacher behavior sustains that level rather than helping to move the student beyond it.

Teacher interaction with students is influenced by these expectations, particularly in how the teacher asks questions, gives feedback and expresses personal regard. Such behaviors may be well intentioned. For example, in order to avoid embarrassing the student a teacher may refrain from asking perceived low achievement students challenging questions.

The Teacher Expectation and Student Achievement [TESA] model actually indicates the following interaction patterns between teachers and those students they believe are low achievers. :

Response Opportunities

- non-equitable distribution
- less individual help
- less time to respond
- less delving into responses
- less higher level questioning

Feedback

- fewer affirmations or corrections
- less praise
- fewer reasons for praise when given
- less listening
- less acceptance of student feelings

Personal Regard

- greater spacial proximity
- less courtesy
- less personal interest and fewer compliments
- less touching
- more domination around conflict

It should be noted that the attitudes of teachers and students are generally interactive. If teachers have low expectations for a child and behave in the typical manner, it is likely that the other students will also identify the child as an omega.

The ability to draw upon a varied repertoire of socially appropriate behaviors pursuant to goal attainment may be considered to be an important feature of social competence. However, as stated previously, a focus on overt behaviors per se is a necessary, but not a sufficient, defining characteristic of social competence. We must take into account the role of an individual's thoughts and cognitions in any definition of social competence. The import and content of specific overt behavior are minimized as compared to their **meaning** to the actor and recipient. It is not sufficient that the child experiences these behaviors from their peers and teachers, but we must identify how they explain these behaviors.

Cognitive processes include the diversity of thoughts and styles of information processing that occur when an individual is confronted with a social situation. These include the *internal dialogue*, or self talk, that accompanies behavior and reflects the individual's thoughts and feelings

about the situation and/or him/herself, the expectancies with which the individual approaches the situation and his/her appraisal of situational or personal outcomes, as well as the amount and nature of the social information that the individual possesses about the situation.

Some form of cognitive processing takes place in all social situations. The individual may be highly aware of these cognitive processes on occasion (as, for example, in the case of an anxious, self deprecating internal dialogue with which the individual is preoccupied to the detriment of social behavior, or in the case of intentional impression management). However, cognitive processing frequently operates in a highly automatic, thoughtless or scripted fashion. In this case expectancies or thoughts that subtly control behavior are not particularly salient for the individual at the time but can be brought into awareness and captured by a variety of cognitive assessment techniques.

People who define themselves as adequate in comparison to others, believe that others also believe they are adequate and are most likely to attribute causal attributions as internal, unstable and controllable. Therefore, they are more likely to be flexible in seeking alternate solutions to difficult problems and motivated to do their best.

People who define themselves as inadequate and believe that others support this view are likely to attribute failure internally, but success externally. They are also likely to explain causes as being stable and uncontrollable, thus displaying helplessness in the face of adversity. Such an anxious orientation leads to catastrophic thinking and panic without much motivation to use energy and effort.

In highlighting aspects of cognitive processing that are important for the competent handling of social situations, one might list factors that may interfere with social competence (negative internal dialogue, negative expectancies, etc.) and/or factors (thought content and style) that may facilitate positive social *interaction*. In each instance, the cognitive factors are interactive with the perceptions and responses of the social group.

Cognitions That Interfere With Social Competence

Internal Dialogue

Evidence on thinking processes indicates that negative, self-referent ideation contributes to inadequate performance in a variety of situations. Consider, for example, the following inter- and intrapersonal performance tasks where the individual is required to be competent:

- (1) taking an examination;

- (2) responding to social challenges;
- (3) performing in athletic competition; and
- (4) creative responses on tests of divergent thinking.

In each of these situations, when a common pattern of self-referent negative ideation preceded, accompanied, and followed behavioral acts, it contributed to inadequate performance.

Researchers have identified groups of low-assertive and high-assertive individuals and conducted multiple assessments in order to discern the role cognitive factors might play in the behavioral deficit. They found that low-assertive individuals did not differ from their more assertive counterparts with regard to knowledge of what was an appropriate response on an assertiveness questionnaire, nor did the two groups differ in the behavioral expression of assertion in a safe role-playing situation (i.e., showing a friend how to handle specific assertive situations). If both groups knew what to do and, moreover, could do it in certain circumstances, then what was the nature of the low-assertive individuals' deficit? The answer was provided by a third condition, in which researchers asked their subjects to role-play assertive behavior in a situation approximating real life (the subject was to be personally confronted with an unreasonable request). In this condition, the low-assertive group manifested deficient assertive behavior.

When asked how frequently 'positive' as opposed to 'negative' self-statements had characterized their thought processes during the preceding assertiveness situations. [Positive self-statements were defined as thoughts that would make it easier to refuse an unreasonable request; negative self-statements were those that would make it harder to refuse.] They found that moderate- and high-assertive subjects had experienced significantly more positive than negative self-statements; whereas low-assertive subjects did not differ in the number of positive and negative self-statements. It appeared that while high-assertive individuals had a positive orientation and usually little doubt in their minds as to the appropriateness of their actions, low-assertive subjects, in contrast, could be characterized as experiencing an internal dialogue of conflict in which positive and negative self-statements competed against one another and interfered with interpersonal behavior. That negative cognitions plays such a directive role in social anxiety was underscored by others, who found that cognitive modeling in the form of alteration of self statements was most effective in reducing under assertive behavior

A Functional Cognitive Behavior Assessment procedure is only one of a variety of means to tap an individual's internal dialogue. ***We need to describe the content, frequency, and most important, patterning of self-statements, thoughts, and images that accompany behavior and contribute to individual differences in performance in a variety of***

situations. We must search the cognitive domain for evidence of explanatory constructs in much the same way that we describe sequences of overt behaviors, look for evidence of fixed-action patterns, releasing stimuli, and so forth. Such a task requires the development of techniques (interviews, questionnaires, think-aloud protocols, videotape reconstruction, thought sampling, etc.) to assess more adequately the individual's cognitive processes. Social competence must be broadened to consider the important impact of the individual's internal dialogue on his or her social behavior.

Expectancies And Appraisals

One aspect of cognitive processes to highlight is the interaction between the expectancies that an individual brings to a social situation and his or her appraisal of social outcomes, as well as the impact of both on social behavior. 'Expectancies' represent the individual's personal prediction (whether from previous experience or the affective meaning that the situation holds for him or her) about what will happen in a given social situation. Expectancies may be reflected in elements of the internal dialogue in which the individual engages in a given situation. Expectancies may also, in some individuals or in some circumstances, operate without the individual's awareness of specific thought, as in the case of the person whose general sense is that social approaches typically turn out badly for him or her.

'Social outcomes' represent the wide range of events to which an individual may have some cognitive or behavioral reaction. These may include tangible results (e.g., another person's verbal or nonverbal response), as well as internal events (such as physiological reactions, mood states, etc.). It is not the social outcome per se that is important, but the individual's **appraisal** of this outcome. For example, physiological arousal may be interpreted as debilitating social anxiety, or as nervous excitement in anticipation of positive social experiences.

Expectancies and appraisals of social outcomes interact in complex ways with one another and with social behavior. Expectancies may operate to constrain the social cues that one processes, as well as the evaluation one places them. This, in turn, has an important impact upon the social behavior emitted in the situation.

Appraisals of behavioral outcomes can in turn so constrain attention and behavior as to set up or confirm expectancies in current or future social situations. A study using a decision-expectancy model, found that expectancies about consequences following a proposed behavioral act more adequately explained unassertiveness and social incompetence than did the subject's behavioral repertoire. The focus of competence training should be on changing the participant's expectations about the results of his or her

behavior, rather than focusing on either values or on specific behaviors. These results are consistent with the data and arguments about the important role of expectancies in influencing interpersonal competence.

Social Context

An important corollary of this view of social competence is the notion that individuals ***actively create*** their environments by their choice of social situations and partners, by their processing of social information in these situations, and by their interpersonal behavior. This is very much a ***transactional*** view of the person-environment exchange. Any definition of social competence must include not only the individual's cognitive or behavioral response to a social situation, but his or her active engendering of a changing social environment. It may be that one key ingredient of social competence is the individual's ability to create and maintain positive and supportive social environments. Socially incompetent behavior, on the other hand, may result from distorted or constrained processing of social information, even when the individual has a wide variety of social and behavioral skills in his or her repertoire.

Of equal concern, of course, is ***the reinforcement of internal cognitive processes and structures, which occur from the responses of others to the overt behaviors of the individual***. In order to gain some understanding of the nature of that reinforcement, clinicians are encouraged to use sociometric techniques to obtain a platform of understanding.

During the late 1920's and the 1930's, sociologists, Bogardus (1928) and Moreno (1934), developed quantifiable measuring techniques that were later to be called 'sociometrics'. Other researchers such as Sheriff (1936) had similar interests in the psychology of social norms. Kurt Lewin's (1931) interests in 'group climates' led him to develop certain experimental methods (Lewin, Lippitt, & White, 1930).

Past research indicates that ***healthy classroom climates*** also appear to be related and likely to enhance overall classroom academic achievement (Schmuck & Schmuck, 1996), and recognizing the impact of academic achievement on the appraisal of self and others makes it an area of cognitive behavior management interest. Curriculum has been developed which can improve classroom climates: for example Vacha, McDonald, Coburn and Black's (1979) book, *Improving Classroom Social Climate*. Coie and Dodge (1983) have presented evidence that children's social status, developmentally across time, remains quite stable, especially children who are not accepted by their peers. ***Social rejection has been shown to be a strong predictor of classroom absences, later school drop-outs, and a variety of other socio-emotional problems.***

Two 'meta-analyses' (Newcomb, Bukowski & Pattee, 1993; Newcomb & Bagwell, 1995) bring together a rather large body of research that summarize past findings. These children have been described as being 'socially at risk'. Many of these findings have lead to developing intervention techniques, directed at both groups and individuals. The examination of basic social skills or competencies, which appear to be strongly related to peer social attraction, have lead to some promising intervention approaches.

Early identification of children likely to be experiencing social rejection and peer neglect is desirable for social growth and development. As in the case of early identification of developmentally handicapped children - children who are not accepted by their peers may be thought of as being 'at risk', as well. Thus, sociometric testing to determine the child's role, status and acceptance in the social group has important significance. Teachers and other child managers know that the groups of children they work with are more than an aggregation of individuals. They know that the groups have form and structure: that there are patterns of sub-groups, cliques, and specific friendships. Some children are liked by their group more than others. Some are also less liked and even rejected by their group. These patterns of friendship and rejection play an important role in determining how the group will react to developmental situations, and to various types of group management techniques that child managers might wish to use. The social group also sets the tone from which the target child creates/reinforces his/her cognitive structures concerning self and others.

Although child managers are aware of the obvious and dramatic aspects of group structure, the more subtle inter-personal relationships may be difficult to detect. A variety of sociometric techniques are designed to bring these relationships into view. Sociograms derived from 'positive' and 'negative' nomination techniques and social distance ratings are two means by which professionals may gain some insight into these relationships. The use of these techniques is but a means to further study in most cases. Understanding group structure is but a step toward studying group dynamics, and understanding group dynamics is a means to better group management and intervention development. Clinicians and teachers who undertake the use of these sociometric techniques should be prepared to check their findings by careful observation, and then utilize their increased knowledge as a means to provide better living and learning situations for children. If child managers set as a goal 'improved peer group climate', then sociometric techniques are a means by which they can measure whether or not they have attained this goal. By the same token, if the defined goal is to enhance the positive social reinforcement for the target, improving the climate for the individual, the same measurements are valid.

Combining the sociometric approach with the Child Manager Expectation and Child Achievement observations may help to define the assets and deficits the social group and the child managers might pose for the child.

The purposes of sociograms are twofold:

- The quantitative and qualitative assessment and interpretation of group climate through relationship patterns to indicate assets and deficits of the child's ecosystem.
- To develop intervention processes based on these understandings which will address issues of social competence cognitively, behaviorally and ecologically.

A sociogram is a charting of the inter-relationships within a group. Its purpose is to discover group structure: i.e., the basic 'network' of relationship patterns and sub-group organization. The relations of any one child to the group as a whole is the specific type of information that is expected to be derived from a clinical sociogram. A sociogram's value to a clinician is in its potential for developing greater understanding of group attitudes and behavior so that s/he may operate more wisely in creating interventions to enhance group management and development.

The basic material from which a sociogram is constructed is collected from group members who answer questions such as these:

- Who are your three best friends in this group?
- What three people in this group do you most admire?
- With what three people in this group would most enjoy going to a picnic?

These questions are examples of the '*positive nomination*' techniques: positive in the sense that you 'like' or would 'like to do...' something with these children. When children's choices are restricted to only so many nominations - in our examples above we restricted the choices to three - the technique is described as a '*fixed positive nomination*' technique.

Some researchers recommend the use of negative questions in order to discover interpersonal resistance. An example would be "Which three people do you like the least?" This would be described as a '*fixed negative nomination*' technique. If the children were also asked to rank the individuals from 'most' to 'least' disliked, we would call it a '*fixed rank, negative nomination*' technique. ***The study of resistance or rejection is sometimes accompanied by unfavorable emotional reaction by children.*** Nevertheless, negative nomination information can be quite

informative to the clinician. Similar information may be obtained using social distance ratings that will be discussed later.

Depending on the nature of the questions selected, a database must be developed from which analysis can be made. As each child's selections are added to the chart, a database of responses is created from which the clinical team can begin to build graphic representations around the following variables.

- A. Popular Children** - Popular is defined as children who have a frequency of 'positive' nominations greater than the average number of nominations if children evenly distributed their choices over the entire class, and have near zero (0) 'negative' nominations.
- B. Liked More Than Disliked** - Children who have more 'positive' nominations than they have 'negative' nominations.
- C. Disliked More Than Liked** - Children who have more 'negative' nominations than they have 'positive' nominations.
- D. Controversial Children** - A special kind of category called 'controversial' is reserved for children who have nearly an equal number of 'positive' and 'negative' nominations and both exceed the average nominations if children evenly distributed their choices over the entire class.
- E. Rejected Children** - Children who received only one or no positive nominations and their negative nominations exceed the average number of nominations if children evenly distributed their choices over the entire class.
- F. Neglected Children** - Children who do not receive any 'positive' nor any 'negative' nominations. These children are not even being acknowledged by their classmates. Nevertheless, this is useful information, but as one can see, using the 'positive - negative nomination technique tells us very little about Neglected children,

Most sociograms use the following key.

Square	=	boy	
Circle	=	girl	
Bold Line	=====	>	= First Choice
Skinny Line	-----	>	= Second Choice
Dotted line	-----	>	= Third Choice
<=====		>	= Mutual Choice

Using the above symbols, or some other variation, the next step is to transfer the obtained patterns to a 'drawing'. Place a circle, or a square, for each name or coded number, write the name or code number in the figure, and draw a line connecting the circles or squares with an arrow pointing to the name or number chosen. This forms the basic pattern for the sociogram. Second and third choices are elaborations superimposed on this pattern with some re-arranging.

The assessor must make a decision as to whether s/he wants to give equal significance to all nominations (first, second and third nominations). The decision will depend on what you want to know and how you plan to use the sociogram. Thus, there are two strategies: (A) no distinction is made between the three nomination ranks, and (B) you want to symbolically distinguish between the three nomination levels. Giving equal significance makes a sociogram easier to read. Distinguishing among nominations provides greater and more precise information. For example you may want to know whether a person chosen by three others was chosen first by three others or third in each case.

This is where creativity in using line symbols comes in. The key above indicates the difference in choices by using different style lines, but it does not separate out negative or positive choices. The mutual choice line also does not indicate whether the choices were on an equal level. By selecting, and documenting the selections on a key, different types of lines to stand for different attitudes, you can indicate the information needed. Sometimes different colors are used to distinguish between first, second and third place nominations.

When children are instructed to rank their nominations (e.g., "Make your first choice the person whom you like the best, and your second choice the person you 'next' like best, etc."), a weighting scheme may be applied to their nominations. This technique is sometimes referred to as '*Fixed Rank*' nomination technique: remember 'fixed' in that the children are limited to 3 choices, and 'ranked' in order of priority. Sometimes 3 points are assigned to 'first-choice' nominations, 2 points for a 'second-choice', and 1 point to a 'third-choice'. For each individual child the frequency of nominations within each rank is multiplied by the assigned weight and these are summed to yield an index of popularity. If a child receives no nominations their score would be zero (0). Many first choices would tend to yield a high index. If the children's nominations are entered as 'weights' replacing the '+' and '-' signs with their respective weights into the matrix described in Step 2, simply summing the weighted values in each column would yield each child's weighted index of popularity within the group.

Interpretation And Terminology

Giving examples of sociogram terminology is one of the easiest ways of relating how to interpret a sociogram. One might note that the basic terminology which follows can be broken down into two categories, Stars, Isolates and Ghosts are terms which describe **individual children or INDIVIDUAL PHENOMENA**, while mutual choices, chains, islands and triangles are attributes of **social interaction** within a group or **GROUP PHENOMENA**.

INDIVIDUAL PHENOMENA

- A. **Stars.** When several children 'positively' nominate the same person the many arrows all lead to that person thus emphasizing their 'starness'. They are the center or 'hub of attraction'. In the case of a 'negative nomination', we might want to note the individual with several arrows as a 'Negative Star'.
- B. **Isolates.** Children who have not been 'positively' nominated by anyone in the group are usually defined as 'isolates'. Note that they have already been somewhat defined in the discussion of Neglected Children. Placing them on the fringes or outer edges of the sociogram visually emphasizes their 'isolation' within the context of the group. This is useful information if any intervention is going to be attempted. This term, ISOLATE, is usually not used to describe children who receive no 'negative' nominations. Children who receive no positive or negative nominations are called 'Ghosts'. Of course, if you do not solicit negative nomination information you will not know the difference between a 'Ghost' and an 'Isolate'.
- C. **Ghosts.** As described above in 'B' a Ghost is a person who is not even acknowledged as being in the group. No one positively OR negatively nominates them. However, they do make nominations. In effect, they might as well not even be in the classroom.

GROUP PHENOMENA

- D. **Mutual Choices.** These consist of pairs of children who chose each other. If one is not interested in distinguishing between 1st, 2nd and 3rd choices, there may be many mutual choices in a sociogram. The more there are the more congenial the group is and thus there may be a greater positive social climate to the classroom. Obviously, mutual negative choices are dangerous situations to be corrected by intervention, or at least used as useful knowledge when grouping children with each other.

- E. **Chains.** A chain is when one person nominates another who in turn nominates another child, etc. This term is usually reserved for describing the 1st level nominations only. Chains have a tendency to lead toward a 'Star'.
- F. **Islands.** When pairs (mutual choices) or small groups are separated from the larger patterns, and members of this group are not nominated by anyone in other patterns, we describe them as 'Islands'. Once again, this term is usually reserved for describing 1st level nominations.
- G. **Triangles and Circles.** When a chain comes back on itself by having the last person nominate the first, we call it a TRIANGLE if it involves only three people. If there are more than three people we call it a CIRCLE.

Along with identification of the status of individual children within a group, the identification of the group as a supportive environment is of concern.

Group Cohesion

Vacha et al (1979) have described group cohesion as: "...the attraction structure of the classroom and involves not only individual friendships but also the attractiveness of the whole group for individual students. In cohesive classrooms, students value their classmates, are involved with and care about one another, try to help one another, and are proud of their membership in the group. Student cohesiveness can either support or undermine educational goals depending on the impact of other group processes in the classroom. For example, if students share counter educational norms that limit student participation or undermine academic achievement, their cohesiveness can work against the academic goals of the schools by making those norms extremely difficult to change. If a classroom group develops norms that support academic achievement, high cohesiveness can enhance education by providing a strong 'we feeling' which promotes conformity to student norms."

Vacha's research suggests three patterns of group social relations that are seen as typical threats to classroom cohesion. They include:

Divisive Competition Among Individual Students.

Some groups [families, peer groups, and classrooms] are so divided by extreme competition among children that they are not groups at all. Rather, they are merely collections of individuals, each of whom competes against every other member for the attention, praise, and approval of the child manager. Most interaction in the classroom is essentially dyadic - between

only two people at a time. Student performance is often seriously undermined by individual competition. Children rarely help one another and as a result are often alienated from each other. Their self-esteem and confidence may suffer resulting in their not working up to their actual potential.

Development Of 'In-Groups'

When a classroom has one highly cohesive 'in-group' that may consist of a majority, the minority is often excluded or ignored. The very high cohesiveness of the 'clique' often hinders efforts to encourage inclusion of 'out-group' members. This often results in reciprocal feelings of hostility vies-a-vie the in-/out-groups. Much energy is wasted by both groups in defending/attacking the opposition, energy that could be collaboratively directed towards academic classroom goals. The establishment of what Sherif (1966) has called 'superordinate goal structures' for the classroom can do much in reducing the tensions between in- and out-groups.

Social Cleavages In The Classroom.

Another type of in-out-group structure that often occurs is not necessarily a majority/minority problem. Both groups have equal status but reciprocally are hostile and reject each other. An example would be the same-sex preferences for friendship that often occur in upper elementary school classrooms: e.g., the 4th, 5th and 6th grades. Sherman (1984) has also presented evidence that social cleavages can exist between children of differing ages. Besides sex and age, ethnicity, athletic interests, social status, rival gangs, fraternity/sorority competition and many other attributes may cause social cleavages to occur in the classroom.

Upon sociometrically surveying a classroom through the use of the 'positive' and 'negative' nomination techniques, one should analyze the evidence for any serious social cleavages, in-/out-group rivalries and divisive individual competition that might threaten cohesion. The presence of the target child with problems in living in a classroom that has low cohesion and high conflict indicates a need to create a more supportive environment.

If cliques are not present, then the 'coefficient of cohesion' may be calculated directly from sociometric data used to diagnose 'positive nomination' data. This computation is an indicator of how strong the mutual ties are among the classroom members, and is based on the obtained number of mutual choices. All of the data necessary are contained in the sociogram if you simply count the number of mutual positive choices made by all of the students, the total number of positive choices made by all of the students, and the number of students who completed the survey. The

coefficient of cohesion can then be calculated using these totals according to a formula.

Vacha et al (1979) suggests that, "There is no objective criterion that can be used to determine whether or not a given coefficient of cohesion indicates the existence of a problem in any particular classroom." However, their experience in administering sociometric measures in many classrooms at the 4th through 6th grade levels provides a convenient rule of thumb. The coefficient of cohesion of 19 classes ranged from a high of 15.58 to a low of 3.83. Their median coefficient was 6.12, and the mean coefficient was 7.1. Based on their experience you may wish to consider a class as having a cohesion problem if it's coefficient of cohesion is below six or seven.

Variations On The Nomination Techniques

The Recognition Scale:

Besides positive and negative nominations for relationships, some researchers ask for nominations for a variety of different behavioral characteristics or attributes. One such instrument, The **Recognition Scale**, has been used by Sherman and Burgess (1985). This scale is similar to a 'Guess Who' nomination technique in which children nominate other children who fit descriptions of behaviors. It was constructed by combining descriptions from The Ohio Recognition Scale (Fordyce, Yauch and Rath, 1946) and from similar research instruments by Johnson (1950), Johnson and Kirk (1950), and Baldwin (1958). This scale includes a list of children in a group that has a list of 20 behavioral attributes that describe behaviors. The child manager or the assessor reads a paragraph describing a particular behavioral attribute that corresponds to the name on the children's response form. Children are instructed to check up to three different students who might fit the particular description that has been read to them. They are told that they do not have to choose anyone for a given trait if they feel that it does not fit anyone in their group. Children's profiles are obtained by adding the total number of nominations they each receive on each attribute.

Many of the traits in the **Recognition Scale** describe basic social competencies that have been shown to be strongly related to children's acceptance/rejection and general social status within the classroom. In an article by Sherman and Burgess (1985), a strong relationship was shown between several clusters of these traits and children's **Classroom Social Distance Scores**. Coie, Dodge and Coppotelli (1982) also presented evidence demonstrating similarly strong relationships between several basic social skill traits and both positive and negative nomination data. This technique can be quite helpful in identifying the reasons why particular children maintain their classroom social status. Intervention using a variety of cognitive and social skills training procedures can be helpful in changing

the classroom climate. Work with individual children other than the target child may sometimes be required in order to develop a supportive environment. Work with the entire group may also be advisable (see Vacha, et. al., 1979, for an entire two year curriculum focusing on enhancing 4th to 6th grade children's classroom climates).

Non-Verbal Techniques.

Sometimes in the lower elementary grades (pre-school and kindergarten through the second grade) you will find that the children cannot read a list of names. One solution is to take photographic portraits of the children, either using the annual yearbook pictures or sometimes taking fast digital photographs. Then, the children are verbally asked the traditional positive and negative nomination questions with the added instruction that they select the three photographs of children they like the most or least. This technique requires an individual administration to each child, along with a little more direct recording of the children's responses by the assessor.

From here on, though, all the rest of the procedures are the same. Shelly Hymel's (1983) article dealing with sociometric measurement in the preschool environment is a good reference for those interested in this area. Hymel (1983) also discusses another technique called the 'paired-comparison' measure. "Here a child is presented, in turn, with all possible pairs of peers within the group under consideration, and for each pair is asked to state a preference for one or the other peers according to some specified interpersonal criteria (e.g., "'Which one would you most like to play with?')," (p. 24) One main disadvantage to this technique is the amount of time required for administration, especially with preschoolers!

Another Way Of Determining Social Status

Coi and Dodge (1983) have developed another way of determining children's social status within classrooms which is based on quantifiable measures obtained from positive and negative nomination data. Their formulas are useful when the most general nomination format states "What three children in this classroom do you 'like the most'" or "What three children in this room do you 'like the least'". Nominations may be treated as '*fixed nominations*' (for instance fixed at a maximum of three nominations) or '*fixed-rank*' measures (for instance giving a weight of 3 to first nominations, 2 to second nominations, 1 to third nominations and 0 for no nominations). Certain basic statistics such as the mean and standard deviation can be calculated for each general question: i.e., the mean and standard deviation for 'liked the most' as well as 'liked the least'. In order to use Coi and Dodge's (1983) formulas for determining social status you must first convert the children's raw frequency or weighted frequency scores to standardized z-scores. This, I am told, is fairly simple to do after one has computed the means and

standard deviations for each of the two general questions 'liked the most' (LM) and 'liked the least' (LL). After computing each child's scores one can then go on to compute each child's Social Preference score.

The main idea behind the construct of Social Preference, is that the score will obviously be a positive figure if the 'like more' is greater than 'likes less', while the reverse will result in a negative number. Negative numbers exist at one end of the continuum indicating very little preference, while positive scores indicate a strong preference. Scores in the middle, that is close to zero (0), indicate average social preference.

Social Impact (SI).

Social Impact is the idea that whether or not children are liked by the group as a whole, or disliked by the group, the group is, nevertheless responsive to them. Therefore, both the 'like more' as well as the 'like less' scores are an important consideration.

Given these four computations [1) 'like more', 2) 'like less', 3) Social Preference and 4) Social Impact] one can then apply Boolean Logic to determine the five specific categories of social status:

- a) **Popular**
- b) **Rejected**
- c) **Neglected**
- d) **Controversial**
- e) **Average Status** = any child whose scores cannot be fit into social categories **a** through **d** above.

One distinct advantage of standardizing children's scores - i.e., transforming their raw positive or negative nomination scores into 'z-scores' - is that these z-scores make possible normative comparisons of an individual in different environments. Obviously one factor effecting the children's raw scores is the size of the group with which the child is being measured: eg., the difference in frequency of nominations in a large group may be substantially different than the frequency of nominations they receive in a different and 'smaller' group. Sometimes clinicians and teachers will wish to know the stability or similarity of a child's social status in different groups, or even over time (e.g., do kids change or maintain their social status as they grow older?). The standardized z-scores provide an appropriate way of answering questions such as these because these standardized scores reflect normative standing in a group regardless of the constituency or size of the group.

Social Distance: A Sociometric Rating System

Asher and Hymel (1981), Kane and Lawler (1978), as well as Miller and Gentry (1980) have discussed several different techniques for measuring peer attraction. An adaptation of a sociometric rating scale developed by the Horace Mann-Lincoln Institute of School Experimentation (Bureau of Publications, 1947) entitled the ***Classroom Social Distance Scale***, is one such measure. The scale is modeled after Bogardus (1928) sociologically oriented strategy and allows each child within any particular classroom to give, as well as receive from every child in the classroom, a rating on a 1 to 5 continuum. The rating continuum is as follows:

- (1) Would like to have her/him as one of my best friends;
- (2) Would like to have her/him in my group but not as a close friend;
- (3) Would like to be with her/him once in awhile but not often or for long at a time;
- (4) Don't mind her/him being in our room but I don't want to have anything to do with her/him;
- (5) Wish s/he weren't in our room.

Students are given a survey-matrix in which the columns consisted of an alpha/vertical list of the children in their room, and the rows are labeled in the left margin with the 5-point rating continuum. Children are asked to indicate the statement that most nearly defines their feelings about each person. To identify who is doing the rating, each child is asked to circle their name. They are asked to 'put an asterisk, ' in the row which describes how you think most people would rate you'. This is sometimes called the ***Personal Social Distance Rating***. Great discrepancies between the Personal Social Distance Rating and the mean Classroom Social Distance ratings may indicate that a child is 'out-of-touch' with their 'social reality'. Each child's mean social distance score can be computed by multiplying the appropriate weight times the frequency with which a child was checked off in each of the categories, and dividing by the number of raters (the size of the classroom minus one - the child who is being rated). Theoretically, the mean social distance scores, a continuous measure, can range from 1 to 5 and relatively low scores (1) would indicate less social distance, while relatively high scores (5) would indicate greater social distance. This social distance measure can then be analyzed contingent upon various attributes of both the 'raters' and 'ratees', such as their gender and age. Sherman, for example, has shown the importance of considering gender and age as potential moderating variables influencing the ratings that children both give and receive.

The Classroom Social Distance Scale has many advantages over the positive or negative nomination technique discussed earlier. It's primary advantage is that every child within any given classroom contributes to the score each

individual receives. When either the positive or negative nomination technique is used we see the 'network' of friendships, but if no one nominates a child that is all we know about how others feel about him/her. A rating system is, then, much more precise **and involves the entire classroom.**

Sociometric Ranking

Another form of sociometric measure, somewhat similar to the sociometric 'rating' strategy is called the '**Sociometric Ranking**'. Here, once again, the children are given a list of names of their classroom peers. They are asked to 'rank' the names from lowest to highest on the basis of some interpersonal criteria (e.g., Rank the children from highest to lowest on the basis of who you would most prefer to play with, where a low ranking could indicate the least preferred and a high ranking the most preferred.) The rankings which children receive from their peers are summed and divided by the number of children who did the rankings (the classroom size minus 1) to yield an 'average rank score'.

Observational Schemes

A sensitive assessor can also obtain a sense of a child's popularity and social status simply by observing who interacts with who. This is done in free-play situations where the children have the freedom to interact with their peers: eg., at lunch time noting who sits with who; during recess noting who plays with whom. Sometimes the validity of social interaction is evaluated noting whether the interactions are positive approaches or negative ones. Cavallaro and Porter's (1980) research on preschool 'at-risk' and normal children's peer preferences is an excellent example of naturalistic observational sociometric analysis. Observational analyses are sometimes used to confirm children's 'paper-and-pencil' sociometric nominations and ratings.

One should not be overly concerned with all of this math. If you cannot do the mathematical formula yourself and cannot find anyone else who can help, the concepts support the data collection and the inferences that the data can provide. At the very least, the assessor can begin to develop hunches about whether peers are supportive or rejecting, and which peers have influence on the target child. The sociometric data provides a different perspective which can be very helpful to designing interventions to enable a child to change his/her perceptions of the world about them and their thoughts about self, others and future prospects.

Child Manager Observations

If we are concerned about the total ecosystem of the child, we will want to identify how the child managers [parents, child care workers, teachers, etc.]

contribute to or modify the social status and group cohesiveness. While many child observation forms are available, the only child manager observation forms we are aware of are included in the materials of Teacher Expectation and Student Achievement [TESA]. These include observation of variables such as *Response Opportunities* [equitable distribution, individual help, latency, delving, higher-level questioning]; *Feedback* [affirm/correct, praise, reasons for praise, listening, accepted feelings]. Since we have explored this approach earlier, we will simply add that observations of both the child and the child managers should be expanded to include observations of cognitive errors through verbal 'leakage' of automatic thoughts in these adults. This will require both general observation [listening] and a 'briefing' pattern that asks specific questions about what the child/child manager was thinking when specific incidents occurred.

Surveys: There are a variety of surveys that can be used to address both the behavioral and cognitive aspect of the dilemma. While the behavioral surveys are quite well known, particularly in school settings, the Beck Depression Inventory, The Perception Inventory [Teresa Cathers, Kansas University Medical Center], The Burns Depression Checklist, the Burns Anxiety Inventory, The Relationship Satisfaction Scale, The Procrastination Test, The Core Beliefs Inventory [adapted by McKay & Fanning from Jeffry Young's Schema Questionnaire], and the Nowicki-Strickland Locus of Control Scale are just a few surveys to get at thoughts, beliefs and attitudes.

Extreme caution should be used when choosing to use a survey. The titles and language of these surveys send messages which contains information. The information may be new to the individual. As indicated by Gergan, Hoffman and Anderson, our languages for describing and explaining the world (and ourselves) are derived from, sustained, and/or abandoned within processes of human interaction. Our language is a constituent features of cultural pattern., embedded within relationships in such a way that to change the language would be to alter the relationship.

As we generate new words in our 'mental health' profession and disseminate them within the culture, so do we insinuate ourselves into daily relations. As these terminologies are disseminated to the public - they become available for understanding ourselves and others. They are, after all, the 'terms of the experts', and if one wishes to do the right thing, they become the words of choice for understanding or labeling people (including the self) in daily life. Terms such as depression, paranoia, attention deficit disorder, sociopathic, and schizophrenia have become essential entries in the vocabulary of the educated person and, we might add, people with problems in living. When these terms are applied in daily life they have substantial effects - in narrowing the explanation to the level of the individual, stigmatizing, and obscuring the contribution of other factors (including the demands of economic life, media images, and traditions of individual evaluation) to the

actions in question. Further, when these terms are used to construct the self, they suggest that one should seek professional treatment. In this sense, the development and dissemination of the terminology by the profession acts to create a population of people who will seek professional help. And, as more professionals are required - as they have been in increasing numbers over the century - so is there pressure to increase the vocabulary. Elsewhere (Gergen, 1994) has called this a 'cycle of progressive infirmity'. McKnight [1987] cautions that 'we can create crime-making corrections systems, sickness-making health systems, and stupid-making schools based upon a social model that conceives of society as a place bounded by institutions and individuals'. While he does not tie this specifically to language, he suggests that the cognitive 'maps' or models of the people in these institutions contribute to this process.

By shaping a person to begin to believe that s/he has certain cognitive states that might be attributed to abnormality, the assessor changes the manner in which the client thinks about self and others. If, in the process, the client accepts a deficit model attribution, the assessor has created through the process of interaction the very diagnosis s/he seeks to uncover.

For this reason, it is strongly encouraged that the assessors understand the concepts of the tests and seek the information through informal conversation rather than through formal testing. Some validity may be lost; but then again, the validity of the test may be based on its instigation of the crippling thoughts rather than the discovery of them.

Sleep behavior

One question that is often not asked, that should be considered to be of major importance is questioning the child's sleep habits. Insomnia has become an epidemic. Half of all adults in 1998 complained of trouble sleeping and that was an increase of 33% in just three years [Jacobs, 1998]. Sleep is even more vital for children and some clinical studies say a high percentage of kids have sleep disorders [Wrobel, 2002]. Lack of sleep diminishes performance and makes children more prone to acting out. Often a cycle occurs where the lack of sleep leads to behavior problems in school, which leads to psychological distress that leads to a lack of sleep. A University of Michigan Health System found a correlation between sleep problems and attention and hyperactivity problems [Dawson, 2002]. The issue seems to merit special consideration when assessing children with problems in living and both the child and the family should be asked about their sleep habits. Wrobel points out that many parents have lost the ability to monitor their child's sleep. Kids have their own room, television and control over their own environments. Thus, disordered sleep can be addressed by a variety of scenarios, giving tips to parents as to how to create better sleep environments, visiting asleep clinic to address snoring

and sleep apnea, and using cognitive behavior techniques to address insomnia.

One of the specific surveys required to collect appropriate data, therefore, is an insomnia assessment. It should be considered mandatory to assist the child/family and the CAST in evaluating the present sleep pattern, identifying the particular thoughts and behaviors that may be causing insomnia and determining if medical or psychological problems may be contributing factors. Do not make the assumption that school starts just too early for children. Children have been rising at dawn for many millennia. It is the life style that has changed. Instead of early to bed, early to rise, many families allow themselves and their children to stay up for a variety of reasons. Often the change of rhythm invoked by being able to stay up late and sleep late on weekends, erodes good sleep habits that are promoted by parents on school days. Creating an understanding of the family culture [do the parents stay up late and model a pattern of not being able to get up in the morning?] is important to help the full family evaluate the impact the family culture has on the sleep patterns of their children and the impact that sleep deprivation has on their child's social performance.

3. Develop an hypothesis [best guess] about reasons for the attitude or behavior

Once the CAST has acquired data, it will analyze the data and develop an ***hypothesis*** regarding what motivates and maintains the dilemma.

Since this is a self-reflective process, this is a difficult phase. One reason for including the non-involved participant is to ensure that the community members equally share the responsibility for the dilemma and not focus only on the performance of the child or 'blame' other contributing individuals.

Skills of reflection concern slowing down our own thinking processes so that we can become more aware of how we form our mental models and the ways they influence our actions. Leaps of abstraction occur when we move from direct observation [concrete 'data'] to generalizations so quickly that we never think to test them - substitute generalization for specific behaviors and begin to treat the generalization as fact. Such 'leaps' often slow learning. Since most of us are not disciplined in distinguishing what we observe directly from generalizations we infer from our observations and we become *stuck* on the personal aspects of the general thought. Nothing undermines openness more surely than certainty. You must develop the mind of a beginner: empty, free of the habits of the expert, ready to accept, to doubt, and open to all the possibilities. *Reciprocal inquiry*, as defined by Senge, means that everyone will make his/her thinking explicit and subject to public examination. This creates an atmosphere of genuine vulnerability. The goal is no longer to 'win the argument', but to find the best argument. If

you believe that your solution is **right**, you cannot proceed. If you believe that your solution is **best**, it can be improved.

It is important for the CAST to understand the principles of cognitive behavior management in this analysis. The basic rule is that thought creates feeling that instigates behavior. The training of these principles is available elsewhere and will not be explicated here.

The data collected will include antecedent conditions of both slow and fast triggers, which may be external [environmental] or internal [mental] contexts in which a situation occurs. It is important for the CAST to note that the internal/external designations are *relative* or, perhaps more specifically *relational*, since the internal/ mental context of the child managers often set the external/environmental conditions of the child.

This implies that the mental context of the child manager is every bit as important to the dilemma as the mental context of the child, for it is the mental context of the child manager that has determined the consequences of the child's interactions with other members of the community. Using sleep deprivation as an example, if the child is deprived of sleep at night and then sleeps in school, does the teacher wake the child or not. The dilemma is an **interactive** situation characterized by faulty outcome that the community would like to change. Not waking the child may seem humane or may avoid having the child become angry and unruly, but it may also enable the continuation of sleep deprivation at home.

Data must be gathered in a manner that focuses on all major community participants and be used by the entire CAST to determine where the fragments of the disruption lie. The major actor in the disruption may be only responding to other actors.

The major hypothesis therefore may be concerned with the child and the other community members and require changes in each or both in order to test the hypothesis and correct the outcomes.

4. Develop a Plan of Change

The next step for the CAST is to create a **Plan of Change**. In order to have an effective plan of change, it is important that the CAST know what outcomes they can all agree are desirable. If, for example, the school would like outcome **A**, and the family would like outcome **B**, and the child would like outcome **C**; an effective plan is unlikely to occur.

Thus, the plan of change must begin with a negotiation of **outcome expectations** and a clear definition of **criteria** that will be used to

determine whether the outcome has been met. Well formed outcomes must satisfy at least six conditions. They must be:

- 1) Stated in the Positive: The outcome will specifically need to answer what is a preferred replacement to the thought/behavior that the CAST wants to change.
- 2) Appropriately specific and contextualized:
- 3) Verifiable (in sensory experience): If this change actually does occur, how will you know it?
- 4) Initiated and maintained by the persons making the change:
- 5) Secondary gain taken care of: whatever secondary gains that might have occurred despite the negatives needs to be specifically addressed.
- 6) 'Ecological': One should think of a person as being a part of a system. A change that seems desirable in and of itself will have ramifications throughout that system, and perhaps also throughout the relationships and other systems the subject is a part of. It is essential to check not only that the desired change be worthwhile, but that all its consequences be worthwhile

It is important that the CAST examine all of the evidence concerning the performance of all of the players including, but not limited to the child, the child managers, the peers and siblings including victims or bullies. Each of these may require a component in the plan of change in order to meet the overall goals created to resolve the identified dilemma.

This process of self-examination is part of a change process. Most habitual thoughts that create attitudes about specific 'others' are not conscious and simply recognizing that such thoughts and attitudes may exist in oneself is the beginning of a corrective process. This is not always easy, however, and it will be important that the CAST members are both confrontational and comforting to a person who may need to address such issues. The teacher who does not believe that a child can learn and therefore acts in a manner to self-fulfill that prophecy might be appalled to learn that s/he has behaved in such a manner and seek to deny the thought, even in light of behavioral evidence.

The plan of change will need to identify specific interventions that are to take place, the intent of the interventions, and the time schedule for implementation. These interventions may be provided by natural or professional people and may be provided to any member of the CAST.

When the plan of change directs actions to be taken with a secondary or tertiary client, the child serving systems create a new dilemma - how is such a plan to be funded? This dilemma is a product of the traditional 'turf'

system. In the new model, we will need to address issues of providing financial incentives that in fact support the outcomes we desire.

5. Evaluate effectiveness and revise as necessary

Finally, the CAST needs to schedule specific times to review the impact of the plan of change and to revise components as necessary based on an evaluation of effectiveness. Using the criteria and outcome expectations defined in step 4, the CAST will determine how they are doing and modify as necessary or congratulate each other for the successful implementation and results.

DISCUSSION

The determination of what behaviors need to be changed is most often those that are identified by the surrounding participants, particularly those who have authority [supervising adults or 'experts']. These are most often the behaviors that *impinge* upon the adult's authority or functioning. There are several difficulties with this beginning, not the least of which is the fact that the 'problem' behavior may be appropriate given the environmental context and/or the mental context.

The first concern is the difficulty that FA practitioners often have in moving beyond their own roots. Because the basic behavioral approach was developed in regard to a group of children who have developmental difficulties, it is generally seen as appropriate that society, as represented by those in authority, should shape the behavioral development. However, as the method is applied to a second group of children, those who have already learned behavior developmentally, this approach can easily lead to a coercive intervention process.

In order to explicate this difference, we may define the first group of children, those with developmental delay, as having a *deficit* in their behavioral repertoire. Their *delay* has created a situation where they have been less able to learn from the social modeling of peers and adults, either because of isolation from some of these influences, or because they were simply not ready when such an opportunity was available. Often, the solution to the initial delay [or even a simple protection of the child] creates the problem of delimiting social interaction in ways that contributes to a limited behavioral repertoire.

The second group of children could be defined as having a *distortion* in their way of perceiving their environment and therefore make decisions of when and where to use certain behaviors inappropriately. This is a quite different circumstance and presentation. To respond *as though* there were a deficit often reinforces the *distorted perspective*.

For the first group, there may be some validity in the traditional approach since the concept is that the children are trying to achieve some goal, but that the behavior they are using is not functionally valid. Having not learned appropriate behaviors through the normal social learning models, such children have used *whatever works* - even if it is not considered by others to be appropriate. They are not consciously rejecting other behavior sets - they simply don't know how or when to use them.

For the second group, however, they are in fact, rejecting other behavior sets that they are often quite capable of carrying out. They have selected what others regard as unacceptable behavior, because in their way of looking at the circumstance, they believe the behavior will achieve their personal goals. The fact that such behavior is reproached by adults merely reinforces the *distorted* thoughts. In fact, the interventions often escalate the crisis in interpersonal relationships because they so reinforce the distorted perceptions. The second group generally has no behavioral deficit [although some may be found as the process continues], but rather has made a poor selection of behaviors based on what they believe they perceive in the situation. The mental, or inner context, creates the reality in which the selection of response is made. The decision about *why* the child in this second group perceives the world the way s/he does is a decisive factor and this requires that we begin to gain some understanding of what is in, what the behaviorists call, the 'black box'.

We cannot truly know what goes on in another person's mind, but through inquiry [elicitation] and the use of a beginner's mind, we can begin to infer and verify the individual self.

We are aware that people have a thought stream which comments on all events and experiences as they happen. Such inner speech is usually nonconscious and reflexive, meaning, that like other reflexive behaviors such as breathing and blinking, we rarely notice that they are happening, unless or until, there is reason to bring the experience into consciousness. It is important to note that once in consciousness, such reflexes can be controlled. We can breathe and blink, within physical limits, at a pace which we choose. This is also true of reflex or automatic thoughts; once in consciousness, they can be reconsidered and 'debugged'.

Inner speech is one of the most important modes of experience. Most of us go around talking to ourselves, though we may be reluctant to do so out loud. We may be so accustomed to the inner voice that we are no longer aware of its existence. The inner voice maintains a running commentary about our experiences, feelings and relationships with others; it comments on past events and helps to make plans for the future [Klinger - 1971].

Elicitation is the process of asking a person questions in order to understand their mental processes. If we really want to know what is in the 'black box' we must elicit nonconscious processes of which the person themselves are unaware. We must help them access consciously their own mental contexts. "Contexts are relatively enduring structures that are not conscious, but can evoke and be evoked by conscious events. Conscious contents and unconscious contents interweave to create a 'stream of consciousness'. One plausible meaning of 'self' is as the *dominant enduring context of many conscious experiences* [Note: *preferred representational system*], we may also say that conscious experience provides information to the self-as-context" [Baar, 1996].

But self is not an isolated construct. "The concepts of self and culture are interdependent: one cannot exist without the other. Thus, while it has become commonplace to regard the self as a cultural product, and enquire as to the 'environmental' (cultural) factors that lead to the expression or inhibition of this or that aspect of the self, we must not forget the reverse perspective; that culture itself is a product of the self. Selves are constituted within culture, and culture is maintained by the community of selves" [Lock, 2000].

This interactive quality of self and culture is difficult to measure. The cause and effect of such interactivity is not clear. At any given moment, the 'self' may make a decision about the culture, which affects and changes the culture. In fact, 'seeding the culture' or 'cultural restructuring' is an alternate cognitive intervention. The development and use of the diagnostic language mentioned above is a method of 'seeding the environment' in a manner which we believe has been quite destructive to the general population.

Dubin [1973] suggests that culture is best seen as a set of control mechanisms - plans, recipes, rules, instructions, which are the principle bases for the specificity of behavior and an essential condition for governing it. But the culture is also directed and evolved by *memes*. The molecular biologist, Jacques Monad, in his book 'Chance and Necessity' wrote:

"...it is tempting to draw a parallel between the evolution of ideas and that of the biosphere. For ... ideas have retained some of the properties of organisms. Like them, they tend to perpetuate their structure and to breed; they too can fuse, recombine, segregate their content; indeed they too can evolve, ..." [1972].

Evolutionary biologist Richard Dawkins in 'The Selfish Gene' developed this theme further by naming the unit of replication and selection in the ideosphere as the counterpart to the biosphere's gene - a *meme*. He writes:

"Examples of memes are tunes, ideas, catch-phrases, clothes fashions, ways of making pots or building arches. Just as genes propagate themselves in the gene pool by leaping from body to body via sperms or eggs, so memes propagate themselves in the meme pool by leaping from brain to brain via a process which, in the broad sense, can be called imitation" [1976].

Such memes can be perceived as the carriers of culture and it is important for us to identify memes in order to see how all of us are influenced by this process. As the meme [e.g., diagnostic label] propagates itself from brain to brain through imitation, from supervisor to subordinate, worker to client, client to family, it provides much of the destructive thinking which generates the presumed coherence upon which a coercive system is based. Such diagnostic labels create the 'possibility' to act for the person's own good - and anathema to the helping process.

The plans, recipes, rules, instructions, etc. and the memes which convey them and which make up a larger culture, however, may be modified by the individual selves in the smaller segments. It can be argued that any defined segment of culture has a smaller component which may have variance down to the 'culture', or if you prefer, 'personality' of the individual person. What are the memes that shape this individual child. How many children define themselves with diagnostic memes?

In this construction, the 'personality' is composed of 'attitudes', the plans, recipes, rules and instructions of the individual person. The question is, what plans, recipes, rules and constructions has a child learned/interpreted from his/her culture. As Lock indicates, both the messenger and the receiver are responsible for the learned outcome. Subjective experience is not an environmental variable. Many people think of their feelings and the pictures that flash through their minds and the words that go through their heads as being things that just happen, or perhaps are caused by externals: "She makes me mad" or "It makes me happy when X happens". [Lady, 2000³³]

One of the most popular pieces of wisdom is that "Nobody can make anybody else feel anything. Nobody can make you mad - it's up to you whether you get mad or not." Taken literally, this is untrue - of course we all influence each other's emotions. Nonetheless, it's what we might call a "useful lie" - sure, externals affect our emotions, but accepting the belief that we have the responsibility for our own emotions is much more useful to

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In many ways this section, at least any portion concerning NLP, is written by Lee Lady. While I have visited many sites in trying to gather information on NeuroLinguistic Programming, this is the one that provides both the most interesting stories and raises the classical questions. Mr. Lady is a much better storyteller than I am and I use his stories liberally. So much so that I would be hard put to cite each incident. It is best to surmise that anything about NLP, except where specifically labeled otherwise, is primarily the work of Mr. Lady with my commentary and perhaps distortion. I find that NLP is essentially a cognitive approach, but one which is fresh and willing to learn. Since it arose from linguistic, rather than psychological roots, it is free from many of the 'expert, medical model stances, that so many cognitive psychologists take, simply to maintain their own status.

us in having a satisfying life than acting out of the belief that the external world creates our emotions for us. [Lady, 2000]

Just telling people, though, in a sincere tone of voice, to take responsibility for their own emotions isn't very effective, although it seems to be what a lot of counselors do. What one needs is to find ways of actually giving people the experience of creating their own emotions. [Lady, 2000]

It is these cultural or personality components and their individual nuances that we seek to elicit. In the process of doing so, we are aware that there are certain errors or distortions that are relatively common in human thought processing, and we should be concerned with listening for indications of them in both outer and inner speech. Although there are other groupings, they are often listed in these categories.

- **Filtering:** The person focuses on the negative details while ignoring all the positive aspects of a situation.
- **Polarized Thinking:** Things are black or white, good or bad. The person has to be perfect or considers him/herself a failure. There's no middle ground, no room for mistakes.
- **Overgeneralization:** The person reaches a general conclusion based on a single incident or piece of evidence. S/he exaggerates the frequency of problems and use negative global labels.
- **Mind Reading:** The person claims to know what people are feeling and why they act the way they do. In particular, s/he has certain knowledge of how people think and feel about them.
- **Catastrophizing:** The person expects, even visualizes disaster. S/he notices or hears about a problem and starts asking, "What if?" What if tragedy strikes? What if it happens to me?
- **Magnifying:** The person exaggerates the degree or intensity of a problem. S/he turns up the volume on anything bad, making it loud, large, and overwhelming.
- **Personalization:** The person assumes that everything people do or say is some kind of reaction to him/her. S/he also compares him/herself to others, trying to determine who is smarter, more competent, better looking, and so on.
- **Shoulds:** The person has a list of ironclad rules about how you and other people should act. People who break the rules anger you, and you feel guilty when you violate the rules.
- **Externalizing:** The person explains the cause of success and/or failure as external forces such as task difficulty or

luck over which s/he has no control, instead of to his/her own effort.

- **Prophesizing:** The person has a negative and relatively stable expectancy or generalized belief about a lack of self-competence in achievement situations. "I'm going to fail this test." Prophesies of negative outcome tend to lead to negative outcome.

These cognitive errors can provide a significant perspective to the mental context which provides the data to the individual upon which a behavior is selected, whether there is a behavior deficit, and how you can effectively create an intervention plan to address the problems in living that are caused. If you believe that the people around you **should** behave in a certain way and they don't behave in that way, it is likely that you will be offended and act with a response that complements their offense. However, if no one else believes as you do, the offense is incomprehensible. Thus until the helper and the child examine the 'inner logic' of the beliefs which are held nonconsciously, it will be unlikely that an hypothesis can be adequately created.

While the traditional, behavioral, use of FA seeks to define the environmental context, the **Functional Cognitive Behavior Assessment** [FCBA], seeks to add, and even make predominant, the inner or mental context that ultimately determines the behavior selected. And as a matter of course, because of a need to ensure that we do not merely seek external contexts, we would insist that the assessment seek the mental context even for those children who would be defined as being in group one, the developmentally delayed. To ignore that a mental context is operating with a child who is delayed can be a grave error. Even seriously delayed children, who communicate inefficiently, form mental contexts that contributes to the overt behavior. Nor are cognitive interventions inappropriate for these children. Interpersonal Cognitive Problem Solving [Shure] has been tested and used with four-year old children and proven to be very successful. There is no reason that this technique cannot be considered and used with children with retardation, PDD or autism.

Thus the **data collection** process, starting with the *initial inquiry* process of eliciting information about the situation in which the child is experiencing difficulty should be specifically focused on what the child says. Along with searching for cognitive errors, a deeper search for images, sounds, smells, and other sensory representations can help to define the mental context of the behavior and the recommendations for resolution. The core beliefs about self, others and future prospects, combined with the attributions for success and failure are highly pertinent to helping the child identify what s/he wants to change and s/he can begin to shape a perspective of a *quality life*. The term quality life is specifically personal. Quality is defined by the client.

There is a particularly interesting detail about the *initial inquiry* process. Whether done in a group or individually, you are seeking from adults their perspectives about who, what, when, where and why the child manifests certain behaviors. While exploring the child's 'inner logic' before, during and after these experiences, you are seeking the 'leakage' or self talk. This is extremely helpful in beginning to understand the child and his/her context. What is often overlooked, however, is the 'leakage' that occurs from the adults in the child's life. I often come away from these sessions thinking that the child's behavior was entirely appropriate given the messages being sent by the adults in context. Yes, the adult may have said "I am concerned about you and only want to help," but s/he may also have leaked, "This kid is so incompetent s/he will never behave appropriately". That being the case - How would you expect the child to act? The message may be nonconscious to the adult, but you can rarely hide that kind of attitude from a kid.

Developing an 'hypothesis' or best guess about the reason for the behavior cannot occur in isolation of the child. One cannot *presume* to know what the child's motivation is, until the child has defined a quality life. To create an intervention to help change the behavior without understanding what the individual child wants to achieve is like building a road to somewhere without first determining where you want to go. And if the child chooses for what ever reason that s/he does not want to change the behavior, you are faced with *resistance*. Such resistance does not occur in *changework*. This is because changework is an assumption that the assessment process has helped the child/family decide what they want to change and the experts help to define the steps necessary to make such a change.

Evaluating the effectiveness of the intervention is not an external process. Since the child/family have defined quality, they have certain *criterion* that they have used to define an *outcome expectation*. This outcome expectation may or may not agree with the outcome expectation of the school or community. If it does not, the child is likely to continue to have problems in living. However, this is a choice, and choices have consequences. Part of the responsibility of the helper is to make sure that the child understands social consequences so that they may make an *informed* choice.

***Metaperceptions, Choice, Elicitation & Change*³⁴**

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The basic material for this section and all of the NLP concepts and actual words, unless otherwise noted, come from Newsgroups: sci.psychology from: lady@Hawaii.Edu (Lee Lady) and his archives page located at <http://www2.hawaii.edu/~lady/archive/>. If I have altered the concepts inappropriately, the fault is mine. Where I use the term 'eliciting', the Neurolinguists would use the term 'modeling'. From a clinical perspective, the value is in eliciting from the subject what is happening in their nonconscious system and bringing it to consciousness so that it can be 'debugged' and corrected.

The process of using metaperceptions for the purposes of helping people change is not new. Cognitive clinicians have been doing this for years. However, NeuroLinguistic **changeworkers** seem to have expanded the dimensions considerably. We can, for example perceive ourselves not only in the here and now, but in the past through memory or in the future through imagination. We can also change not only the time, but the place and the circumstances in which we find ourselves, we can imagine a new past for example and alter our memories of past events. In fact, we often alter the past by eroding the memory gradually until the way we tell the story becomes the story. Part of helping a person access their own mental contexts, is to help them begin to observe themselves in these different ways.

We can also multiply perspectives. We continue to perceive ourselves in the here and now while at the same time, we watch ourselves in a different time and place. We can even perceive ourselves in a different time and place perceiving ourselves in a different time and place. Thus we become a second, third or fourth person in the scene. How many different perceptions of ourselves perceiving ourselves that can occur in a single person is open to question. With practice, such metaperceptions can probably be expanded.

While all of this is quite fantastic and can help a person figure out how to plan or relive an experience, there is an altogether different dimension that can be explored. Under normal circumstances, we stay at the conscious threshold, observing ourselves and others at an overt level, with occasional excursions into the previously nonconscious depths to determine what we are thinking about what we are thinking. Cognitive clinicians and NeuroLinguistic Programmers [NLPers] have extended this beyond thoughts to images and sensations such as smells, tastes, etc., and the molecules or atoms of these sensations, such as distance, brightness, etc. These inner states are filled with variables, some of which are hard to label, which affect our affect.

For better or worse, we could group these into four types:

- mental representations of the world: including symbolic mind states such as ideas, words, and the abstractions about sensations [images, smells, sounds, touch and taste].
- instincts: are another set of inner state variables such as curiosity, anticipation, etc. which have mind/body connections, but are sometimes included as emotional states.
- sensations: include actual body feelings such as 'goose bumps', hair raising, etc. One can actually feel these sensations in our minds/body rather than just talk about the abstractions of them.
- emotions: while including instincts and sensations, emotions are evolutionary developed components which have developed over time

into an early warning system. Thus the emotion of fear warns us to prepare to fight or flee, and we begin to have bodily sensations that indicate that the preparations are proceeding.

Of course these groupings are not only arbitrary, the various sub-components can be grouped in various ways as well. Thus we can mentally group an instinct [curiosity] with an emotion [fear] or an idea with a sensation.

These *depth* perceptions are generally nonconscious and are combined into mental contexts or filters that preconceive the way in which we experience the world.

Planning for Change

This ability to metaperceive ourselves and the reality of the experience also allows us to alter our present mental contexts and create new ones. It is this process which allows us to change. But change is not always easy. Just because a person wants to change doesn't mean that s/he is willing to do it. Human beings are coherency-seeking systems. Our personalities are a coherent set of mental contexts; we are the sum of our thoughts. We are set up at every level to try and maintain coherency, that is, to maintain ourselves as we are. And that's a good thing. We are operating out of a set of mental contexts that include all of our beliefs and our strategies, etc. That's what keeps you 'you' and me 'me'; everything that comes into a person's world goes through their own particular filters and gets distorted, generalized, and deleted. If it weren't for that, you would not be you, but simply a reflection of whatever environment you are in at the time.

So we are set up to maintain who we are. But because we are human beings, we can represent in our subjective experience what it's like to be other than who we are: somebody who doesn't handle criticism well can imagine handling it well and say, "I want to be like that". But the person who wants to handle criticism well is still that same person who doesn't, and who is also set up to stay who s/he is.

This is the fundamental clinical conundrum. You've got a client saying, "I want to change. But you have to change me through the set of filters that I am." And anything you try to introduce will be generalized, deleted, and distorted through these filters in such a way as to keep the client the same.

The clinical challenge is how to get through these filters and make it possible for the client to reorganize their filters in a new way - in a way that supports the outcome that they want?

By having the person change the experiential context it becomes possible to open up their set of filters and to allow a new experience to come in long enough for them to have that experience and then re-form their filters around it. The child experiences what it would be like to be someone else without having to commit to being such a person.

And if the client decides that s/he likes this new person, and that s/he can still be *him/herself* even though s/he re-forms his/her filters around this new experience - that's when the client changes.

Choice

Subjective experience is not an environmental variable. Many people, particularly those with problems in living, tend to think of their feelings and the pictures that flash through their minds and the words that go through their heads as being things that just happen, or perhaps are caused by externals ("She makes me mad" or "It makes me happy when X happens").

Just telling people to take responsibility for their own emotions isn't very effective, although it seems to be what a lot of therapists do. What one needs is to find ways of actually giving people the experience of creating their own emotions.

One of the skills emphasized is eliciting a desired inner state in another person. Doing this is necessary for a number of techniques. Suppose for instance that a client wants to learn to respond differently in a particular situation where now s/he falls to pieces, or becomes angry, or has some other undesired response. And suppose that after you ask him/her some questions, s/he and you discover that a good resource to have in that situation would be curiosity. Now what you need to do is to (mentally) put him/her into the situation that s/he has been unable to cope with and then have him/her become curious. The traditional way to do this is by use of an 'anchor' - elicit curiosity in the client and then develop a conditioned response so that when you touch him/her on the wrist, for instance, that curiosity will re-manifest itself, even if faintly. Then have him/her imagine being in the problem situation and use the 'anchor'³⁵.

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Anchoring: First, you have to know which state you want to anchor. It can be any kind of state, like confidence, happiness, etc.. Then, you have to choose an anchor. This can be any touch, word, sound or movement. If you anchor yourself, you normally use a touch as an anchor. It could be something like touching your ear, scratching your nose, giving your wrist a squeeze or touching your thumb and first two fingers together. Now, go into the state you want to anchor. This can be done by:

- recalling a time in your past when you felt the way you want to feel every time you fire off the anchor. Close your eyes and see yourself from a dissociated point of view. Step into the picture and look at this scene as if you were looking through your eyes (associated point of view). See, hear and feel everything as if you were actually there.
- imagining a time where you could have felt this way. Step into this picture, be associated into this scene.

But there are times you can't very easily use anchoring techniques. And often you don't really need them. If the resource needed to deal with a particular situation was "to feel like I'm in control", for instance, you would first elicit that feeling of being in control ("Is there some sort of situation you deal with now where you really feel in control? ... Can you remember at this moment what that feels like, to really be in control?") and then instruct the client to move that resource into the problem context: "Now I want you to keep remembering what it feels like to really be in control, and while you still have that feeling I want you to imagine picking up the phone and calling your ex-girl/boyfriend".

The important thing is to actually take the client through the experience in his/her imagination using all of the metaperceptions. What usually doesn't work is simply giving the person instructions on what to do in the future. ("Now the next time you have to call your ex-girl/boyfriend, I want you to first take some time to remember what it's like to feel really in control.") Taking a client through a new behavior in his/her imagination is what neurolinguistic programmer's call 'future pacing' and this is one of the main distinctions between traditional counseling and changework. Traditional counseling is telling people what to do, changework is teaching them to actually do it without even having to think about it.

Identifying the resource someone needs in a particular context, finding out where that person already had that resource in their life, and then moving the resource into the problem area - you can do the same thing with yourself. At one time or another in your life, you have experienced all the emotional states that exist. You know what they're like, you can remember what it was like to be in that state, and you can put yourself in that state simply by remembering the time when you had that emotion and letting yourself 'move back into' that emotion. It's what a method actor does, but you don't need to be nearly as good at it as an actor. You can, at least sometimes, choose an emotional state instead of accepting that the world causes your emotions.

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- associating into somebody else of who you know that he feels this way. First, see him from a dissociated point of view. Then, move into the image of him, associate into him. You will begin to feel the same things you think he feels.
 - doing something in which you feel this way. If you know that there is an activity in which you are in the state you want to anchor, use this activity to anchor your state. For example, if you want to anchor happiness, do everything that will make you happy. Read some jokes, play games, have fun, etc..

You can make your state stronger by changing the submodalities.

And now, anchor this state. Simply do the thing you have chosen as your anchor.

You can test your anchor by going into a normal state and then firing off your anchor. If your state doesn't change the way you want it to, go back and make your state stronger and better.

Eliciting³⁶

Eliciting is the process of asking a person questions in order to understand their mental processes. There are two rules: go very, very slowly; and know the right things to look for.

Going very, very slowly is quite difficult to learn. For example: a person who volunteered to be modeled for skill at handling crisis calls in suicide prevention work started to go through a demonstration of handling a call: "Of course most calls that we got were not crisis calls at all. A lot of them were lonely callers who just want to chat, and many of them were simply requesting information about something or asking for help with everyday problems. But when I realize that a call is a crisis call..." At this point, a staff person, interrupted to ask "How do you know a call is a crisis call?". The response, "Oh most of the time that's fairly evident right away. That was usually no problem".

Part of the art of eliciting is being alert to those moments where the subject says "That's no problem" or "I just know" or "I just do it". The key to good eliciting is being able to get information about precisely those things that the subject does so well that s/he doesn't even think about them and doesn't know how to explain them. That should be repeated: ***The key to good eliciting is being able to get information about precisely those things that the subject does so well that s/he doesn't even think about them and doesn't know how to explain them.*** In the example above, for instance, the group wound up spending the whole exercise (about half an hour) studying how the subject was able to very quickly decide what kind of caller s/he was dealing with and have a high degree of accuracy in this judgement. And they only scratched the surface.

Another key point in eliciting is that you can't learn much by listening to a subject talk about what s/he does in the abstract. You need to watch the subject actually do it - or at least pretend to do it. Have the subject pick up the phone to deal with a call. ("Don't assume the caller is already on the line. Start when the phone rings.") And the subject has to be willing to put up with the fact that you are going to be constantly interrupting with questions.

In many cases, eye-accessing cues are very helpful. It's not so much a matter of putting an interpretation on the eye movements ("Up and to the subject's right means he's constructing an image, up and to the left means he's recalling a stored image"). It's that the moment the eyes move lets you

³⁶ Modeling, in NeuroLinguistic Programming [NLP] is the process of asking a person questions in order to understand their mental processes and in particular how they perform a particular mental skill. Unfortunately, the term 'modeling' has a different connotation in general social learning theory. In order to avoid confusion, we have substituted another NLP term, 'eliciting' to mean the process of gathering such subjective information.

know that it's time to interrupt with a question. ("What happened just now? What did you just do? Are you seeing a picture of something?")

Other non-verbal cues can also be important. ("What does that mean - that gesture you just made? What was going on in your mind when you made that gesture?") ("I noticed that when you first started your leg kept jerking up and down fairly rapidly. And then at a certain point the leg stopped moving. Go back to the point when the leg stopped moving and tell me what was going on in your mind.")

If you remember that ninety five [95%] of what we do, we do not consciously, you know that a lot of the most important stuff is below the threshold of consciousness, so you really have to slow the subject down so s/he can become aware of what s/he's doing.

It is this art of asking a person questions about their subjective experience that is the most difficult of all aspects to learn. The average person has no competence at all in eliciting. But for the person who wants to scientifically study the structure of subjective experience, to assess what is really going on with the child and not just to interject his/her own 'expertise', eliciting is an absolute requirement.

We have used the term *eliciting* in two distinctly different forms in this paper. The first form is eliciting information as part of the process of determining the subject's desires and intentions. This is a very important usage. The other form is that of eliciting the actual mental state through metaperception. The second form of eliciting is more oriented to the actual change process, than merely the gathering of information necessary to design the change process. However, both of these forms of eliciting may be important to the assessment staff, since the first is required in order to place the services and supports in the proper power arrangement - it is the client who is the agent of change and who decides what quality is; and the second, may be a process of determining recommendations about which metaperceptions are the most fluid and useful for enhancing change.

There seems to be no need for balancing the process. If the assessment process happens to be helpful in creating opportunities for change, so what? Present method also create this potential with the *memes* that are conveyed through expert language. However, we traditionally take no responsibility for this impact. Assessors must become aware of this linguistic impact of their involvement and to use this impact effectively. As we change our language, we change the relationship. We want to enlarge the explanation level of the individual child/family so that they can see themselves as having problems in living that are within their own capacity to address with our help. We want to choose the 'reality' that we depict with our language. We wish to position ourselves in such a manner that we are helping the child/family achieve their

own goals. This cannot happen if we continue to operate in traditional modes.

ASSESSING CHILDREN WITH PROBLEMS IN LIVING

Children with problems in living deserve more than simply training them to conform quietly to the demands of poorly functioning homes and schools.

Concepts that must be considered include:

- *a view of child disorders as family and social system responses*

A number of family factors have been shown to relate to child competency. To iterate a few: maternal mental health, maternal anxiety, parental perspectives, maternal inactive behavior, maternal education, occupation of head of household, minority group status, family social support, family size and stressful life events [Sameroff, et al, 1987]. Additional, child management issues such as unstructured and laissez-faire, authoritative, or autocratic processes likewise affect the child's thoughts, feelings and behavior. Such child management practices occur elsewhere than the family, most clearly in the school.

Understanding the cognitive processes of both the child and significant others is essential to understanding and intervening with childhood disorders. In examining the link between family experience and children's social competence, the strongest predictors of social competence were mothers' biased expectations [attributions of hostile intent]. Pettit, et al [1988], suggested a developmental path running from maternal attitudes, values and expectation, to child social cognition to child social competence with peers.

Since the criteria for judging abnormality in children are to a large extent social in nature, what constitutes a problem, and the likelihood of referral, will depend greatly upon the norms and expectations of key individuals in the child's environment.

- *exploration of the initiation, maintenance and locus of distorted, (e.g., faulty thought patterns include distortions in both cognitive content [erroneous beliefs] and cognitive processes [irrational thinking and faulty problem solving]) or deficient cognitive and behavioral factors.* The occasion of diminished competence includes the lack of a behavior repertoire that is adequate to expectation and may require skill training.
- *the development of prescriptive competence training for all areas of systemic input*

A broad conceptualization of how such dysfunctions develop is needed in order to gather and organize information for assessment and intervention. From a cognitive behavioral management perspective, childhood disorders are viewed as representing exaggerations, insufficiencies, handicapping combinations, inappropriate behaviors, or developmentally atypical expression of behavior that are common to all children at certain ages. For the most part, dysfunction is a matter of quantitative rather than qualitative variation in the expression of behavior and the principles underlying the development and modification of normal and abnormal behaviors are presumed to be the same [Mash, 1989]. This perspective also recognizes the importance of the reciprocal influences that occur both within and between individuals [Bandura, 1986].

- *the development and/or enhancement of natural supports to carry out the prescriptive competence training*

The transient nature of many types of psychological disturbances during childhood would suggest that not all children exhibiting disorders are best served through the provision of specialized professional services. Progress in the area of child intervention has been slow. There are many different treatments ...the great majority of these have not been shown to be effective. Even more regrettably, most of these techniques have never been carefully evaluated [Kazdin, 1988]

- *outcome expectation must exceed those of a 'dead man'*

The 'dead man' test, first attributed to Ogden Lindsley, is a means of determining if outcome objectives are properly specified. That is, if a dead man could fulfill the criteria, that objective is inadequate. Thus any focus upon reduction or elimination of excess behavior would fail the dead man test, since a dead man does nothing.

- *genetically determined constitutional factors provide the medium in which psychological principles operate to produce both adaptive and maladaptive behavior*

Studies find that biological risk factors are nonspecific, placing a child at increased risk for all kinds of problems, including both externalizing and internalizing disorders as well as substance abuse. Implicit in such findings is the notion that experiential factors in the family may mediate the expression of the disorder and should therefore be targeted for intervention.

- *people are goal seeking entities whose behavior reflects these goals*

This perspective makes the following assumptions: 1) behavior is organized around the pursuit of goals, with goals being defined as objectives toward which a person strives to obtain or avoid; 2) goals influence ongoing thought and emotional reaction; 3) goals exist within a system of hierarchically organized superordinate and subordinate goals where functioning in one aspect of the system has ramifications for other parts of the system; and 4) goals are accessible to conscious awareness, although there is no requirement that the goal be represented in consciousness while the person is in active pursuit of it. Conflict between goals is believed to have a deleterious effect on the well-being of the individual.

The intent of providing services and supports is to identify distorted thinking or deficient skills within the entire system [home, school and community] and to replace them with more adaptive thoughts, feelings and behavior.

A self-management approach is especially relevant for children and families, in that many of the disorders represent a failure to develop [or a breakdown in] self regulatory skills. Self management interventions are directed at teaching such processes as setting goals, evaluating norms and standards, monitoring and evaluating problem situations, planning, solving problems, examining choices, anticipating outcomes, employing self-reward and self-punishment and understanding the relationship between cognitions, affect and behavior.

If cognitive approaches are to be systematically evaluated, it will be important to improve our methodologies for assessing those cognitions that are being targeted for change [for example, attributional styles, cognitive errors, expectancies and irrational beliefs], establish sanction for change from the individual, and to establish the relationship between cognitive changes and long term personal outcome expectations.

Minimum ethical standards include keeping records that document the effectiveness of interventions in achieving its objectives.

Competent Performance Factors

Adaptive: Responds appropriately to routine and new expectations.

For children whose behavior IS the problem, the inappropriateness may be oppositional or defiant. The probable shift is from *inability* to *unwillingness*.

Self-Management: Responds with self control and seeks to be successful.

Represents for children whose behavior IS the problem a measure of emotional IQ. Is the child able/willing to manage his/her emotions in crisis situations.

Communication: Demonstrates appropriate verbal and nonverbal skills.

For children whose behavior IS the problem, the inappropriateness is probably in the arena of choice of language, rather than ability to communicate. Children who use obscenities to communicate would not score well in this area.

Interpersonal: Interacts appropriately in social and task situations.

Represents for children whose behavior IS the problem a measure of social skills and goal orientation.

Task: Engages in learning tasks and activities as assigned/selected.

For children whose behavior IS the problem, this is a question of motivation, although it may also be related to academic skill which causes frustration and embarrassment.

Personal: Engages in dialogue to resolve issues, develop skills and build self worth.

For children whose behavior IS the problem, this is concerned with manifestations of positive mental judgements about self, others and future prospects; has few cognitive errors; and has positive attributions about success/failure.

Comprehensive Understanding of the Functional Person

As we have indicated the literal meaning of Latin *assidere*, ultimate source of *assess*, was to 'sit beside someone'... This developed a secondary meaning 'sit next to a judge and assist in the deliberations, particularly in fixing the amount of a fine or tax to be paid'. The original meaning of *diagnosis* was 'knowing apart'. In classical times the general notion of 'distinguishing' or 'discerning' was applied.

Thus, the concept of assessment, and to a lesser extent, diagnosis, is one of *adjudication*, or bringing a judgement to bear. In fact, this very nature of assessing or diagnosing an individual, is the keystone to an 'expert' model of human services. The notion of need is one that connects to an expert standard from which the individual varies, and thus this deficit determined

by the 'expert' then leads to the remedial action. We contrast adjudication then with elicitation; whose concept is one of *received information*, without judgement.

We also posit the notion that it is not the individual, but the ecosystem that needs to be discriminated, for each person is interactive with other persons who influence, initiate or maintain certain behavioral structures. If such structures are disruptive, they require not just the individual, but perhaps many individuals to alter their performance. Important as well, is to place the responsibility for the determination in the hands of those most closely aligned to the disruption. Thus, the community assessment responsibility that transforms into a community support responsibility. Similar to the *restorative justice* principles, the CAST differs only in meeting *before* the dilemma has reached the critical mass of law breaking. We, of course, would also support community conferencing [an aspect of balanced and restorative justice] after a breaking of community norms has reached critical mass.

We are particularly concerned with and focused on the group of children for whom behavior **IS** the problem and seek for them a very different approach to assessment than the traditional functional behavior assessment. The approach is based upon a pivotal concept of *preference* instead of *pathology*. The new question to be addressed is not what is wrong with the subject or what concerns us about the subject, but rather, *about what is the subject concerned?* This is a very different question, which switches the focus about whose problem we wish to address. Do we wish to address the problem that other people are having with the subject, or do we wish to address the subject's problem?

Such a shift in focus can raise a great many questions, most of which are embodied in the inquiry, "what if the subject is not concerned about those things that society and the people around him/her are concerned about?". This anxiety that the subject is not influenced by the same things as everyone else is generally unfounded. There are some fundamental compatibilities among people. The major one is that almost all of us are concerned about relationships between self and others. If such relationships are not mutually satisfying and gratifying, we may differ as to the cause of our dissatisfaction, but we tend to all experience the dissatisfaction. Further, we all use the same symbolic perceptions to see these relationships. The processes of social interaction have unintended consequences, in that they 'create' 'things' that are only subsequently articulatable (or discoverable) as 'things'; and that the 'things' that result from this 'social construction' have an intrinsic ordering to them that constrains the order in which we come to 'apprehend' them [Elias, 1978].

We can **elicit** these 'things' that result from social interaction and help people articulate them in ways that they have not yet conceived. Eliciting is

the process of asking a person questions in order to understand their mental processes, including thoughts, ideas, images, and sensations. By eliciting a mental process about self, others and future expectations, a person can understand a great deal about how a person processes about these relationships and how these 'thoughts' direct their behaviors. Eliciting can begin to help us understand how the individual processes shame, humiliation or remorse.

Elicit means to draw forth [what is latent or potential]; to educe truths *from* data; extract information *from* persons. This is quite different from the traditional model of assessment, which is quite comparable to how a mechanic diagnoses problems with a car. Rarely, does the mechanic ask the car, but rather s/he runs a series of tests, and looks for specific preconceived outcomes. But people are not cars. Not only do they have thoughts, feelings and behaviors over which they have some control; they are also impacted by the thoughts, feelings and behaviors of others, including the assessor. The elicitor does not operate from preconceived *expert* opinions about what is and what ought to be, but rather *listens* to what *is*. And what *is*, is a hierarchy of thought and subsequent action that is oriented towards achieving the best possible outcome for the individual subject. It is from this elicitation of mental contexts, in detail, that a subject is able to begin to define with some beginning clarity what they would prefer to have happen and what they would need to change in order for this preference to occur. Only as the evaluator and subject begin to understand the 'inner logic' does the behavior become accessible to change. Eliciting without judgement requires considerable skill. It requires the mind of a beginner.

This is very difficult for most of us to do. It is particularly difficult when you have a vast amount of experience in the area you are eliciting, thus people experienced and highly skilled in traditional assessment may find it most difficult. It helps to go very, very slow and to know the right things to listen for. Part of the art of eliciting is being alert to those moments where the subject has no objective or conscious reason for doing what they do. When the subject takes it for granted that they just know, there are underlying mental states that make it so.

Slips of speech and action generally show a pattern of decomposition along natural fault lines. Deletion error - insertion error - component exchange - 'behavioral spoonerism'. Errors, action components are inserted, deleted and exchanged in a smooth, normal, seemingly volitional fashion. Only as you stop the subject's thought processes and ask him/her to look in depth at what s/he is doing, can you begin to help the person understand the subjective consequence of his/her own thoughts.

Action schemata seem to compete for the privilege of participating in an action, to the point where they sometimes enter into the wrong context. You will notice by the way, if you are truly listening, that the 'contradictions' between the two mental contexts may cause the subject to make the problem conscious; without such contradictions we seem to go blithely along with several different nonconscious schemas.

Evidently people need two abilities that seem at odds with each other: the ability to call on complex functions in a unitary way, and 'also' the ability to decompose and reorganize the same functions when the task or context changes. It is the latter ability that allows for change to occur.

The art of asking a person questions about their subjective experience is the most difficult of all aspects to learn. Not only do you as the elicitor learn about what is occurring, the subject is often learning of these nonconscious events at the same time. Be cautious about what you 'seed' in the client's internal context. Be careful also of the 'demand characteristics³⁷' of your elicitation process.

Making the Plan

It is not sufficient for an evaluator to suggest that a subject has a thought disorder, without determining what are the disordered thoughts; or to suggest that the person is not connected to reality [as most of us would understand it], without an articulation of to what reality the subject is connected - this is a statement of the persons' 'inner logic'. Evaluation must lead to planning recommendations.

There are four processes usually used to *evaluate* an individual person's life functioning: 1) testing, 2) eliciting, 3) observation and 4) solicitation. The testing is usually used to define the baseline performance of a specific skill or ability. Each test has an implied standard against which the person is judged. The eliciting, observation and solicitation are of a differing nature. The standard in the eliciting is, as we have already defined, the preferences of the subject him/herself.

The observation standard is usually set by the social context. From the earliest period of history to the present, social functions have become more and more differentiated under the pressure of competition. The more differentiated they become, the larger grows the number of functions and

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The term demand characteristics was coined by Martin T. Orne as an extension of Kurt Lewin's "field theory" of personality to the analysis of behavioral motivation in a social context. Originally applied to the ecological validity of experimental research on human behavior, the concept has become increasingly relevant to contemporary issues regarding the diagnosis and intervention of psychological disorders. In research design, the term *demand characteristics* refer to the sum total of cues that convey an experimental hypothesis to subjects and influence their behavior. In diagnosis and intervention, the term may refer to the sum total of cues that convey the clinician's wishes, expectations, and worldviews to clients and influence their behavior.

thus of people on whom the individual constantly depends in all his actions, from the simplest and most commonplace to the more complex and uncommon. As more and more people must attune their conduct to that of others, the web of actions must be organized more and more strictly and accurately, if each individual action is to fulfill its social function. The individual is compelled to regulate his conduct in an increasingly differentiated, more even and more stable manner (Elias, 1982).

Yet we continue to find persons who do not regulate their conduct in such social contexts. And it is the discrepancy between the mental context and social context that is often the area of discontent. When the mental context and the social context are not attuned, the person experiences 'problems in living'. Elias establishes the historical course of elaborating practices for dealing with the assorted social contexts. Some behaviors become unacceptable over time. But, in the process, embarrassment is being invented. Embarrassment is an (metacognitive) emotional state created by the explication into discourse of this hierarchy: for it to be realized, a self-censorious ability has to be established. People have to become able to reflect on their own behavior - that is, on how they act in company - where previously they had not done so.

If the person is unable to reflect upon his/her own behavior and to determine how this behavior affects others in a social context, the unhappy result is problems in living - problems in finding mutually satisfying and gratifying relationships. Determining what needs to be addressed to minimize this discrepancy requires that one understand both the mental context upon which the discrepancy is based and the standard under which the subject is operating. Cognitive errors come into play. The subject personalizes, or generalizes, beyond all acceptable rules, and finds him/herself in unhappy consequences without an understanding of what needs to change - only that they seek a different outcome to the scenario. By helping the person change perspectives: seeing themselves in the situation from a third position, changing the temporal and spacial context, 'future pacing', one can begin to help them make decisions which will impact upon how they behave.

Soliciting is a process of eliciting from people in the community their own preferences, thoughts, fears and fantasies. This process both identifies the social expectations of a specific domain, but also identifies how individuals in the ecosystem may be contributing to the disruptive thoughts and behaviors of the individual child.

ORGANIZATION

The title, **Comprehensive Assessment & Planning Services**, is a functional one. It says several things of which you should be aware. First it

says that a major function is assessment. One cannot judge someone without 'sitting beside' him or her and getting to know who s/he is and what s/he thinks and we have modified the adjudication to an elicitation. The assessment is also modified by the term comprehensive. This would seem to imply that the assessment include sufficient data to enable one to understand the other person and the ecosystem that sustains them, not just the problem. It reflects the understanding that the subject is not an 'island', but that s/he is an interactive part of a network of other individuals. Without understanding the interactions, you have no basis upon which to judge the outcome. Aggressiveness is not a characteristic of the subject, but rather a characteristic of the subject's interactions with others. Finally, you are charged with planning. Such planning needs to be based on specific goals [outcome expectations] that are to be met within a specified period of time.

To sit beside a child long enough to get to know him/her sufficiently to understand who s/he is and what s/he thinks is not a one-stop process. The separation between assessment and changework is an arbitrary one. While practical convenience suggests that we need to have a time limited assessment period, assessment is an on-going process in human service delivery. As the initial person making the assessment, it will be important not only that you make recommendations to the changework clinician about what changes to address, but also to make recommendations as to how to carry on the on-going assessment process and to provide continual information.

Assessment Interview³⁸

The first major concept of the assessment interview that we would like you to understand is that any interaction with an individual changes that individual. One cannot have an assessment interview without understanding this impact. Thus, to ask someone about goals may initiate a process of considering goals where none have before been considered. A correlated concept, articulated by Albert Einstein, is that "It seems that the human mind has first to construct forms independently before we can find them in things ... knowledge cannot spring from experience alone, but only from a comparison of the inventions of the intellect with observed facts." What this means to us is that we may need to help the person we are interviewing understand a new concept, which then may open whole new scenarios for them to consider. If a child understands anger only as rage and not bitterness - s/he can only rage in anger.

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To reiterate and emphasize the debt we have, the following materials are, to a large extent, based upon concepts developed in NeuroLinguistic Programming [NLP]. NLP is a cognitive activity that, because of its roots, has paid particularly attention to the 'assessment' process. The framework for this material is taken from a series of articles about changework on the Lee Lady website. For a full understanding of the underlying material, the reader can visit the website at <http://www2.hawaii.edu/~lady/archive/> and review the five or six separate articles.

A third concept that concerns us is to focus on goals rather than needs. As stated previously, need is generally that someone else believes that the child with problems in living *should* have [a cognitive error] these new skills, experiences, etc. The construct of goals on the other hand, is that the child with problems in living is saying 'I want these skills, experiences, etc.'. The difference is one of motivation. The more the assessment clinician is able to help the child with problems in living articulate goals which will enable them to function more competently in life, the more the child is motivated to achieve change. The failure of the helping professions to address this process is an appalling lack, which only underscores the egocentric notions of the helping professions.

Eliciting Subjective Experience

Even though one can never experience another person's subjective experience, one can still learn about it by asking that person questions. Certainly psychologists were doing that long before NeuroLinguistic Programming [NLP]. But the problem has always been the lack of a good language for discussing subjective experience. We don't even know whether the experience that you call 'red' is anything at all like my experience of red. And when it comes to those words denoting higher level concepts - words such as 'thought', 'anger', 'honesty' - there is no way of knowing that two different people mean the same thing when using the same words.

This is because there is no objective referent for words referring to internal subjective experience. You and I can't be sure that we mean the same thing by the word 'thought' because we can't reduce this word to things we can point to. And the fact that one word can mean several things indicates that thoughts are not words.

The amazing thing is that one can think of objective experience as being made up of *atoms* for which there indeed exists consensual referents - namely, images, sounds, somasthetic feelings, smells, and tastes. Even though I don't know for sure what your subjective experience is when you see a cat, if you say to me "I see an image of a cat", I have a referent for your experience, because I know what it's like to see things (although I don't claim to know what it's like for you to see things) and I know what a cat is.

So once you start asking people questions about their *subjective experience* in terms of images, sounds, words, feelings, smells, and tastes, you get answers by which you can compare the experience of different people without getting lost in confusion. Even though you can't know what another person's experience is actually like, you can know that two people are talking about the same thing when they use the same words.

In fact, in many ways this methodology seems superior to introspection even for understanding one's own subjective experience. Many people find that they develop surprising insights into their own thinking when others ask them questions about it. One is also likely to find that one is better able to understand and control one's thought processes by paying attention to one's thinking in terms of images, words, feelings and the like rather than using higher level concepts.

The process of learning how another person performs a mental skill completely enough that one can teach others to perform the same skill, was the goal of the NLP process. It required that the interviewer listen carefully and ask significant questions. NLP has developed a lot of tools for asking these questions effectively, but they have been summarized in two rules: 1) go very, very slowly; and, 2) know the right things to look for. Going very, very slowly is quite difficult to learn, particular for assessment experts who have time limits. However, if we are in fact, to learn what the subject experiences, slowness and depth are required. There is indeed a way of studying subjective experience objectively - or at least more objectively than is possible by introspection. This very slowness, however, also blurs the division between assessment and intervention, since the process of opening up the elicitation dialogue belongs to the assessment specialist, but continuation of the dialogue is mandatory in the clinical experience as well.

A lot of the most important stuff is below the threshold of consciousness, so you really have to slow the subject down so s/he becomes aware of what s/he's doing. Say that the subject remembers something, and has a particular feeling about that memory. Now what is this memory? In NLP terms, the memory has to consist of images, sounds, words, and feelings (in various senses of that word). Now how does the mind know to instantly have the emotion about that memory? One plausible hypothesis is that the memory is stored as a cluster of a lot of different things and the emotion is an integral part of that memory. The experience in NLP suggests that this is not the complete answer.

Another hypothesis is that the emotion is a conditioned response to the memory. In NLP terms, one can't have a response to a thing in the world - *one can only have a response to a sensory impression*. (Pavlov's dogs didn't salivate in response to the bell - they salivated in response to the sound of the bell.) So when a person says "Whenever I think about my mother, I feel sad", one tries to be more precise about the (internally generated) sensory data that evokes that emotion. Probe for the representational system: "Is it an image of your mother that comes to mind and makes you feel sad, or is it the remembered sound of her voice, or something else?"

Okay, so suppose the subject says it's an image. Probe further: "So how do you know how to feel sad when you see that picture of your mother in your

mind, whereas you wouldn't have the same feeling if your mind brought up a picture of the Madonna?" Note: There is a presupposition in this question that there is a *choice* involved which is made almost consciously. In fact, this is false. The subject doesn't 'know how to feel sad', it happens automatically. This question actually uses a certain language pattern that makes the subject more receptive to the idea that the response can be changed.

The NLP belief is that the learned response is not triggered by the totality of the image, but that the image is 'coded' in sensory qualities - *submodalities* - that trigger the response. One starts asking probing questions like "Where do you see this picture? How far in front of you do you see it? Is it bright or is it dark? Is it in color or black and white? Flat or three dimensional?" The submodalities of brightness, color, distance, and dimension are explored because it is these dimensions that 'code' the emotions and then by teaching the subject to change these submodalities, one can change the emotional response.

Dealing with language is almost as major a component of the human brain as dealing with sensory information since mental representations are often words. Traditional psychologists often seem to think the way to proceed is to study *cognition*, or *behavior*, or *affect* in isolation. Our interest is in the *interaction* of these three areas, and this seems to be where the truly interesting and important questions lie. If one looks at human beings from the point of view of a zoologist, they have truly bizarre behavioral patterns. Most of us spend most of our day engaged in activities which have no obvious connection with basic biological needs - food, warmth, sex, companionship, play. (For instance, you are spending time intently staring at little marks on pieces of paper.) And in many cases, we don't even seem to enjoy these activities all that much. And it seems that one has to wonder what it is about our nervous systems that leads us to such peculiar behavior.

It seems apparent that cognition has a lot to do with this. But this is mostly not cognition in the sense of logical inference, which is something that humans do rarely and not very well. (To study human cognition and concentrate on logical inference is like studying dogs and concentrating on the behavior of walking on the hind legs.)

In fact, most of the times when humans engage in inference, they have a strong predilection towards illogical inference. In observing the patterns of inference that humans actually prefer, the most basic pattern seems to be the use of *labels*. By pinning a label on a particular thing or happening, we know what attitude to take towards it. Lots of arguments involve what label to pin on something: "This is/is not science. This is/is not violence. This is/is not abuse. This is/is not blaming the victim."

This seems to raise one of the core questions in psychology, that is "How does the organism manage to function?". And more specifically, "How does the organism know what to do next?". To start with, the organism needs to have *values*. Values don't belong in social psychology or clinical psychology; they are an essential part of cognition. Rather than 'values' (or 'priorities'), NLP uses the term: *criteria*. "*Criteria are the things which the person [the organism] seeks to satisfy.*"

A person will have a lot of criteria that are contextual. For instance, a teacher's criteria when interacting with his/her students are very different than the criteria s/he might use while at a singles bar. But it is the *criteria that are invariant across a wide variety of contexts which represent a person's fundamental values.* Without criteria, we can't function at all.

For a simple organism these are simply food, warmth, avoiding certain situations characteristic of predators or other dangers, and - at the appropriate time - mating. So now the organism has to make decisions and to act - to move. But moving involves quite a bit of coordination of the nervous system. So somehow a signal has to go out to the nervous system, or at least a large part of it, that indicates that this is the moment for action.

For a more complicated organism - a human being - the process is still essentially the same, but the nervous system, and specifically the brain, is a much more complicated system and many more signals need to go back and forth. So consider the process. You have a decision to make. Should you continue reading this article or should you start making dinner? There are various considerations involved, and you own personal decision strategy may involve running through all of these, both verbally and by examining various images. Then, most importantly, you have to know what you want.

How do you know what you want? This is not as easy a question for the brain to answer, as it may subjectively seem. Contrary to illusion, the mind is not a monolithic consciousness. The brain is a system, and the part of the person that wants has to communicate with the part of you that decides. And this communication happens, apparently by an *emotional signal*. The part of you whose function is to want - a fairly elemental part which is probably geographically distributed in lots of different locations in the brain - sends signals down the nervous system to the muscles, perhaps especially the stomach muscles, and these muscles contract minutely, causing different signals to come back up to the brain, and the brain interprets these signals from the muscles as 'I want'. And the reason the brain uses this rather clumsy way of using the muscles to signify 'want' is that in a more primitive state of development, want was translated immediately into motion. Now, the brain sends a part of a motion signal to the muscles, but actual movement is inhibited.

After that, some other part of the brain evaluates the different 'want signals' for each option on my list and eventually comes to a decision.

How will I know when I've reached a decision? Once again, there's a kinesthetic signal, stronger this time that alerts the whole brain (and probably the whole nervous system since consciousness according to Baar is a 'global' system) to the fact that a decision has been made. And in particular, this kinesthetic signal alerts the relevant parts of the brain [what Baar calls contexts] to end the decision process, to stop poring over the list of available options and considerations. And instead, to start organizing to implement the decision.

That was a fairly simple cognitive process. But this is the sort of cognition that is basic to human psychology, because it's this sort of thing that enables the organism to function, to stay alive and move through the world. And you can't understand this process if you only think about the verbal part or only think about the imaginal part. And you can't assess the meaning in the subject if you are only focused on what s/he says s/he thinks and emotes. Images³⁹ [which include visual, auditory, kinesthetic, gustatory and olfactory submodalities] and thought [meaning, in this case the linguistic representation] both have the force to mobilize the brain/body.

We could go on to a more complicated piece of functioning - going to the grocery store. But rather than analyzing that, we just want to point out what a miracle it is that you're able to go to the grocery store. How does my brain manage this miracle? How does it ensure that you keep knowing what you're doing - going to the grocery store - and how does it make sure that you get there even though your attention may be focused on very different thoughts along the way.

It seems that the answer to this question is in the visual and kinesthetic realms. These are the sorts of questions that so far cognitive psychologists don't seem to be addressing. So eliciting is not simply asking questions and getting answers. It is probing to the level of the atom - brightness or depth - to calibrate the metaperspective and kinesthetic realms of being.

The other very conspicuous pattern is reasoning by analogy.

The cognition that determines behavior over the course of the day, starting with getting out of bed in the morning and ending with reluctantly putting

³⁹Image is a difficult word because in contemporary language we think of something seen - a visualization. Latin *imago* meant a likeness of something and probably came from the same source as *intimate*. In this aspect a likeness would be more than just a visual picture, but would include intimate detail. When we use the term image or imagery in this context, we are talking about a fully sensory representation, as opposed to a linguistic representation. It should be quickly apparent that the image is far more complete and complex than the words used to describe it and in many ways much more powerful, for the image can convey that which is unsayable. The advantage of the word representation, it enables the person to bring the construct under conscious control and therefore 'debug' it.

down a book or magazine and turning out the light at night, is on a much more basic level than logical inference. Personal experience has a lot to do with imagination, as well as with things you say to yourself and with feelings (mostly very little ones, much too small to be called emotions).

For instance, you think about what to do in the evening and various possibilities come to mind. One might be to go to a little jazz club you enjoy, and for a moment you have an image of that club and find it attractive. You might then compare that to other possibilities, and have various considerations about these. "I haven't been there in quite a while." "Tonight would be a good night to go, because I won't want to go on the weekend."

How does the brain go about making these comparisons? NLP claims that (at least for many people) what happens is that one compares the images corresponding to these various possibilities. (Or does one actually run a very quick mini-scenario of what the experience will be like in going to the jazz club, versus staying at home and being productive, versus etc.?) And then the brain sends a signal in 'kinesthetic' form - a small feeling that impels one toward action: "I really feel like going to the jazz club."

The word 'kinesthetic' is in quotes, because NLP uses the term to refer to all body sensations - including tactile, proprioceptive, as well as kinesthetic in the strict sense of the word, and also including 'feelings' - emotions. NLP tries very hard to treat the three main '*representation systems*' - visual, auditory, and kinesthetic - as on a par, and yet you can't help but notice that in several respects the kinesthetic system is very different from the visual and auditory ones.

If the brain often makes choices by comparing images, how is this comparison made? What makes one image attractive and one not? If one really thinks about it, it is hard to believe that the brain can do this, often extremely quickly, on the basis of the actual content of the images.

NLP claims that the mind 'codes' images (as well as other representations of the world) in terms of 'submodalities' - such sensory qualities as size, brightness, distance, location (which is to say, do I see the image directly in front of me, or is it a little above my eye level, or to the left or the right?), color, three dimensionality. And that by changing these submodalities, one can change the emotional impact of the image, sometimes dramatically.

The submodality code differs from individual to individual, but for most people an image that is bright, large, and close will be more compelling than one that is dim, far, and distant. But there are people for whom it is sometimes the reverse. So it is important to 'calibrate' the individual subject's 'coding' for use in the helping process. 'Calibrating' is defined in NLP as the process of learning to read another person's unconscious, non-

verbal responses in an ongoing interaction by pairing observable behaviors clues with a specific internal response. A very important first step in most NLP processes, is to calibrate the problem state. That is, how is the subject's body posture, where do the eyes go, how is the breathing, skin color, voice tone etc. By knowing what the problem state looks like you have a reference point for measuring the success of your intervention. You might also explore *calibrated loops*: unconscious patterns of communication in which behavioral cues of one person trigger specific responses from another person in an ongoing interaction. Help in calibrating might be to determine how the subject responds to certain submodality type situations and see how people comment.

TRANSITION PROBLEM

For example: You are in a theater, immersed in a movie, when for whatever reason you decide to 'pull back' away from it, to 'zoom out'. And at that point you see not just the movie, but see the movie as images on a screen that is surrounded by the dark theater. Now what is curious is that it doesn't seem that the ocular mechanism of the eye would have this 'zoom lens' capacity. So the zooming must be something that happens in the brain. So when one zooms in on something, does the brain in fact expand the image to fill one's whole visual field? Or are the surroundings (the dark theater) still in the visual field, but one is ignoring them?

Next question: Some people have a fear of heights, so terrifying that they can't stay for even a few minutes looking down a steep incline. On the other hand, they probably have never had any problem standing on the ground and looking at something that is 200 feet away. So the question is: What makes the difference between looking straight down at something 200 feet below and looking 200 feet away on level ground? How does the brain know that you are seeing down? Now one might conjecture that this had to do with non-visual cues: the fact that there was a tilting of the head downwards, for instance. And yet subjective experience is that there is something about the image when looking down that instantly triggers a queasy terrified feeling.

Finally, when lying on your back on a mat, and looking at the ceiling, which might be thirty or forty feet high, you can sometimes play the mental trick of pretending that the ceiling is in fact the floor and that you are on the ceiling, looking down instead of up. This often results in a mild sense of unease, which might cause you to abandon the game before you start feeling something like real fear. But question: just what did you do to your image so that it seemed as though you were looking down instead of up?

Finally, a typical NLP submodalities situation in which these kinds of image perspectives are used in intervention. This one might be used for someone

in bereavement. Think of the person who has died, or who you are otherwise in grief for. Now think of another person who is still alive but no longer a part of your immediate life - maybe they have moved to another city, possibly you will never see them or talk to them again, and yet when you think of them you may have a fond memory rather than grief.

Now compare the two images and answer the question: When the image of the first person comes to mind, how do you know s/he is dead? Of course most people will first give an answer in terms of past history and the external world: "I attended the funeral, I saw the dead body, I remember the day I heard that s/he'd died, etc." But how does your brain know, instantly, as soon as it sees this image, that this person is dead and is someone you feel grief about?

This is the subject of an NLP technique called Resolving Grief, in which a subject is taught (in the space of about half an hour) to change his/her feelings about a dead friend so that s/he thinks of the dead friend with the same fondness s/he has for an absent but living friend. It is claimed that by changing submodalities, any person can be taught to resolve grief in a healthy way, without repression, in a single session, and without needing to go through all the Kuebler-Ross stages.

From the assessment point of view, the key is to calibrate the kinds of submodalities that the subject uses most often and most effectively as a means of prescribing the potential techniques that might be effectively used for change. Some people do not visualize images well. If that is so, the traditional visualization techniques may be less effective without at least evoking other submodalities to support the images. Something as simple as relaxation techniques may need to be re-designed to meet the calibrated needs of certain subjects.

Of all the submodalities NLP considers, probably the most important is *association/dissociation*. NLP uses the term 'dissociation' in several different ways, all of which are fairly close to the root meaning of the word, rather than referring to the 'dissociative disorder' studied by psychiatrists. Essentially, association means being immersed in one's own experience (present, remembered, or imagined), whereas dissociation means thinking of oneself in the way that one thinks of another person.

In terms of images, being associated means experiencing a situation as if it were actually happening, through one's own senses as a participant, whereas being dissociated means watching oneself go through the experience - somewhat like watching a movie of it.

It is an article of faith in NLP that if one remembers or fantasizes an experience in an associated way then one will feel all the emotions involved

in having that experience, whereas if one visualizes it in a dissociated manner - 'from the outside' - one will be more emotionally objective, or at least one's emotions will be 'about' the experience rather than the emotions had by oneself as a participant.

This is the basis for the very old NLP technique called V (visual)-K (kinesthetic) Dissociation. (As explained earlier, NLP often uses the word kinesthetic as a substitute for 'emotional'⁴⁰). In this technique - a form of desensitization - the subject imagines watching a movie of him/herself going through a traumatic experience in the past (or confronting a phobic stimulus). NLP claims that with this technique, someone can be cured of a phobia or neutralize a traumatic memory in a single session. About ten years ago, the technique was jazzed up by adding a second step in which the subject associates into the experience and imagines going through the whole thing backwards, extremely fast (like a VCR backspacing). In this form, it is called the NLP Fast Phobia/Trauma Cure and is described (among other places) in ***Heart of the Mind*** by Connirae & Steve Andreas.

In traditional desensitization, a subject with a phobia of spiders might imagine watching a movie showing spiders. Using this, it usually takes about a dozen sessions to cure a phobia. NLP claims that having the subject watch him/herself in the movie - being dissociated rather than associated - makes an enormous difference. As a further refinement, the subject is often asked to further dissociate by imagining floating out of his/her body in the theater up into the projection booth, where s/he watches him/herself watching the movie of confronting spiders. (In reality, of course, the subject is sitting with the clinician, so the movie experience is removed from reality by several stages.)

When one sees present, ongoing experience from a dissociated point of view, this is called an out-of-body experience. This actually happens to some people in the midst of daily life and scientific psychologists seem to have taken note of this. It is generally considered a pathology.

The concept of association/dissociation has been refined in two ways. Many people in NLP are now talking about 'being in first position, second position, or third position'. These three 'perceptual positions' correspond to the three 'persons' of traditional grammar: I, you, and he/she/they. An 'associated image' would now be termed an image from first position and a dissociated image would be from a second or third position. One can also take second

⁴⁰There are two aspects to an emotion - the sensations that occur in the body: the hair raising on the back of the neck, the rush of adrenaline, the feeling in the pit of the stomach. When these sensations occur, there is a mental activity that compares these sensations or feelings to what has been experienced in the past. Only then, does the individual *decide* how to label the sensation. Decide is used because of the limitations of language, the person does not consciously make this decision, but somehow does decide. Feelings (sensations) are always biological; emotions on the other hand are always biographical, and depend on the person's prior experiences and interpretations of that experience. Since sensations or feelings are kinesthetic - the cognitive corollary is included as kinesthetic as well.

position, by looking at the experience through the eyes of another participant.

The language of perceptual positions is also used in a more metaphorical way. I might talk about 'being in second position' to mean that I am thinking about a situation from your point of view although I don't have a literal image (at least not consciously) of what your eyes are seeing.

Although the original idea of dissociating visually was to step away from one's emotional involvement in a memory or fantasy (or even imagined future experience), there seem to be some other reasons why looking at oneself from third position can sometimes have a strong impact on people. It is an approach often used by counselors and clinicians. When doing counseling, staff sometimes do this by talking to the caller about him/herself in the third person. ("So tell me more about Jane. What sort of person is she? Is she the sort of person who ...?")

This seems to have relevance to the use of imagery for learning skills. In the NLP Behavior Generator technique, the subject imagines watching (or maybe even actually watches) another person who has a desired skill. Then the subject changes the image so that now s/he is watching himself perform the same skill. When this seems satisfactory, the subject then associates into the image, imagining himself actually going through the experience of engaging in the skill. This combines the traditional concept of modeling with the metaperception process of associating.

The utility of this for learning physical skills is now well known. But it can be used to learn social skills as well. For example: how to approach customers in retail sales. The subject imagines watching another clerk who s/he considers very good at customer relations. Then s/he imagines seeing him/herself doing the same thing. Learning to make friends, make compromises, meet new people, etc. are all skills that many people with problems in living need to learn.

Recently, Connirae Andreas, an NLP trainer, has questioned whether taking the third position visually automatically means stepping away from the emotions of an experience. She suggests that it is possible to be in first position visually, second position emotionally (which is usually called empathy), and third position auditorily - listening to the conversation as if it were two other people. She also suggests that even in one's present ongoing experience, while looking out of first position it may seem subjectively as if one is looking not quite out of one's eyes, but from a viewpoint a little away from one's body, maybe even from just a few inches to one side of the eyeballs, or from above. Her recent Aligned Self technique simply consists of teaching a subject to take all three positions cleanly, without intermixing different ones on different levels. In first position, one looks at things from a

viewpoint precisely out of one's own eyeballs, feels only one's own emotions about the situation, hears what is being said (and any sounds) coming exactly into one's ears, and locates one's (verbal) thoughts right in one's throat. Then one does the same thing in second position and third position. (In third position, one's feelings should be those of an observer, not of a participant.)

This also contains implication for the concept of the impartial spectator: *trying to observe your own behavior as if you were observing the behavior of another*. The eighteenth-century Scottish philosopher Adam Smith, who developed the concept of the 'impartial and well-informed spectator', which is nothing more or less than 'the person within' or the Mind's Eye. He defined the Impartial Spectator as the capacity to stand outside yourself and watch yourself in action, which is essentially the same mental action as the ancient Buddhist concept of **mindful awareness**. Adam Smith understood that keeping the perspective of the Impartial Spectator under painful circumstances is hard work, requiring, in his words, the 'utmost and most fatiguing exertions' [As reported by Schwartz in **Brain Lock**, 1996].

Helping clients to become 'mindful' of their own thoughts, emotions and actions in a given moment is a powerful tool for change.

Changework

Changework is the art of enabling people to make specific changes in themselves. It is a word used by some people in NeuroLinguistic Programming in preference to the word 'therapy' to describe what they do and has considerable merit for non-biomedical, non-psychodynamic approaches such as those we are proposing.

The word therapy suggests fixing someone who is broken. Greek *theraps* denoted an 'attendant'. From it was derived the verb *therapeuin* 'attend, administer treatment to', which itself produced two further derivatives: *therapia* 'treatment', which gave English *therapy*, and *therapeutes* 'person who administers treatment', source of the adjective *therapeutikos*, from which English gets *therapeutic*. Traditional psychiatry puts a lot of emphasis on assessment, on classifying subjects as having a particular disorder. The suggestion is that the subject is malfunctioning in some way and the object of therapy is to correct this malfunction.

Like the NLP people, we are concerned, however, with the question of how and why people change. In terms of clinical psychology, changework is focused on the intervention stage of therapy rather than on assessment. However one can do changework without an assumption that the client is broken - e.g., has some disorder. It is sufficient that the client have something about him/herself that s/he wishes to change. This refocus on the

desires of the client as opposed to the *needs* of the client as defined by the *expert* is a critical change in perspective.

The critical training need is about how to engage clients in trusting relationships, identify the client's desires, preferences and personal goals; to gather information from a client efficiently, and how to organize one's thinking to find the precise point in the structure of the client's subjective experience where the smallest possible change could be made to give the client his/her desired outcome. NLP as a branch of cognitive science has provided a helpful outline for this concern.

Doing a piece of changework starts out by developing a relationship within which the client can trust to tell you what is on his/her mind and to allow you to probe beneath the surface. Sometimes the way we use our body language makes it difficult to reach our goals. Some clinicians, wanting to explain their point of view, show in their body language what they expect [demand characteristics] to get out of the conversation. When they expected that they wouldn't succeed, this is noticeable in their non-verbal behavior. The result is that it even becomes easier for the client to say no.

But we must be careful when generalizing the meaning of body language. Not everyone who leans backwards is being 'uninterested'. Nor does someone who crosses his arms suddenly become 'closed'. Of course, if you decide to believe these kinds of theories, they will work as self-fulfilling prophecies. You'll start to adapt your own non-verbal behavior, and as a result the relation with your conversation partner will change.

Matching body language

You might want to try the following experiment. The next time you are talking to someone, observe this person's non-verbal behavior. Adapt your own body language so that it becomes similar to the language shown by your partner. You'll notice that this smooths the conversation. In NLP this is called 'matching'. Now change your body language, so that it shows some clear differences. You'll notice that the larger the difference in body language, the harder the conversation will become. Most of the time, the person will 'think' you're no longer listening, or that you do not understand what s/he is talking about. In NLP, this is called 'mismatch'. In informal experiments, it has been found that fewer than 5% of the participants will keep on talking in the case that his partner is clearly mismatching.

The movie 'When Harry Met Sally' shows some nice illustrations of the observation that a couple that has been married happily for a long time starts to look like each other. In fact, they get better at matching their body language in a similar fashion. Business partners agreeing on a point will probably show similar body language at that point in the conversation. Have

you ever noticed how some TV-reporters use body language during an interview? Sometimes they seem to be nodding their heads 'in agreement' with the person they are interviewing. And afterwards they are asking a question that shows they didn't agree at all? The effect of the nodding is that the guest feels himself at ease and keeps on talking (especially if he didn't take caution to avoid this). Assessment clinicians can use this principle during communication. Match your body language if you want to get your message through. To check if your partner is matching, make small changes to your body language and watch if these changes are adapted. If they are, you are most likely to form an engagement that will allow you to proceed towards setting an *outcome expectation*.

The traditional method of setting outcome expectations is to determine what the *problem* is and to solve it. The *problem* is usually defined as those thoughts and actions that disturb someone else, leading to a question of "Whose problem is it?" When *problems* are acted on because someone else thinks that correction would be *for your own good*, a power assertion, coercion results. And coercion leads to resistance - which leads to the need to control. Thus, much of what passes for 'therapeutic treatment' is really an attempt to control the subject's thoughts or actions. The theory that the person 'is not in control of his/her own behavior' because of a disease or psychodynamic force is a convenient rationalization which justifies the controlling actions and their, often *toxic*, consequences.

If one believes, however, that the subject is in control and deals, not with the social results of the problem, but the subject's own desires for change - coercion, resistance and control do not become issues. Defining outcome expectations then requires that we ask the subject what they seek to become. And perhaps a significant amount of time should be spent in considering how we ask these questions, and how we *dialogue* with the client to determine their actual preferences.

The following material about asking questions drawn from **Patrick E. Merlevede's** article, Asking Questions, 1996, indicates some of the nuances which assessment staff need to be alert to and emphasizes the need to enhance listening habits.

Most of the underlying discussion is based on the Meta-Model of NLP, its roots and its applications.

Meta Model

Background and basic definitions

This model is the language-model most NLP trainers will teach. The Meta-Model was developed by Bandler and Grinder between 1972 and 1975 (see

The Structure of Magic, Vol. I). In turn, they based it on the transformational grammar that made Noam Chomsky famous (see also Syntactic Structures, 1957 & Aspects of the Theory of Syntax, 1965)

The basic element of the Meta-Model is that *language is the way we have to communicate⁴¹ about our experiences. There is a difference between the surface structure (language) and the deep structure (experience). The structure of our experience that is below the language is richer than we can know from the language.*

We transform an experience into language by using **deletions, generalizations and distortions.**

Deletions: elements of language on the surface that omit parts present in the deep structure or in the outside world. As an observer you notice a deletion because you can't make a representation that is only based on the information given to you. If you notice this, there is a question to ask: don't try to fill the gaps with your own interpretation: it might be wrong!

Generalization: from an experience or a set of experiences, the person makes a generic statement.

Distortions: the sentence as it is said by the person is modified compared to the experience from which it was derived.

When we want to acquire knowledge from a person, we must try to get a complete, correct and consistent model. This means we need to:

- ask questions to complete the information the person is giving;
- get the ambiguities out of what someone says;
- find out what s/he presupposes;
- challenge his/her inconsistencies, and so on.

In fact, we are trying to reverse the transformation s/he made while explaining his/her experience!

Exercise:

1. person **A** gets one minute to make a drawing on a piece of paper. This piece of paper cannot be seen by **B**
2. Person **A** puts his piece of paper away and tries to explain his drawing to person **B** (in 2 minutes). While **A** is explaining, **B** tries to draw that drawing without showing the result to **A**.

⁴¹Remember that the imagery representation represents the 'unsayable'.

3. Now person **B** gets 2 minutes to ask questions to **A** about the picture.
A & B still can't see the other's picture
4. Person **A** and **B** now put their pictures together and compare

The goal is to show that the picture is much richer than a thousand words, that an explanation is not complete, and that good questions can help to complete the picture.

Specific Language Patterns

A sentence can contain several language patterns. Which one you will use to ask a question depends on the information you want to get. If you don't get the response you want to your question, ask another question, or another type of question. The ambiguities and nuances are identified in the following example sentence.

He must be motivated by that job because he was always good at programming applications.

he = unspecified referential index (who are you talking about, what is the person's name?)

must = modal operator of necessity (What would happen if he is not motivated by the job?)

motivated = unspecified verb (How do you know he is motivated, what does he do to be motivated?)

by = cause and effect (how does the job motivate him?)

that = unspecified referential index (what job are you talking about?)

job = nominalization (what does he have to do specifically in that job?)

He must be motivated ...= mind reading (How do you know he is motivated?)

always = universal quantifier (Don't you know about an occasion when he wasn't good at programming applications?)

good = comparative deletion (good compared to whom?)

programming = unspecified verb (what does he do exactly?)

application = unspecified noun (what kind of application in specific?)

The second part of the sentence is a judgement (Who is saying that he is better, how do they know, what evidences do they have?)

The combination of the first part of the sentence and the second one is a cause and effect relationship ("If he was not good, wouldn't he like it?" Or "Do you have to be good at programming applications for liking that job?")

presuppositions: the job he likes is somehow related to his programming skill, when you are good at something you like it

Another example of ambiguity is embodied in this sentence with nine words in it from Levinson and Godin. What does it mean?

I didn't tell you she fired him for stealing.

The meaning depends on the words you choose to emphasize; we can indicate, for example, five [05] different meanings:

I didn't tell you she fired him for stealing.

He was fired for stealing, but you must have heard it from someone else.

I didn't tell **you** she fired him for stealing.

I told Bob that Harris was fired; I didn't tell you.

I didn't tell you **she** fired him for stealing.

She didn't fire him, someone else did.

I didn't tell you she fired **him** for stealing.

It wasn't Harris! It was Bob.

I didn't tell you she fired him for **stealing**.

He got caught for truancy, not stealing.

Categories

The patterns and their related questions can be organized in 3 categories:

1. Find out more about the information behind the sentence a person said.

Unspecified Noun

Unspecified Verb

Nominalization

Unspecified Referential Index

Comparison

2. Challenge the person's map of the world

Universal Quantifier

Modal Operator of Possibility

Modal Operator of Necessity

Presupposition

3. Semantic Errors

Mind Reading

Cause And Effect

Complex Equivalence

Learning to ask questions, means ***noticing the pattern in the sentence and having a set of possible questions for each pattern***, so that one does not 'detect' you are questioning him. There is a difference between a 3rd degree interrogation and asking questions. Use open sentences, but put them into a context: frame your sentence, pace what the other was saying, introduce the question, and keep using your 'normal' voice tone.

Know what you want to achieve with your question: e.g. if you ask questions to challenge the person's map of the world or to 'correct' semantic errors, you are influencing the person; if you gather the correct information, you enhance your knowledge.

The mind of the beginner is empty, free of the habits of the expert, ready to accept, to doubt, and open to all the possibilities. In the beginner's mind there are many possibilities, but in the expert's there are few.

Usually when a person listens to some statement, s/he hears it as a kind of echo of his/herself. S/he hears what s/he expects to hear. When this happens, s/he receives various pieces of information merely as an echo of his/her own opinions. S/he is actually listening to his/her own opinion. If it agrees with his/her opinion s/he may accept it, but if it does not, s/he will reject it, or s/he may not even really hear it.

To have a beginner's mind, listening closely for the structural context of the words, paying close attention to ambiguities. Asking the proper questions not only helps the questioner to understand what information is being conveyed, but helps the communicator explore his/her own nonconscious thoughts to recreate the subjective experience.

To have an 'expert' mind is to always be fitting what is being said into the categories of the expertise. Finding the proper label for this experience is the predominant disposition of the 'expert'. Forget labeling the experience and focus on understanding the experience and the person who experienced it. Once you have understood as much as possible, what they have experienced, you will need to discover what, if anything, they wish to be different.

WELL-FORMED OUTCOMES

The conventional question to get to an outcome is "What do you want?" In other words: What do you want to change about yourself? However, most of the time, the outcome as stated by the client will need modification in certain ways, for an effective outcome expectation must satisfy the following six [06] conditions in order to be a useful basis for changework. The outcome expectation must be:

1) Stated in the Positive

Most often a client's outcome statement will have the form "I want to stop doing X." This is especially likely if instead of asking "What do you want?", the clinician asks "What's your problem?" or "What's bothering you?". The wording of the questions needs to be considered closely. Language is a process of assumptions. Interpreting the meaning of utterances is only possible because listeners implicitly assume that speakers intend their utterances to be responsive to the surrounding discourse, relevant, and [for the most part] truthful. More importantly, perhaps, we also use a process of symbolic 'shorthand' so that everyone in the American culture will tend to know exactly what is meant by "Do you have the time?", and it is not a question about do you have the time. It neither means "Do you know what time it is?" nor "Can you spare the time?". It is a short hand for, "If you have the time [meaning what time of day; not available time], *would you tell me what time it is?*". Since in this culture, we all know that, most people would automatically tell you the time if they have that information available. Interesting responses occur, if you simply answer this question 'yes' or 'no'.

The assessing clinician must learn to ask questions that evoke the proper answers. In addition, s/he will probably need to probe the answers to assure that his/her understanding of the answer is full and correct. In order to change what is, for example, you must replace it by something else. It's important that this replacement behavior be a deliberate client choice and not one simply made by default. Therefore, the clinician will specifically need to ask what is a preferred replacement to the thought/behavior that the client wants to change.

Finding an outcome stated in the positive often isn't easy, but it can be very powerful in helping a clinician know how to proceed. When a client says "I want to stop being jealous about my boyfriend/husband", the clinician can ask "How would you like to feel when you see your boyfriend/husband with another woman?", seeking to define the replacement. But the client is likely to 'draw a blank' when this question is asked. The question 'does not compute' for her. The client's lack of a positive outcome is part of what keeps her in the problem state. Therefore, helping the client think about and define an answer to this question becomes a major part of the helping process.

2) Appropriately specific and contextualized:

Typically clients will say things that are vague. A client's initial outcome statement may be: "I want to make decisions more easily". If the clinician merely assumes that s/he knows what the client is talking about (especially likely if decision making is or has been in the past one of the clinician's own problems), a great deal of time may be wasted until the client finally says "Yeah, but that's not my problem". The clinician needs to ask "What are some examples of times when you have trouble making decisions? And what happens when you try to make a decision? And what do you mean by the word 'easily'?"

Carlson [1993] indicates that clinical information processing like human information processing is error-prone. The problem appears to be one of continual overload. He reports that Simon, a pioneer in cognitive science, suggests that human beings do not have the cognitive capacity to seek optimal answers to real questions. Instead, we:

- artificially simplify the question to a level that is comprehensible
- accept the first answer that is good enough to satisfy recognized demands, or
- use a shortcut that has been acceptable in similar contexts.

Thus like the question "Do you have the time?", our information processes are vague and sometime precipitous. It is surprising and sometimes unsettling to uncover these errors. Thus you should not be surprised when the probing question does not compute. Carlson goes on to suggest that haphazard detail, the influence of experience [been there, done that] and the need to ignore complexity and seek closure leads to inadequate self-correction. Experienced clinicians ['experts'] are particularly prone to accepting answers that meet their own experience and respond to the 'standard answers'.

If the clinician is to make the outcome expectation appropriately specific to the individual client and the context of the situation, s/he will need to find

ways to ask questions that go beyond traditional methods. While these information processing risks may not be onerous in the day to day world, they have specific significance when trying to help an individual deal with their problems in living; partially because *thought errors* are a major contributor to the difficulties they present. It is precisely how they *think* about a situation which leads to the problems in living; thus it is imperative that the clinician understand clearly what this thought process is, so that s/he can help correct it with additional information.

3) Verifiable (in sensory experience):

The typical question is: "If this change actually does occur, how will you know it?" Once the client is able to answer this question they often realize that they already knew how to make the change in themselves.

All change must be measured against a standard criterion. The usual standard for the human services 'expert' is the 'dead man test' meaning that the more the subject acts like a 'dead man', the closer they are to cure. If we can only stop this irritating behavior that has brought this individual to the attention of the clinician in the first place, then everything will be all right. Of course, such a standard is not helpful for the person receiving the service. If we intend to institute a new process of change, we will also need to have a new standard. As Edward Deming said: *Quality is determined by the customer*. [See criteria below] What this means is that only the client can determine what is an acceptable outcome of the service. And if the change cannot be determined in some way by the client, the outcome will always be unsatisfactory.

4) Initiated and maintained by the client:

The purpose of changework is to bring about changes in the client, not in the client's environment. An example of an outcome that is not well formed in this respect is "I want my boyfriend/husband to love me".

This well-formed condition is very frequently violated by a client's initial outcome. Often a client asks not for a change in him/herself per se, but a change in his/her life that would presumably result from changes in him/herself. For instance, "I want to earn more money", or "I want to be successful with women" or "I want people to appreciate me more". Such outcomes are not well formed. The main task then lies in identifying those changes in behavior that might have the desired result. Once these changes in behavior have been identified, they can be used as outcomes for changework, if necessary. (Or once the client realizes what changes in him/herself are necessary for his/her desired result, s/he may decide that it's not worth it.)

5) Secondary gain taken care of:

Often efforts to solve a problem are frustrated because if the client no longer had his/her problem, s/he would lose various side benefits the problem gives him/her. This is called secondary gain.

It is hard sometimes to talk about the gains that occur within the context of pain, but this is a fact. While on the one hand the client may have a desire to no longer be sad and helpless, such a condition is often used to get other people to care for him/her. Unless, the client and clinician are ready to identify and address such secondary issues, clients may ultimately sabotage their own growth and development.

6) 'Ecological'

One should think of a person as being a system. A change that seems desirable in and of itself will have ramifications throughout that system, and perhaps also throughout the relationships and other systems the subject is a part of. It is essential for a clinician to check not only that the desired change be worthwhile, but that all its consequences be worthwhile. Any changework training needs to use a multitude of examples to make students sensitive to this important issue.

DISCUSSION

There are certainly problems for which an intervention is so standard that you would never think about formulating a well-formed outcome. If a client says, "I want to stop being afraid of heights". You would not ask "How would you like to feel when you're up on a high place?" If a client says "I want to stop biting my nails", you would never ask "What do you want to do instead?" On the other hand, if a client says "I want to stop drinking", a clinician who does not address the question "What will you do instead?" is going to have a very difficult time.

The critical times for thinking about well-formed conditions are the times when you feel lost, when you just don't know where to go with a particular client. If you then start mentally reviewing the well-formed conditions, this will often make you realize what additional information you need from the client, or what direction you should start taking him/her in.

There are times when one is working with a client and somehow no stock intervention really seems appropriate. At these times, a little more insight is needed about just where a change needs to be made in order to give the client what s/he wants. At these times, it is useful to think of subjective experience as having structure. The seven categories below represent one way of structuring subjective experience.

1) Context. i.e. the context of the problem behavior.

Sometimes this is all that needs to be changed. In other words, the problem behavior is actually fine, if one can simply find the appropriate context for it and if the client can do it only in that context. A favorite question is "When would this behavior [i.e. the 'problem'] be useful?"

2) Cause-effect beliefs:

In listening to people talk about problems, you are often very aware of strongly held inappropriate cause-effect beliefs. A person says "I don't want to do X because ..." and the reason given is highly implausible. Attention is especially aroused when someone has a lot of intensity to his/her belief and clings to it even in the face of contradictory evidence.

On the other hand, clients sometimes lack important cause-effect beliefs. Such as a person who says "People don't like me" without having a real awareness of the cause-effect connection between his/her own behavior and the way people respond. For purposes of enhancing self-esteem, it is useful to teach clients that people respond not to who we are but to what we do.

3) Criteria:

Criteria are the things a person is trying to satisfy in a given context. For instance, in looking for a relationship one's criteria might include things like physical beauty, intelligence, charm, and sensitivity.

Especially important are those criteria that are cross-contextual, for these are an essential part of the person's self-concept. These are what we often refer to as a person's values or priorities.

It is extremely important to be aware of a client's criteria. Any outcome you attempt to give him/her will be unsatisfactory if it is not in accord with his/her own criteria. Furthermore, the client's criteria can be powerful leverage for the clinician.

Once you know how to listen, you will recognize that people constantly tell you their criteria without even realizing it. Questions to elicit criteria are: "What's important about X?" or "What sort of person would [not] do X?" or, one of the most basic questions: "What do you want X for?"

4) Complex equivalences:

These have to do with the fact that we all speak different languages even though we use the same words. It's all very well to know that 'love' is one of

the client's highly valued criteria, but what s/he means by 'love' may be very different from what you mean. In fact, the most appropriate intervention for his/her problem may be to change his complex equivalence for 'love'.

Examples of questions to elicit complex equivalences would be "What does it mean for someone to love another person?" or "How do you know when someone loves you?"

Clinicians often seem successful in changing complex equivalences by sheer force of authority. ["My therapist explained to me that when you try to possess someone, and use him for your own needs, that's not love. Love is when..."] The approach is called redirection, also known as the simple reframe, or 'one line' reframe. Just as in stand-up comedy, in order to have impact with a one-liner a clinician needs to have a very good sense of timing, and to be very sensitive to the client's response so that one can see whether the redirection 'takes' or not.

5) Cognition:

Both the verbal and non-verbal aspects of cognition are the arenas for many interventions. Contrary to traditional therapy, the formal structure of the client's cognition should generally be given more attention than the content. This is because the structure opens a window to the mental context used by the client to evaluate an experience. As regards verbal patterns, you might be especially interested in *modal operators*: such words as 'should', 'must', 'can', 'want to', 'would like to', etc. The cognitive approach has the idea that changing the way a client talks to him/herself can result in powerful changes.

When a client says "I keep thinking of my ex-girl friend", a clinician might want to know, "What do you mean by think? Is it a matter of talking to yourself about her, or are there particular pictures of her that go through your mind?" If there are pictures, the clinician is likely to be less interested in the content of the pictures than in things like "How big are these pictures? Are they bright or dark? Are they in color or black or white? Are they moving or like still photos?" We have used the term 'submodalities' to refer to this sort of distinction. The modalities are the senses of sight, sound, taste, touch and smell. Sub-modalities relate to the characteristics of these senses that have the most impact on the consciousness of the individual subject. Thus, if bright colors are noticed before dark colors, this provides an opportunity for the clinician to use this sub-modality for change.

6) Mental states:

This category label seems insufficient. One might say emotional states, except that often people don't think of states such as *anticipation* or *curiosity* or *impatience* as being emotions. A clinician identifies the resource state (confidence, feeling loved, playfulness, etc.) that the client needs in the problem context and then trains the client to automatically have that state available in that context.

7) Overt behavior.

This is the area that traditional counseling often addresses, saying things to the client like "Maybe it would be a good idea if you were to ..." Every counselor has the experience of giving obviously useful advice in this way and having the client stubbornly refuse to adapt to the recommended behavior. This is an indication that the key to the problem is in some category other than overt behavior.

The most effective way of teaching a client a new overt behavior is to have him/her imagine himself doing it. S/he may find this difficult, and so as an initial step one can have him/her imagine somebody else doing it. And then change his/her mental movie by replacing the other person with him/herself. At the same time, the clinician will want to use an anchor [discussed later] to give him/her positive feelings such as confidence while she was doing the visualization.

Most problems that on the face of it seem to have to do with overt behavior actually lie mostly in one of the other categories. Assertiveness training would be an example of this. Most clients for assertiveness training actually already know a quite adequate range of behaviors for being assertive, and in fact many of them have already used some of these behaviors a few times in their life. What prevents people from being assertive is not that they don't know what to do but that they don't feel comfortable about doing it. In other words, the real problem lies in the 'inner state' category. With the proper techniques one should be able to teach someone to be assertive in one or two sessions.

But then there's the subsidiary question of whether being assertive is really the most 'ecological' way for a person to get his/her needs met. Some people prefer to try to be so likable that people generally want to give them what they need.

Well-formed outcome conditions enable the changeworker to have a sense of direction, a goal to move toward. The seven categories make it possible to gather information in a structured way instead of talking in circles, and to pinpoint the place where a change can most effectively be made, the place where the knot exists that keeps the client from getting what s/he wants.

After that, the task is to actually effect the desired change. Often one can use one of the many defined techniques. Other times, simply asking the right question at the right moment can be a very powerful intervention. One might also use redirection. Another type of intervention is to give the client an appropriate reference experience, either by helping the client create the experience in his/her imagination, or by telling the client a story ('therapeutic metaphor') which will give him/her the experience vicariously, or by 'tasking': sending the client out into the world with a homework assignment which will result in his/her having the requisite experience. One can also have the client go back into his/her past and go through past experiences over again but in a different way. Or one can change the significance s/he attaches to certain past experiences.

Whatever intervention we used, the result would be to accomplish one or more of the following things:

1) **Separate:**

The representation that first comes to mind under the heading of separation is *dissociation*. The purpose of dissociation is to separate the factual memory of a past traumatic experience from the emotions that were experienced at the time. To do this, one has the client imagine watching an imaginary movie of him/herself going through the past experience (or confronting the object of a phobia). To keep him/her, the watcher of the movie, in a neutral emotional state, one can have him/her imagine floating up out of his/her body, or having circus music accompany the movie, or seeing the movie from the highway on a distant drive-in screen.

Another important instance of separating is the Separation of Behavior from Intent, sometimes called Separation of Behavior from Self. This is the basis of Six Step Reframing and beyond that is one of the fundamental principles of Neuro-Linguistic Programming. The idea is that instead of beating up on oneself for some self-destructive thing one keeps doing, one appreciates oneself for the positive intent behind this behavior, and then looks for a more positive behavior that will accomplish the same intent. Clients often cry during Six Step Reframing. This is a response to finally being loved, which is to say finally being able to love a part of themselves that they have been hating for so long.

No matter how much I may feel the need to change something about myself, I still want to be me. By consciously separating the undesired (internal or external) behavior from myself, I can feel safe about going into changework: It's not me that has to be changed; it's just this thing that I do.

It is important also that the clinician keep the separation clear in his/her own mind.

2) **Combine:**

The most obvious example of combining is a technique called Anchor Collapsing where one forcefully brings together two contradictory internal states so that the more positive one overpowers the negative one.

In changework, one thinks in terms of resources. What resources would a client need in order to deal with his/her 'problem', and in what areas of his/her life does s/he already have those resources? For instance, in order to reach and maintain her desired weight, the client 'Paula' needs to be able to set limits, to have commitment, and to give priority to the future over present pleasure. 'Paula' claims she is unable to do any of these things. But the clinician finds examples in 'Paula's' life where she has in fact done all three. Some people would have then used anchor collapsing to bring the resources into the problem context.

3) **Change Sorting:**

Our senses present us with masses of data much more copious than we can deal with. In order to avoid being overwhelmed, we need ways of organizing this information, of sorting through it. The particular ways in which we sort experience have a lot to do with determining what kind of person we are.

When some people go into a room, it's as if the people in it are brighter, and the surroundings just fade into insignificance. For others, it's somewhat the opposite. Such a person, as the latter, would immediately zero in on an art work on the wall or some interesting object in the room and start asking intelligent questions about it. The first type person might be in that room many times, and never even really see the object. Where one sorted for people, the other sorted for objects.

Some people sort for place, and when they meet someone new they will ask "Where are you from?" a question that seems totally off-the-wall to others. Others sort for activity and will want to know "What do you do?"

When you tell an academic something, s/he tends to sort for what's missing or what's wrong, a trait others often find to be annoying. Certainly this ability for critical thinking is useful when checking something like the logic of a mathematical proof, but when listening to someone talk about an idea it may be necessary to initially set aside all the things you notice which are wrong or missing (remembering them for later reference) and sort for those things that have some promise of being useful. Development of a 'beginner's mind' is an important trait of a clinician so that they can separate their own sorting tendencies and concentrate on those of the client.

When the client in the NLP videotape "Lasting Feelings" saw her husband talking to another woman, she sorted for the attractiveness of the woman. The more attractive the woman was, the more threatened the client felt. Part of what the clinician does with this client is to teach her to sort for her husband's response. If the husband seemed indifferent, skeptical, or bemused (as was usually the case), then jealousy was not in order. The next step was to teach the client how to deal resourcefully with the rare exceptions when there was a real cause for jealousy.

The way to change a client's sorting is by asking questions. In order to answer the questions, the client has to sort in a different way than usual.

4) **Adjust criteria:**

The most obvious example of where criteria need adjustment is when the client has criteria that are impossible to fulfill. For instance, people who have problems making decisions usually have as their criterion that the decision be right. Such people have set themselves an impossible task since one can never be certain in advance that a given decision will turn out to be the right one, and it's no wonder that such people find decision making stressful.

People who habitually overeat have present need and pleasure as their criterion when choosing food. They then try to counterbalance this with various 'shoulds'. The 'shoulds', however, lose out all too often, and having one's life run by 'shoulds' is in any case no fun. People with an effective eating strategy, on the other hand, have as their criterion how they will feel after they have eaten and how the food they eat will affect their body. This gives them the sense of moving toward something positive rather than being deprived.

Often rather than changing a client's criteria, it is better to change their complex equivalences for these criteria. People represent their criteria by words, and place very high value on these words, and as their attitudes change they will redefine these words rather than alter their commitment to them. 'Love' will be just as important to a particular person at age fifty as it was at age twelve, but in the intervening years s/he will have completely changed the meaning the word 'love' has. For the most part, people seem to be innately Platonists. A person will say "I understand what love is now a lot better than I did when I was young", as if the concept 'love' has some independent existence and it makes sense to search for its 'true' meaning, which may be very different from its conventional usage.

5) **Adding a New Behavior:**

One needs to understand the word behavior here in the usual cognitive sense as meaning both internal and external behavior, i.e. thinking and

feeling as well as action. So under this heading can be included teaching the client various 'strategies', such as the strategy for learning to spell, or for motivation, or for accepting criticism.

The way to teach someone a new behavior is to have them practice it. The belief is that practicing a behavior in one's imagination is at least as effective, and often more so, than more overt forms of practice such as role-playing. We refer to this sort of mental rehearsal as 'future pacing'.

Looking at a situation

"But I don't want to feel okay when they whistle at me. They shouldn't do that. I just want them to stop."

When formulating outcome, the main notion is that clinical outcomes must be under control of the person creating the outcome. Then you work around that idea until they come up with a suitable outcome. It sometimes takes a while, but once the woman in our example understands the concept that it's not the whistling that's the problem, but her response to the whistling, she will be willing to begin to define an outcome expectation that is well formed.

It's not always quite that clear cut, but certainly in the model, an outcome is only well-formed if it can be 'initiated and maintained by the subject'. In other words, changework cannot help change things that are not under the subject's control ('environmental variables'). On the other hand, the objective of changework is often to move things from the category of environmental variables to that of choice variables (or decision variables) in the client's model of the world.

For instance, a lot of people consider their responses to certain stimuli (such as being whistled at or hearing people criticize adolescents) as being an environmental variable, a *given*. Such a client believes that their problem can only be solved when the world changes and since they have no way of causing the world to change, they go through life as victims, complaining. This is the structure of how to be a loser.

This can be made manifest in hearing a woman's comments on some of the sexist attitudes she encountered among her male business colleagues: "It really made me uncomfortable". Her words, and especially her tone of voice, really made it clear that she has a belief that it is the world's responsibility to see that she is comfortable. This is a loser's attitude, not because the woman is unreasonable (she was right - what she was dealing with is undesirable) but because she was putting her attention on the things over which she (in this particular case) had no control over rather than on her own responses, which she was able to learn to control.

One sees this very commonly in couple therapy: A woman complains "When my husband comes home from work, he just wants to sit and watch the news on television and have a beer and he doesn't want to listen to any of my problems, and it makes me feel very rejected." To her, feeling rejected because of her husband's behavior is a given, an environmental variable. It is a 'cause-effect Meta-model Violation' in NLP to say that other people or other external factors cause one to feel a particular way. Part of the job of any clinician is to challenge that assumption, to show the client that it is possible to find ways of learning new responses to a problem stimulus.

HOWEVER, one can get carried away with the point of view if one doesn't temper it with some common sense.

For instance, a woman says "My boss stops by my desk at work all the time and fondles my breasts." Or a wife complains, "My husband stabbed me with a kitchen knife. Last week he hit me with a hammer". In cases like these, a clinician would be a fool to say "Let me teach you to have a more positive response to his behavior". In these cases, one needs to realize that the external situation is not an environmental variable: the secretary can be assertive in telling her boss to leave her alone or can file a sexual harassment suit or can find another job. The wife can force her husband to get counseling and can get legal assistance or can leave. These may not necessarily be easy solutions, and cognitive approaches may not be much help in finding them, but nonetheless this is the only sensible approach.

Having defined the limits and assured ourselves that we don't have that kind of situation, we might, for example, start contrasting whistling with behaviors she DOESN'T find offensive. "Does people coughing offend you?" "No." ... then lead into a discussion of how coughing is different from whistling, and steer the discussion to the realm of how it's HER REACTION that is creating the difference.

But to suggest interventions in the abstract, without knowing the particular client, is really contrary to the spirit of changework that we are trying to develop.

One of the things that occurs is that the hypothetical client in this particular case may attach a certain meaning to being whistled at and so one might want to start by changing the 'complex equivalence' she attached to this experience. In other words, you would ask the client "What does it mean to you when men whistle at you?" If she answers, "It means they think I'm a slut", then you would want to change that before you move on to another approach.

Also, you would want to ask "What resources would you need in order to feel okay when men whistle at you?" Probably the reframing suggested in the

previous paragraph would be necessary before the client could provide a useful answer to this question, but you would be looking for answers such as "A feeling of personal power" or "Knowing that I am safe" or "A belief that I am a worthwhile person even when men see me only as a sex object".

Then you would ask, "What are contexts in your life in which you already have that resource?" Then you would find a way of helping the client transfer the needed resource into the problem context.

The client is a woman incest survivor, who said it irritated her when people whistled at her. There's the suggestion here of a cause-effect belief to the effect that being an incest survivor causes a woman to be incapable of learning to be comfortable when people whistle at her. ("You shouldn't expect very much of me - I'm an incest survivor, after all.") Changing this belief would be much more important than dealing with the whistling. (And perhaps one needs to change this belief in the clinician before there is much hope that this clinician can offer this client much real constructive help.)

You would also want to know what other issues the client has which, in her model of the world, are connected with being an incest survivor. The presenting problem - being whistled at by people - might be one that she and the clinician would agree to be the least of our priorities.

We should emphasize that suggesting hypothetical interventions for hypothetical clients can be a good way of explaining some of the ideas of changework, but it's pretty much inherent that what one does with an actual client will often not follow pre-conceived notions but will depend on that particular client.

We perhaps left out the most important part, without which none of the rest of what is suggested is likely to work. You have to start by finding the client *right*. This woman comes in thinking in terms of a "blame frame": "It's the fault of these people who whistle at me, they shouldn't be whistling at me". If you immediately start trying to teach her how to change her response to the whistling, she is likely to take that to mean that you consider her to blame and that will likely cause lots of 'resistance'. ("Why should I have to be the one to change? They're the ones that ought to stop whistling.")

So it's essential that you start out by finding her *right*: namely, I agree that yes, I do see how being whistled at would be very difficult and furthermore it's very unfortunate that people who whistle at women either don't realize that or just don't care. You might even explore with her some of the hypothetical motives of people who whistle.

Only then, having established that blame is not an issue in contention between us, would you ask, "Who do you want to be in control in this

situation? Right now, the people who whistle at you are in control, because you can't make them stop. Do you want to keep things that way, or would you like to learn some ways of not paying any attention to their whistling so that you can be the one who controls how you feel?"

At that point, you would hope that she would be receptive to the sort of interventions that have been suggested.

Obviously one does not become a changeworker through simply reading about it. However, this paper does bring to the attention the need to beware of words and their meanings. If the reader is convinced that the people with severe and persistent problems in living are suffering from a disease [chemical imbalance, gene or germ], nothing said in this paper is likely to be helpful. On the other hand, if you think that perhaps there is a better way to help people and are willing to risk finding out, the NLP people have provided some thoughtful frameworks for consideration.

COMPONENT #3: SERVICE DELIVERY

As we stated in the introduction to this Volume, it is incumbent upon the meta-system to create a 'market place' of competitive service delivery vendors. One piece of that market place must be an organization that provides cognitive behavior management services. The competition will then allow the meta-system to 'learn' what works and what does not. Nonetheless, we are sufficiently convinced of the superiority of the cognitive behavior management technology, that we posit ways to implement it in both educational and clinical arenas. A final section is oriented toward the development of outcome expectations and measures in either the educational or clinical arena. The development of outcome expectations and the ability to define these in measurable terms is one of the major issues in human services. This last section includes an amended manual, based on the 'Measuring Program Outcomes' manual created by the United Way of America. Anyone wanting to operationalize a performance management organization should find this helpful. If you wish to acquire the unamended version, contact information is supplied in that section.

System Mechanics

A word needs to be said about system mechanics particularly in regard to the oligarchies of human services. Both the public schools and the not for profit agencies have lost their mission. Such generalizations are of course wrong when taken to mean all public schools or all not for profit agencies. However the vast majority of decisions made about the way business is handled are made to please either the staff or the funding agency. Very little concern is apparent, except by the naive and dedicated individuals working in the system who have not yet learned the myth that children are to be

feared, there is not enough money, 'no good deed goes unpunished', etc. Some of us are indeed too slow to pick up these obvious concerns. Part of the mission failure difficulty is that there is no market test and no reason to be concerned about the 'customer'. The customer doesn't pay, and because of the oligarchy status cannot even leave and go elsewhere unless they have substantial wealth or income and are fully autonomous. Generally, people with severe and persistent problems in living have neither of these resources.

There is no market test. When foul weather threatens, restaurants, hospitals and radio/TV stations remain open - human services close. There are no weekend or holiday hours in human services such as there are in business even though we know that the needs escalate in such times. One way to create a market test is to provide the funds directly to the client rather than to the program. The voucher program of educational progressives would do more to improve education than another billion dollars. The new money would simply go to do more of what is already being done or to raise salaries of people already overpaid, if judged by outcome. The voucher would cause the staff to need to please the client/customer. This would probably mean innovation and change. Even without a plan such as is outlined here, some enterprising young change worker would find a way to make it work. In the best interest of the client - a substantive change, without coercion and resistance.

Generic Protocol

A second area of elaboration is the need to establish a general protocol for relating to the client, regardless of the situation in which the encounter occurs.

Situation: a child is referred because of anxiety, sadness and/or anger.

1. Engagement/Well Formed Outcomes

All helping starts with the development of a personal, trusting relationship which enables identification of the subject's personal characteristics [thoughts, feelings and behaviors] which diminish his/her capacity to meet his/her desired goals. Thus, there are two segments to forming a trusting relationship: 1) the understanding and clarity of the desires of the client, and 2) the establishment of a personal commitment to those goals.

The first requires an indication of personal preference about what goals to achieve. If no such indication is provided, the process of goal elicitation

needs to be undertaken. If, for example a child is described as school phobic [apparently afraid to attend school], it is necessary to elicit whether the child would like to overcome this anxiety and wants to attend school. If the child does not want to attend school, the anxiety characteristics are clearly effective and no barriers exist except in the mind of concerned others. However, if the child does want to go to school, this indicates that another goal is operational, even though it may be unarticulated. Uncovering this other goal becomes paramount in seeking improved performance in living. It is highly unlikely that the child does not want what everyone else wants success [achievement at something productive], happiness [mutually satisfying and gratifying relationships] and comfort [emotional stability]. However, the child may be unable or unwilling to express these goals. The elicitation of a well-formed outcome is a mandatory prerequisite to the provision and acceptance of help. Thus the criteria for measurement of the outcome must also be articulated by the subject. There are no short cuts. It is improbable that any positive outcomes can occur unless you are able to elicit personal preference, criteria and sanction to provide help.

Elicitation is both an art and a skill. While certain techniques can be used, who you are will be as important as what you do. Once identified to you by significant adults as having problems in living, you must either determine that the adults are wrong or identify a personal preference. If you are unable over time to elicit any positive personal preferences, the responsibility to help the subject identify and articulate a personal preference does not end. You may need to refer this child to another helper who may provide a better connection.

Second, the establishment of personal commitment to the client on the part of the helper is conveyed through three research established, but otherwise difficult to assess aspects: 1) emotional contagion, 2) words that have the effect of a force, and 3) modeling.

Emotional contagion requires first the establishment in the changeworker of the emotions of *hope* and *enthusiasm*. As the worker is able to become hopeful and enthusiastic, s/he holds the potential of contaminating the client with these emotions; OR s/he can become contaminated by the emotions of the child. Contamination from the client can become particularly salient when there is a crisis. Fear and panic are particularly infectious. It is perhaps possible to have a warm, trusting relationship in which both parties feel hopeless and defeated, but this is unlikely to be helpful. Therefore, what a person IS, in terms of what emotional intelligence and stamina s/he brings to the situation is more important than what s/he does. Most of the help that occurs in the traditional system of human services occurs because of this factor - the contagion of positive emotions - and little else. That some changeworkers are able to maintain positive emotions in light of the negativity of traditional 'therapy' is amazing.

We have quoted Pinker on the 'magic' of how words form concepts in the other's mind several times in this book. We would add that 'words have the effect of force because all propositions are believed to be true until analytic work reveals them to be incoherent. Deenergized systems fail to do the work" (Wegner & Pennebaker, 1993). What you say to a child is therefore of critical importance, particularly when the child is deenergized. 'If a belief is gratifying as well as true, its acceptability is enhanced.'" - this allows for you to help the child analyze negative thoughts and compare them with positive thoughts and even if both were true, the positive would be more gratifying and acceptable. Unfortunately, we say things without thinking. We use terms like treatment and mental illness, patient and resistant, and convince our clients that they are weak and impotent as well as 'bad'. Many of these *faux pas*, such as 'you are a bad boy - meaning what you did was unacceptable', are natural to the language and lay persons can be held harmless until properly taught. Professionals, however, have little excuse.

Professionals must convey through their words the fact that the client IS in charge of his/her own life and that even if s/he is in crisis, s/he will recovery his/her power. The changeworker must always convey that they are merely enablers in he recovery process, that the true power is from the client him/herself.

Finally, we have the observational learning that occurs from the client watching us in action. How often do we 'punish' transgressors while trying to teach them how to control their own punishing behavior? How you perform when you are afraid, angry, or feeling panic is a powerful tool for teaching the client how to behave.

Watch your thoughts; they become words.
Watch your words; they become actions.
Watch your actions; they become habits.
Watch your habits; they become character.
Watch your character; it becomes your destiny.

These three factors, emotion, words and behaviors must be under control and oriented towards hope and positive solutions if we are to form meaningful relationships with our clients. Then we can use the human services technology effectively.

2. Psychoeducation

This includes the teaching of language and concepts relevant to the nature of the barrier(s), outcome expectations and the process of change. If, as per our example, the child is afraid to go to school but would like to, s/he will need to understand the nature of anxiety and the thought, feeling, behavior

connection. The helper needs to understand that a new concept, once understood, changes the mental context of the subject. Just knowing about the importance of goals raises the question of whether or not s/he has one. Learning the variation of emotions and being able to discriminate the various intensity levels may have an impact even before actual intervention occurs.

3. Calibration

This involves the personal specification of this child in these circumstances. What specific thoughts, feelings and behaviors are we talking about? How frequent do the thoughts, feeling and behaviors occur? How long do they last? What is their degree of intensity? Identify the modalities [representational systems - visual, audio, kinetic, olfactory and gustatory] and submodalities [color, brightness, distance, etc.] Which are most often occurring to the subject when s/he imagines negative/ positive objects or events. These personal specifics need to be identified and the language and concepts commonly understood.

4. Situational Hierarchy

This is the identification of specific objects or situations in which the characteristic thoughts, feelings and behaviors occur which impede reaching the personal preferences. This includes a ranking by intensity in order to start with the least obstructive and work up to the most obstructive.

5. Identification of Resources

The identification of specific situations in which the subject thinks, feels, and behaves competently. Thoughts, feelings and behaviors from these situations can become resources that are 'anchored' into the situations in which the subject thinks, feels and behaves incompetently.

6. Plan of Change

At this point the helper can select specific tools [protocols, techniques and procedures] to address the specific thoughts, feelings and behaviors that impede meeting desired performance within a specified period of time.

7. Implementation/Outcome Evaluation

Implementation and measurement happen simultaneously. As the tools are used there is continual evaluation of outcome against expectations [personal criteria]. If there is progress [movement toward expected outcomes], the implementation continues until the outcome expectations are met and the subject is able to perform competently in all necessary situations. If there is no progress, the helper may discuss with the subject/family the need for a

Change Order. With the approval of the subject/family changes can be made in the Plan of Change and a new implementation and time schedule is provided. Once the subject is able to perform competently in the areas defined in the Situational Hierarchy, s/he is released from further services. As per the example, the child returns to school and is able to perform competently [not necessarily optimally].

SECTION A. EDUCATIONAL SERVICES

NEED:

In our changing society increasing numbers of children fall into a category of children that could be delineated by a lack of 'school survival skills'. All school children are required to make two primary adjustments in school:

1. adjust to the behavioral expectations and demands of teachers in the classroom, which generally include
 - obedience to class rules
 - attending to tasks
 - completing assigned work
 - exhibit valued skills.
2. adjust to the expectations and behaviors of peers where social interaction occurs such as free play settings.

Two categories of students with problems in adjustment can be identified. Students who externalize behaviors and 'act out' in their frustration; and children whose behavior is internalized, withdrawn and anxious. Those student who exhibit chronic patterns of hostile, aggressive and defiant behaviors are quickly identified as having problem behaviors, and are less likely to remain in community settings including school unless or until they master these 'survival' skills. Children who are withdrawn or anxious may meet the adjustment to teachers since they do not tend to 'disrupt' the educational process, but fail to adjust to the expectations and behaviors of peers. They are therefore often overlooked as having adjustment problems.

Wehby [1994] has identified four overlapping hypotheses which suggest that the problem behavior of externalizers may be the result of:

- a) a social skill deficit;
- b) positive or negative reinforcement;
- c) environmental deficits; or
- d) deficits in the cognitive processing of social stimuli.

Although these hypothesis overlap and are not inclusive of all the possible causes of aggressive behavior, each has been supported by research. For example, some children engage in aggressive behavior because they lack the appropriate social skills to gain entry into peer activities and to negotiate conflicts.

Aggressive behavior may also be supported by attention from others, by access to desired materials or activities [positive reinforcement], as well as by escape from or avoidance of undesired activities, such as difficult tasks [negative reinforcement]. The environmental-deficit hypothesis is supported by research demonstrating that aggressive children are more likely to display higher rates of aggression in settings characterized by low densities of positive reinforcement for desired behaviors or by low levels of structure [space organization, scheduling, work system sequencing, task organization, prompts and reinforcement].

Finally, other research has demonstrated that some aggressive students attend to irrelevant cues, fail to encode relevant information, misinterpret the intentions of others, make hostile attributions of intent, and are unable to develop competent solutions to problems. These findings suggest that both the context [internal and external] and function of behavior must be considered when developing interventions [Rutherford & Nelson, 1995].

The proposal for enhanced educational services intends to develop strategies to provide social learning services on the *prevention* and *developmental* levels as appropriate for teaching children personal discipline and competence in social areas. *Remedial* interventions are discussed in Section B. Clinical Interventions.

BACKGROUND

Greenberg, etal⁴² have provided a report that identifies critical issues and themes in prevention research with school-age children and families through review and summary of the current state of knowledge on the effectiveness of preventive interventions intended to reduce the risk or effects of psychological disorders in school-age children. The following is a liberal adaptation of the initial section of that report.

I. CURRENT ISSUES AND THEMES IN PREVENTION RESEARCH

Introduction

⁴²Mark T. Greenberg, Celene Domitrovich. & Brian Bumbarger, PREVENTING MENTAL DISORDERS IN SCHOOL-AGE CHILDREN: A Review of the Effectiveness of Prevention Programs, 1999

In the last decade prevention has moved into the forefront and become a priority for many federal agencies in terms of policy, practice, and research. This shift began with a report by the National Advisory Mental Health Council (1990) and is reflected in the combined work of the National Institute of Mental Health (NIMH, 1993) and the Institute of Medicine (IOM, 1994). More recently, the National Advisory Mental Health Council Workgroup on Mental Disorders Prevention Research (NIMH, 1998) outlined a number of priorities and recommendations for research initiatives in prevention science.

The Need for a Preventive Focus in Child Psychological Development

Interest in prevention is also reflected in the goals that have been set for the nation's health. One of the original objectives of Healthy People 2000 was to reduce the prevalence of psychological disorders in children and adolescents to less than 17%, from an estimated 20% among youth younger than 18 in 1992 (DHHS, 1991). As of 1997, the summary list of psychological objectives for Healthy People 2000 included reducing suicides to no more than 8.2 per 100,000 youth (aged 15-19) and reducing the incidence of injurious suicide attempts among adolescents to 1.8% and, more specifically, to 2.0% among female adolescents (DHHS, 1997). A number of other objectives were related to child and adolescent mental health. One of the risk reduction objectives in the Violent and Abusive Behavior category was to reduce the incidence of physical fighting among adolescents aged 14-17 from a baseline of 137 incidents per 100,000 high school students per month to 110 per 100,000 (DHHS, 1997). Two additional objectives in this category were to increase to at least 50% the proportion of elementary and secondary schools that include nonviolent conflict resolution skills and to extend violence prevention programs to at least 80% of local jurisdictions with populations over 100,000 (DHHS, 1997). Greenberg suggests that it is unlikely that these goals will be met by the year 2000. It is also unlikely that these goals have been met today.

There is growing concern in our country as increasing numbers of children and adolescents are having difficulty managing the challenges of development. Between 12% and 22% of America's youth under age 18 are in need of psychological services (National Advisory Mental Health Council, 1990), and an estimated 7.5 million children and adolescents suffer from one or more mental disorders (OTA, 1986). In addition to the personal suffering experienced by children with emotional or behavioral problems and their families, mental health disorders also have a tremendous cost to society. According to the National Advisory Mental Health Council (1990), in 1990 psychological disorders cost the United States an estimated 74.9 billion dollars.

While a number of reviews provide evidence that childhood disorders are amenable to intervention, the literature must be interpreted cautiously.

There is still a great deal to be learned about specific types of interventions, their appropriateness for certain disorders, and the factors that contribute to outcome success and failure. We have not reached the point where we are able to serve all children effectively. As suggested by the Institute of Medicine in their report to Congress on the state of prevention research in psychological disorders, it is important not to overlook the significance of prevention even if intervention efforts have been unsuccessful; in fact, prevention may play a particularly important role for these types of disorders (IOM, 1994).

It is clear that to reduce levels of childhood psychological disorders, interventions need to begin earlier, or ideally, preventive interventions need to be provided prior to the development of significant symptomology. In addition, efforts need to be increased to reach the many children that do not have access to services. Many children and adolescents with clinical levels of problems never receive appropriate services or they receive inappropriate services. Another problem with service delivery is that some children only become eligible for clinical services after they have entered another system such as special education or juvenile court and this is usually after their problems have begun to escalate. This threshold issue may make sense financially, but does not benefit the successful outcome for the child.

On the other hand, there is clearly a suggestion that it is not only the accessibility of services that is questioned, but the effectiveness of services that are offered. Some people are concerned that the 'medical model' paradigm is one that is destructive rather than helpful.

The Role of Developmental Theory in Prevention Research

Prevention science is highlighted by the integration of developmental theory with models from public health, epidemiology, and sociology in conceptualizing, designing, and implementing preventive interventions. As concepts in development have broadened to include ecological analysis and multivariate examination of causation and risk, developmental theory has provided a powerful framework for organizing and building the field.

Given the principle that the developing organism is strongly influenced by context, Bronfenbrenner's model of the nature and levels of context has catalyzed the field. The ecological model posits four [04] levels for classifying context beginning with those ecologies in which the child directly interacts and proceeding to increasingly distant levels of the social world that affect child development.

- The first level, the ***microsystem***, is composed of ecologies with which the child directly interacts such as the family, school, peer group, and neighborhood.

- The **mesosystem** encompasses the relationships between the various microsystems (e.g., the family-school connection or between the parents and the child's peer group and peers' families). The absence of mesosystem links may also be an important risk factor in development.

Interactions within both the microsystem and mesosystem are often affected by circumstances that do not directly involve the child. For example, children and youth may be significantly affected by changes in marital circumstance, parental social support, changes in the legal system (e.g., changing definitions of neglect or abuse; regulation of firearms, tobacco, and illegal drugs), the social welfare system (e.g., welfare reforms, boundary changes for categorical services), the mass media (e.g., controls on children's exposure to television violence, the widened horizons via the internet), or other social structures that set policies and practices that alter microsystem and mesosystem interactions.

- The **exosystem** is those contexts and actions that indirectly impact the child's development. Many preventive interventions may be viewed as changes at the exosystem level that alter interactions among lower system levels.
- Finally, the **macrosystem** represents the widest level of systems influence, consisting of the broad ideological and institutional patterns and events that define a culture or subculture.

Developmental-ecological models can be used both to frame basic research attempts to understand layers of influence on behavior, and also to identify potential targets and mediators of intervention. It is important for researchers to specify, for example, whether their interventions focus primarily on: the microsystem - or a particular portion of it; multiple microsystems (e.g., interventions for both the home and school); the mesosystem (e.g., the family-school connection); informal networks that in turn affect the microsystem (e.g., the development of extended family or peer support to parents); or developing new models of service delivery or regulatory reform (e.g., formal services in the exosystem). Further, one might ask if these different levels of intervention emphasize changing the attitudes and behavior of individuals at these levels (i.e., person-centered), or changing the nature of the system's operation itself (i.e., environment-focused).

The Role of Risk and Protective Factors in Preventive Interventions

Public health models have long based their interventions on reducing the risk factors for disease or disorder as well as promoting processes that buffer or

protect against risk. Community-wide programs have focused on reducing both environmental and individual behavioral risks for both heart and lung disease and have demonstrated positive effects on health behaviors as well as reductions in smoking.

Risk factors and their operation During the past decades, a number of risk factors have been identified that place children at increased risk for psychological disorders. Coie et al., grouped empirically derived, generic risk factors into the following seven [07] individual and environmental domains:

1. **Constitutional handicaps:** perinatal complications, neurochemical imbalance, organic handicaps, and sensory disabilities;
2. **Skill development delays:** low intelligence, social incompetence, attentional deficits, reading disabilities, and poor work skills and habits;
3. **Emotional difficulties:** apathy or emotional blunting, emotional immaturity, low self-esteem, and emotional dysregulation;
4. **Family circumstances:** low social class, mental illness in the family, large family size, child abuse, stressful life events, family disorganization, communication deviance, family conflict, and poor bonding to parents;
5. **Interpersonal problems:** peer rejection, alienation, and isolation;
6. **School problems:** scholastic demoralization and school failure;
7. **Ecological risks:** neighborhood disorganization, extreme poverty, racial injustice, and unemployment.

Theory and research support a number of observations about the operation of these risk factors and the development of behavioral maladaptation.

- First, development is complex and it is unlikely that there is a single cause of, or risk factor for, any disorder. It is doubtful that most childhood social and behavioral disorders can be eliminated by only intervening with causes that are purported to reside in the child alone.
- Furthermore, there are multiple pathways to most psychological disorders. That is, different combinations of risk factors may lead to the same disorder and no single cause may be sufficient to produce a specific negative outcome.
- In addition, risk factors occur not only at individual or family levels, but at all levels within the ecological model.

The complexity of developmental pathways is clear from research relating risk factors to disorders. There appears to be a non-linear relationship between risk factors and outcomes. Although one or two risk factors may show little prediction to poor outcomes, there are rapidly increasing rates of disorders with additional risk factors. **However, not all children who experience such contexts develop adjustment problems** and no one

factor alone accounts for children's adjustment problems. Just why this is true is not accounted for in the report, but can be found in the pattern formation and decision making of the individual child which is built over time from random data collection [i.e., not all stimuli are received equally by the individual in proximity nor are they necessarily interpreted in the same manner - "Is the glass half full or half empty?"]. Thus, as the child creates a ***theory of meaning*** about the world and his/her place in it, the patterns formed and the judgements made about those patterns differ and create a range of balanced and rational to a distorted and irrational 'inner logic' which determine what the individual will even consider stressful, let alone how they will act in stressful situations.

Given the above findings, it is apparent that many ***developmental risk factors are not disorder-specific***, but may relate instead to a variety of maladaptive thoughts that are supported or disputed by the ecosystem surrounding the child. The notion of generic and inter-related risk factors has led to a strategy of targeting multiple factors simultaneously with the hope that the potential payoff will be greater than a focused attack on controlling a single risk factor. Recent findings in behavioral epidemiology indicate that psychological problems, social problems, and health-risk behaviors often co-occur as an organized pattern of adolescent risk behaviors. Thus, because risk factors may predict multiple outcomes and there is great overlap among problem behaviors, prevention efforts that focus on risk reduction of interacting risk factors may have direct effects on diverse outcomes.

Protective factors and their operation

Protective factors are variables that reduce the likelihood of maladaptive outcomes under conditions of risk. Although less is known about protective factors and their operation at least three [03] broad domains of protective factors have been identified.

- The first domain includes characteristics of the individual such as cognitive skills, socialcognitive skills, temperamental characteristics, and social skills.
- The second domain is comprised of the quality of the child's interactions with the environment. These interactions include secure attachments to parents and attachments to peers or other adults who engage in positive health behaviors and have prosocial values.
- A third protective domain involves aspects of the mesosystem and exosystem, such as school-home relations, quality schools, and regulatory activities. Similar to risk factors, some protective factors may be more malleable and thus, more effective targets for prevention.

Coie et al. suggested that protective factors may work in one or more of the following four [04] ways:

- directly decrease dysfunction;
- interact with risk factors to buffer their effects;
- disrupt the mediational chain by which risk leads to disorder;
- or prevent the initial occurrence of risk factors.

By specifying links between protective factors, positive outcomes, and reduced problem behaviors, prevention researchers may more successfully identify relevant targets for intervention. However, the development of rational and balanced thoughts concerning what is happening around you substantially buffers the potential for dysfunction as well as disrupting the mediational chain by which risk leads to disorder. By enhancing the balanced and rational thinking of the child managers, one reduces the negative messages and nonconscious reinforcements that may contribute to the disorder itself.

The specification of intervention goals is an important component of preventive-intervention research and practice. This requires both an understanding of risk and protective factors that contribute to outcomes, and also the identification of competencies that are presumed mediators or goals of the intervention. Although these goals may include the prevention of difficulties (e.g., absence of psychological distortion, abstention from substance use), they also involve the promotion of sound developmental outcomes. Further, the prevention of deleterious outcomes involves the enhancement of competency mediators (e.g., effective social problem-solving as a mediator of reductions in delinquency).

Preventive Intervention: Definition of Levels

The IOM Report (1994) clarified the placement of preventive intervention within the broader intervention framework by differentiating it from direct services (i.e., case identification; standard interventions for known disorders) and maintenance (i.e., acceptance of long-term clinical recommendation to reduce relapse; after-care, including rehabilitation). Based, in part, on Gordon's proposal to replace the terms primary, secondary, and tertiary prevention, the IOM Report defined three [03] forms of preventive intervention: universal, selective, and indicated.

- Universal preventive interventions target the general public or a whole population group that has not been identified on the basis of individual risk. Exemplars include prenatal care, childhood immunization, and school-based competence enhancement programs. Because universal programs are positive, proactive, and are provided independent of risk

status, their potential for stigmatizing participants is minimized and they may be more readily accepted and adopted.

- Selective interventions target individuals or a subgroups (based on biological or social risk factors) whose risk of developing psychological disorders is significantly higher than average. Examples of selective intervention programs include: home visitation and infant day care for low-birth weight children, preschool programs for all children from poor neighborhoods, and support groups for children who have suffered losses/traumas.
- Indicated preventive interventions target individuals who are identified as having prodromal signs or symptoms or biological markers related to psychological disorders, but who do not yet meet diagnostic criteria. Providing social skills or parent-child interaction training for children who have early behavioral problems are examples of indicated interventions.

All children need to learn how to associate with other human beings in ways that are mutually satisfying. Failure to accomplish this task is not pathological. In fact most of us have severe deficits in some areas of association: problems with authority, problems with intimacy, problems with confidence in certain social situations, etc. A process of social education, therefore, makes sense for all of us, not just for the atypical person who stands out like a 'sore thumb'.

The 'sore thumbing' process, however, can help us to identify quickly those who may be sufficiently inept at certain social skills that they could end up with problems in living. Significant adults such as parents, relatives, teachers and others can quickly observe children who are 'sore thumbs'. They are annoying, difficult to direct, and fail to do things that such adults expect. Parents talk about infants and toddlers and compare one to the other. "This one is a load" - "s/he needs constant watching" - "I can't take my eyes off her" and other such statements are not unusual. Sometimes they may merely mean that the child is alert and inquisitive. On the other hand, it is the *quality* of the behavior, not so much the behavior itself, that we need to identify, and parents seem quite apt, particularly if there are other children for comparison, to identify these qualitative differences; and do so on a regular basis.

Unfortunately, we tend to merely commiserate. Rarely do we offer ways that the parent might intervene to help that child learn the skills that they are missing. As a result, the situation is likely to escalate. Parents most often respond to aggressive behavior that makes them angry in ways that reinforce the behavior, because this is the way they learned from their own parents. Later, the school teacher may feel a similar frustration and commiserates with other teachers about the 'sore thumbs' in class. Speculation about upbringing may occur, but no special remedies are

offered, even when occasionally teachers and parents concur that this child is atypical. Teachers try to maintain 'control' of their own classes and after they believe they have exhausted all reasonable efforts, tend to react with anger leading to punitive or coercive measures themselves, emulating the learned behavior from their own parents.

Sooner or later, the child gets into trouble; e.g., does something that parents or teachers or other adults cannot accept. NOW the child has become a problem! NOW we want to solve the problem and since it is the child who caused the difficulty - the child must change. Depending upon the perspective of the *authoritative person* involved, the behavior may be seen as *delinquent* [generally identified with such words as corrupt, incorrigible, or wicked - this is behavior with little redemption] or *pathological* [generally identified with such words such as 'sick' (illness or disease) which at least to some people has some redemptive quality].

If the behavior is viewed as delinquent, the child is identified as an *aggressor*, and as a result there seems to be an immediate need to punish the offender *so that s/he will never do it again!* If the behavior is viewed as pathological, the child is identified as a *victim* since there seems to be a tendency to see the behavior as not within the control of the child. Therefore, it is the responsibility of the adults to *control* the behavior either through increasing restrictions or medication. Unfortunately, neither of these perspectives offers much chance of successfully reducing the potential for development of a future ability for the child to associate with other human beings in ways that are mutually satisfying. In fact, both of these responses lead to isolating the child from the very experiences that can have a positive impact.

The first question, we should ask, is 'why wait until it becomes a problem?' The answer for this is partially embodied in the lack of effective corrective technology and partially in the availability of personal resources within the adult supervisor. We certainly don't want to label kids whose behavior is only somewhat atypical, a 'sore thumb' as it were, as delinquent, 'mentally ill', or in need of special education. And yet this is the *means test* of human services - you must create a sufficient problem in living - yours or someone else's - before we can react. Any professional in human services worth his/her salt will tell you that we need early intervention. And those who are skilled in working with behaviors are aware of the need to address the behavior the *first* time it occurs or there is the potential for developing habits which are harder to break. The use of selective and/or indicated prevention interventions can avoid the 'means test', but does little to increase the skills.

This leads to the second question of why are we so ineffective once we address the problem? The track record for successfully helping delinquent

and 'mentally ill' children learn to associate with other human beings in ways that are mutually satisfying is, to say the least, inadequate. This failure, we believe is connected to the selection of biomedical and psychodynamic approaches which have a substantial history of failure. While the vast majority of children grow up to be reasonably sufficient adults, relating to friends, family and work rather well, those who stick out like sore thumbs seem to inevitably remain that way [or interestingly enough, they change because of factors other than professional intervention].

One might begin to think that placing a band-aid over a sore thumb is not a very good answer.

Social Education: Teaching children the skills and attitudes to associate with others in ways that are mutually satisfying and gratifying.

School provides a common and important social environment for all children. Schools are unique in that they are the only human service institution whose place of business is also a *valued* setting. Thus teachers are the only professional staff who could be considered as *natural* supports. As the normative sociocultural environment of the community, the school provides an opportunity for all children to be 'socialized' to the norms of the larger community culture. This 'leveling' process may be difficult for children whose cognitive and behavioral norms have differed dramatically from those of the larger culture. As previously mentioned, there are two primary adjustments are required for the child to survive in the school. One involves adjusting to the behavioral expectations and demands of the teacher in the classroom, and includes obedience to classroom rules, attending to task, completing assigned work, and exhibiting other skills valued by teachers. The other is to adjust to the expectations and behaviors of peers in settings where social interactions occur [e.g., free play settings]. Here children must learn appropriate play behaviors and develop friendship patterns.

Some children, who have been raised more passively or with more individual sovereignty, find such adjustments quite difficult. The type of school adjustment failures can usually be categorized as demonstrating externalizing or internalizing behavior patterns. Those children who are more anxious tend to withdraw from these demands, while those who are more aggressive tend to rebel against them. Of the two adaptations those who rebel get much more attention and often end up placed outside of the classroom, school or school district. Most people concede that such placements contribute to, rather than reduce, the problems which cause the maladaptation simply because they diminish the prosocial significant relationships that can develop in the security of home, school and community familiarity. Further, the labeling that is entailed in the process of 'documenting' the need or eligibility for assistance is likely to deteriorate the

child's self-affirmation and belief in the goodness of others and future prospects. Children are rarely ever as 'bad' as the horrors documented in the record. Partially this is because of the need to exaggerate felt by the adult who wants to make this someone else's problem and partially this is because things always sound more dramatic when in writing since the nuances of spoken language are missing.

Since school is likely to be the first and most powerful socializing environment outside of the home that children in this society will face, it seems incomprehensible that more effort is not made in helping children with the adjustments that they need to make. Instead, the teaching and administrative staff often view the children who fail to adjust as 'interlopers', who need to be removed as quickly as possible so that the rest of the children can achieve academically. This is not an efficacious policy, since teachers and administrators continue to deal with the difficulties caused by these adjustment failures, but not necessarily in an organized and successful manner.

Social education is a term we have used to describe the process of helping children make the adjustments necessary to achieve in the normative culture⁴³ of the school.. For the school, there are three orders of intervention - preventative, developmental &/or remedial, or to use the Greenberg, et al terminology, universal, selected and indicated interventions.

Prevention	External	Internal
Universal Modality: School wide	<ul style="list-style-type: none"> • Culture Restructuring • ICPS • Self Instruction • Attribution Training 	<ul style="list-style-type: none"> • Culture Restructuring • ICPS • Self Instruction • Attribution Training
Developmental Modality: Class room	<ul style="list-style-type: none"> • Prepare Curriculum • Aggression Replacement • Moral Reasoning 	<ul style="list-style-type: none"> • Penn Optimism • Paths Emotional IQ • Thinking, feeling & behavior
Remedial Modality: One-on-one	<ul style="list-style-type: none"> • Psychoeducation • Circle of Friends • Social Learning Family Intervention 	<ul style="list-style-type: none"> • Psychoeducation • Accurate Self Appraisal • Cognitive Process Correction

	<ul style="list-style-type: none"> • Anger Management • Assertiveness Training 	<ul style="list-style-type: none"> • Assertiveness Training
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The interventions⁴⁴ listed in each category are, of course, examples, of what is available. It is, however, expected that these interventions and other like them, all of which are based on learning theory, are adequate to begin to diminish the incoherence between the cultural [cognitive and behavioral] norms of individual children and those of the normative culture in which they live. More importantly for schools, it is clear that teachers can adapt their teaching skills and disciplinary actions to accommodate the prevention and developmental components of this approach. The remedial approaches are generally addressed by clinical staff and are addressed in the second part of the CCSS component, although guidance counselors, social workers and school psychologists may also use these interventions.

It is important that social education start at the earliest opportunity since the experts agree that children develop a naive, but utile explanatory theory of how the world operates by seven or eight and, while change after that age is possible, it is an increasingly difficult and time consuming process.

In order to best ensure that the school culture is normative, and to enhance the overall acculturation of the child, it is best that these social education interventions be extended into the family and community at large. [See Home, School and Community Council - Part #3]

THEORY

<p>A man is literally what he thinks, his character being the complete sum of all his thoughts. [1864-1912]</p>	<p>James Allen</p>
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A child's social education is often taken for granted. While not everyone has the opportunity to *bond* to a mother who is warm and supportive, have peers who are oriented to appropriate social play and find heterosexual relationships which support positive mental schema about oneself, others and future prospects, we think that somehow they should be aware of what is *right*.⁴⁵ Therefore, when they do not behave as expected we identify them as abnormal; meaning either deviant or criminal [perverted or evil]. While their behavior may be perverted or evil or both; it is not always clear that they are. Only after they have been helped to understand their own

⁴⁴ These interventions and others are listed and defined in the appendix.

⁴⁵ And they do know what is right - in context. What occurs is that their context is different than yours.

internal logic and to evaluate the effectiveness of that logic in reaching their goals can they *choose*.

There are two basic social learning interventions: *cognitive rehabilitation* and *social competence skill building*. However there is also the process of prosocial *culture restructure* that can be both preventative and supportive. Prevention occurs because it offers an opportunity for the person to learn the basics of social competence *in vivo* and doesn't require that a *faux pas* occur that is so severe that it identifies one as abnormal and makes them eligible for counseling or skill building. Support occurs because the environment is '*seeded*' with prosocial rituals and responses that reinforce not only the behavior of the one with problems in living, but structures the behavior of others in the environment as well.

Cognitive Rehabilitation

Cognitive Rehabilitation is a process of helping an individual become aware of his/her often unconscious inner dialogue, evaluating these thoughts in light of usefulness, disputing conclusions which cannot be verified by the evidence, and providing skills in changing those thoughts which prove to be unhelpful. This inner dialogue provides 'leakage' of the major mental schema that make up the persons personal outlook on the world and his/her resulting performance. The major mental schema or beliefs about self, others and future prospects are a major area for analysis as are attributions of success and failure. There are two basic approaches to Cognitive Rehabilitation, Cognitive Restructuring and what has been known as cognitive therapy, which we prefer to reference as Cognitive Process [error] Correction. Of the two, correcting cognitive errors is the more superficial and does not necessarily get to core beliefs.

Cognitive Rehabilitation is a function, not a role, which can be provided by a variety of people in a variety of settings, including *in situ*, and can be provided to individuals or groups. Generally Cognitive Rehabilitation is considered a *remedial* services, although as with most things that remedy, Cognitive Rehabilitation can be used developmentally as well. The word remedy is closely related to the word medicine - to 'heal' and has been extended to 'something that corrects a wrong'. Remedial services are needed when the individual's coping and interpersonal skills have broken down so completely that they need to be rebuilt. The change process [awareness, attendance, analysis, alternative solutions, and adaption], while essentially the same in all cases, has variations that vary in depth, intensity and context. The Cognitive Restructuring, being more intense, will tend to use more imagery in its intervention process.

Skill Building

Social competence, like any other competence is *capacity to expectation*. Too often individuals are asked to perform in a role in which they are not competent [e.g., do not have the skills and/or resources]. Such a request is disempowering. Learning many social skills ought to be developmental [e.g., learned in the process of maturation]. Unfortunately when they are not learned, or not learned properly, the resultant behaviors often create problems in living for oneself and/or others. The disruption in normative behavior often makes it difficult for those who know how to play their roles under normal expectations to continue to be effective. Therefore, non-normative behaviors often evoke non-normative response behavior causing a cycle of maladaptation.

Unlike cognitive restructuring, which always has the same content and process, skill building varies widely in content, as a review of some of the curriculum outline in the appendix, will indicate. The process [modeling, behavior rehearsal or roleplaying, feedback and reinforcement], however, remains the same in all skill building whether it be academic or social education⁴⁶.

Culture Restructure

The process to be followed in developing a prosocial culture [e.g., a culture which emphasizes positive reinforcement of prosocial behaviors rather than punishment of antisocial behaviors] has elements that are quite different than other interventions since the intervention itself is with a socio-cultural entity [school, family], rather than with an individual or the members of a group. Cognitive anthropologists maintain that culture is composed of logical rules that are based on ideas that can be accessed in the mind. Cognitive anthropology emphasizes the rules of behavior, not behavior itself. It does not claim that it can predict human behavior but delineates what is ***socially and culturally expected*** or appropriate in given situations, circumstances, and contexts. This approach declares that every culture embodies its own unique organizational system for understanding things, events, and behavior. Thus, a substantial part of the cultural restructuring is embodied in the expectation held by the people who fill the ecosystem.

Perhaps the best way to understand culture and its influence is to understand it in terms of *fields* and *force*. Just as a magnetic field exerts a force; so to do certain relationships in the human behavior stream. As a social unit the family probably has a stronger force on the child than the school; but both have a force of control. The ability to provide 'prosocial' variables provokes a cultural evolution from present expectations of behavior and their management to a new level of expectation.

The prosocial culture is 'seeded' with the units of cultural expectation and send prosocial messages to everyone involved. We have spent considerable time in Volume II & II and will not get more specific here.

The change to a prosocial culture places a positive high *expectation* that in turn becomes a 'self fulfilling prophecy' and that is very important. Such prophecies are said to occur when belief concerning the occurrence of some future event makes one behave in a manner that increases the likelihood that the expected event will occur. These *interpersonal expectancy effects* demonstrate how much individual human beings are interrelated⁴⁷. There are two meanings to expectancy - *likelihood of occurrence* and *ought to*; and it is the former which creates the phenomenon. Thus the more the people in the culture come to believe that the members *will* act prosocially, the greater the likelihood that it will happen. The process of building a prosocial culture subtly creates a different belief system in the members through the implanting of the 'seeds' of language and providing them with actions that support the likelihood of occurrence.

If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.

Johann Wolfgang von Goethe
[1749 - 1832]

Finally, there is a process of 'seeding' specific environments with antecedent reinforcement. In attribution training children are given explanations for their behavior. They are told that their math performance is due to internal factors. Thus, we would assume that these kids will make internal attributions. Research outcomes show significant internalization of antecedent attributions which help the kids try harder, achieve better, and feel better about themselves.

Attribution training is quite simple. All the teacher does is provide the statement to the student in a casual way. When people make an internal attribution for their actions, they also change their attitudes and beliefs about themselves. They become that kind of person and the desired behavior follows naturally.

The problem with external attributions is that the behavior goes away when the external cause goes away. If children believe they are behaving appropriately because of reward or punishment, their appropriate behavior

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Interested readers may want to read 'Metaphor' which is in the theory section of the cognitivebehavior.com website. It explores a metaphor of field theory and quantum mechanics with *culture* as the field and *ideas* as the particles.

will deteriorate when the teacher turns his/her back. This illustrates what can arise when people use external things [like rewards or punishment] to influence behaviors although social reinforcement for positive behaviors that occur when observed may also impact the child's perceptions of themselves and their ultimate behavior. However, if such natural reinforcement does not take place or is not powerful, we may find that in essence, the reward or punishment may actually prevent people from making internal attributions and thus bringing the desired behavior under their personal control.

Social Education is the term being used to describe a formal [conscious] method of communication. Not only is the clinician or teacher required to maintain a transactional communication pattern where they maintain an adult-to-adult dialogue, regardless of the child [I want what I want when I want it] position often taken by students. Additionally, there is a formal dialogue requirement in which teachers and clinicians communicate intentional messages such as internal attributions and cognitive qualifiers, throughout the process of doing what they are doing. Built upon cognitive and behavioral sciences, the process endeavors to bring to the awareness of both teachers and students the power of communication whether it is internal [self-talk] or external [interpersonal dialogue]. The elements of internal communication include thoughts and feelings. Thoughts include ideas, insights and propositions, while feelings include emotions, sensations, and intuitions or 'hunches'.

The human mind instinctively makes [or seeks] patterns out of randomness. Thus, random thoughts are examined for sameness or difference. Some thoughts are found to be 'true' or useful, while others are found to be 'false' or not useful. As these thoughts are grouped into patterns, a belief system begins to develop. Groupings of 'truisms' begin to shape the pattern making as the person begins to have 'feelings' about the pattern; s/he endows it with *value*. S/he will then tend to find more and more thoughts to support the 'grand design'. If valued strongly enough, it is likely that the person will ignore obvious incoherences in the 'real' world and continue to believe their own thoughts to be true. This 'mosaic' of beliefs may be codified externally as a philosophic or scientific theory of the world.

Externally, such thoughts are communicated through words, behaviors, icons and artifacts, and behavior. People tend to act and communicate in a manner congruent with what they believe. "Beliefs and concepts about the world are linked intrinsically to our choice of words, interactions, and communication patterns" [Valentine - 1987]. While the actual beliefs may be sub-conscious and the words are often ambiguous, they have substantial power.

The effective use of this magical power to communicate and to 'seed' the environment with *memes* of positive expectation, requires that the communicator be clearly aware of their own belief system and cognizant

[mindful] of what they are, in fact, communicating. Both the expected [although perhaps not conscious] impact and the impact modified by the potential ambiguity and the belief patterns of the receiver lead to the potential for responses quite different than we consciously would like. "If you believe that the student is incapable of doing what you want him to do, then you will not directly and clearly tell him to do what you want him to do." [Valentine - 1987]

This, of course, leads to a conundrum. What if you do not believe that the child can? What are you to do - lie? No, lying would not be sufficient since the emotional and nonverbal content will probably belie the lie. Three possibilities come to mind. First, you can examine your own belief for evidence to support or negate its truth. As Ron Farkas has said, "Don't believe everything you think!". However, you should do this formally and publically. In other words, use an evidence journal, write things down, and ask a trusted person to review the data with you to determine the conclusions.

Second, you can share with the child your belief and ask the child to help you explore the truth or validity of the belief. While this has certain downside possibilities, it opens up a new relationship with the child as a cooperative peer in this endeavor, generating trust, and providing both you and the child the opportunity to examine each of your beliefs in a formal and public manner. It also generates means to test the hypothesis. You can teach everything "as though the child could learn", the child can work at the material 'as though s/he were able to learn', and the results can be used as evidence. If done with hopefulness and honesty, you both may be surprised at the outcome.

Finally, you could disqualify yourself as a teacher of this child and ask someone else - a true believer to take the responsibility. What you are saying in this behavior is that "I cannot teach this child", not "This child cannot learn". This is admitting your failure as a teacher and not blaming the child - a highly professional act.

To the extent that we work our 'magic' by making noises with our mouths we create the reality of the relationship with the other. For purposes of social education, the most important patterns of belief are those beliefs about ourselves, others and future prospects. If we are to effectively help students attain self-actualized goals, which is really what education is all about, we must use teaching skills not only to teach content, but to teach the process of accurate and effective cognitive [internal] and behavioral [external] communication.

Finally, it is important to state that the judgement regarding valuation of what thoughts, ideas, and beliefs are most important is predicated upon *effectiveness*, not upon moral tenets. Effectiveness will be most often

measured by external events - improved relations with others, more successful outcomes, etc. And the *utility* of these outcomes. The most basic definition of utility is the narrow one associated with the nineteenth-century utilitarian, Jeremy Bentham: that utility is the pursuit of pleasure or the avoidance of pain [Fukuyama, 1995]. While people have been observed to pursue goals other than utility, such a standard is the most appropriate for determination of the effectiveness of one's own belief system.

The process of social education is to empower the student to find effective belief patterns and effectiveness [*utility*] that are ultimately determined by the student himself. Thus, a clinician or teacher may *dispute* the 'truth' that the student holds about him/herself, but that dispute is likely to fall on deaf ears if the teacher's 'truth' is ineffective for the student. Often, however, what we believe about ourselves is detrimental, and such dispute can open the opportunity to discover alternative 'truths' that may be more effective; providing greater satisfaction and gratification. I may, for example, not be unworthy only unskilled. After learning the necessary skill I am more likely to believe that I am a competent, confident person who is more successful in the world.

The expectation of social education is that the educator is concerned with two processes: one internal and one external. Externally, the educator will teach [modeling, role play, performance feedback, etc.] social competencies. Internally the educator helps the student 1) become more aware of exactly what their belief patterns or *mental schema* are in regard to self, others and prospects; 2) attend to those thoughts in a mindful and formal manner, 3) analyze and evaluate the effectiveness of that belief pattern through a more *rigorous* process and, where the 'truth' of the belief is found to be ineffective; 4) consider alternative belief patterns and weigh the likely consequences of each alternative; and 5) upon discovery of a new set of 'truisms' [i.e., more balanced and rational beliefs], make the proper adaptations.

Again, it needs to be emphasized that teachers are not expected to be clinicians and deal with remedial issues. It should be clear, however, that the internal and the external processes are *interactive*. People are predisposed to behave based on what they believe and value and what they believe and value is shaped by what they experience. Belief about oneself, others and the future can change by learning skills which help the student perform more competently for which the 'other' provides rewards - including improving your prospects; a more positive belief about self, others and prospects predisposes you to act more positively which is likely to be more 'effective' or competent. From this perspective educators deal with remedial issues on a daily basis, but they do so without understanding and through a process which is nonconscious.

Educators, researchers and policymakers have been discussing constructivism and a constructivist approach to learning [and therefore teaching] for many years. During the past few years, this orientation has become *de rigueur* in educational circles. Constructivism as well as cognitive theory stems from a long and respected tradition in cognitive psychology, especially in the writings of Dewey, Vygotski and Piaget. Constructivism holds that people's understanding of any concept depends entirely on their mental construction of that concept - that is, their experiences in deriving that concept for themselves. The existence of these mental structures: schema or contexts, and the manner in which they affect learning has since been demonstrated rather effectively by cognitive scientists. Teachers, clinicians and others can *guide* the process, but children must undertake and manage the process of developing an understanding for themselves. Different individuals, depending on their experiences, knowledge and *their cognitive structures at the time* will understand a given presentation differently.

One of the major roles of teachers is to help students gain mastery over the vocabulary and concepts necessary for the development of these internal processes. As we shall iterate more thoroughly in the methodology section, the ability, for example, to clearly state in words the degree of anger or other emotions is critical to the ability to manage and express such emotion. Thus, a student with developmental difficulty in anger expression may need to learn the difference between irritation and rage, both verbally and conceptually in order to develop improved emotional intelligence.

When we go beyond the classroom teaching and begin to address school-wide issues, we begin to address the school culture. *Culture* is the belief system of the group and is communicated through icons, artifacts, norms, and expectations. The first cultural change of significance for most children is when they enter school. Thus, the school has a substantial responsibility to help the child become aware of their beliefs about self, others and prospects and to help them learn the skills necessary to survive in a different culture. A truly educated person is able to perform effectively in a variety of sociocultural environments.

Gerald McMullen, school psychologist, describes a 'social ripple effect' of disruptors in which the ripples outward receive plaudits from other students with social deficiencies and that the 'typical' students who traditionally held disrupter in check are now meek, mild and mute; having no language or behavior to effectively respond to disruptive behaviors. Prosocial cultures supply ritual responses which can be used by this 'silent majority' to reinforce positive behaviors.

The way a person thinks, 'feels' and behaves is *interactive* both with an *internal coherence* and with an *external coherence*. When a person has a *conflict* between the internal and external 'realities', they will tend to have

problems in living. These 'problems' may have external or internal manifestations. The person's personality may be thought of as his/her solution to the conditions presented by the environment. Obviously, some environments provide increased levels of difficulty, and some solutions are more creative than others.

An individual's organizational integrity, personality or personal cognitive architecture starts with their mental *schema*. This is a relatively pervasive and permanent set of attitudes, beliefs, ideas and thoughts that constitute the person's *worldview*. The function of this individual worldview is to enable the person to predict events and experiences in a way that will enable them to reduce uncertainty and increase control. The major organizational architecture is designed around the constructs of *self*, *others* and *prospects*. It is generally malleable while it is being constructed in the first six years of life. It then becomes relatively salient and increasingly resistive to change as the person matures. In fact the maintenance of the integrity of this organizational architecture is the equivalent of the maintenance of self and attempts to alter this architecture are met with resistance, unless there is adequate personal motivation and significant strategies for change. This schema tends to mediate the individual's perceptions of the world, the feelings they have about those perceptions and the action that they take in regard to these feelings. Thus, if the schema provides a *distorted* lens, the feelings and behaviors are also likely to be distorted. Skewing to the positive side of an objective reality is likely to be significantly less of a problem in regard to problems in living than skewing to the negative side of an objective reality, regardless of the positive/negative value of that reality.

Such schema are built with individual building blocks of *attributions*; that is, explanations or values given by the individual to events and experiences. If the individual has an experience, they attribute a causal effect to that experience. The responsibility for the outcomes of the experience may be attributed to *personal forces* [e.g., ability and effort] or to *impersonal forces* over which the person has little control [e.g., situation or bad luck]. Thus, a powerful dimension that would appear to play a major role in personality development, is the internal-external control of reinforcement. Generally, [although this is quite simplified] the person who attributes success to their own resources and failure to circumstance or luck, is likely to have an optimistic schema and experience satisfaction and gratification out of many aspects of life. Since people develop their worldview over time and many experiences, the *patterns* of attribution begin to solidify and become subconscious.

As these underlying molecular mental representations are accumulated, the pattern forming tendencies of the human mind causes them to be increasingly formed into *ideology*; that is, generalized patterns of cognition of a higher order representation. For example, a series of hostile attributions

occurring over time are likely to attract the individual to the notion that there is a pattern such as 'people are hostile'. This pattern might then be generalized after consideration of why people are hostile, as 'People don't like me'. After consideration of this proposition, the person might conclude that people don't like me because 'I am bad'. One problem is that the ambiguity allows for these generalizations to incorporate different shades of meaning for each individual. "Ambiguity is pervasive; but the conscious experience of ambiguity is quite rare" [Baar]. Another problem is that people, by and large, are astonishingly attracted to the catastrophic interpretation of things [Seligman]. Thus as a child seeks to interpret the experiences which are often ambiguous, but don't seem so, the child has a propensity to choose the most catastrophic interpretation. This is a third element in the 'solution' to the environment process: how do you interpret what you find in the environment shapes how do decide to solve it.

This process can be compared to learning any skill, such as driving a car. 'Driving' is a generalization that represents for the individual, a whole series of molecular steps. Some of these steps have importance to what the construct 'driving' means, but the steps have become automatic and take place without our conscious notice. In fact, if we are required to think of the individual steps, 'driving' becomes more cumbersome.

Research [Vallacher] has indicated that modification or change of these mental generalities, requires a renewed awareness of the molecular underpinnings [the automatic thoughts], a *partialization* of the generalization. This causes the individual to deal with the parts, and in doing so, develop a new generalization or at least a new meaning for the ideology. If you would want a person to develop a new generalized construct of 'driving', you would need to get them to 'go back to basics'. In a like manner, if you want a different generalization for hostile attribution than 'people don't like me', you must readdress the molecular attributions of 'hostile attribution'. It seems that addressing the 'parts' is less threatening to the integrity of the 'self' and therefore makes the individual more amenable to change than to address the ideology of the schema.

Emotional Containment

It is difficult to separate the cognitions [thought] from the affect [feeling]. Cognitions or thoughts mediate emotions that mediate behaviors. The way people interpret the world in regard to self, others and future prospects mediates how they perceive, interpret and *feel* about the events and experiences of their lives. If our schema is not providing us with effective predictive analysis, our anxiety increases. If our schema indicates that we are not competent, we are sad, and as our efforts are frustrated, we may get angry. Yet our genetic heritage starts with the basic emotion of *fear*; followed closely by what might be called *anger*, but is more primitively described as *aggression*. The instinctive decision to fight or flee is

emotionally based. Impulse is the medium of emotion; the seed of all impulse is a feeling bursting to express itself in action. Cognition is a later addition that was used to queue action steps for more complex behaviors which took place over time [Vallacher]. Such queuing required mental representations [thought] in order to store and release action steps at appropriate times. Such cognitive processes thus played an important role in *containing* these emotions; or at least containing the action response to the emotions until they were appropriate. The very ability to articulate the emotion - "I am feeling angry" - helps to contain response since it moves the feeling into a cognitive, not purely emotional state.

According to Leda Cosmides & John Tooby [2000], evolutionary psychology starts with a fundamental insight from cognitive psychology: The brain is a machine designed to process information. From this perspective, one can define the mind as a set of information-processing procedures (cognitive programs) that are physically embodied in the neural circuitry of the brain. For cognitive scientists, brain and mind are terms that refer to the same system, which can be described in two complementary ways - either in terms of its physical properties (the neural), or in terms of its information-processing operation (the mental). The mind is what the brain does, described in computational terms (Jackendoff, 1987; Cosmides & Tooby, 1987; Pinker, 1997).

If the brain evolved as a system of information-processing relations, then emotions are, in an evolutionary sense, best understood as information-processing relations - i.e., programs - with naturally selected functions.

Given this theoretical framework, an emotion is a superordinate program whose function is to direct the activities and interactions of the subprograms governing perception; attention; inference; learning; memory; goal choice; motivational priorities; categorization and conceptual frameworks; physiological reactions (such as heart rate, endocrine function, immune function, gamete release); reflexes; behavioral decision rules; motor systems; communication processes; energy level and effort allocation; affective coloration of events and stimuli; recalibration of probability estimates, situation assessments, values, and regulatory variables (e.g., self-esteem, estimations of relative formidability, relative value of alternative goal states, efficacy discount rate); and so on. An emotion is not reducible to any one category of effects, such as effects on physiology, behavioral inclinations, cognitive appraisals, or feeling states, because it involves evolved instructions for all of them together, as well as other mechanisms distributed throughout the human mental and physical architecture.

If emotions are a superordinate program, what is their relationship to language? According to Michael Bamberg the relationship between language and emotions can be viewed from two angles. First, language, in a broad sense, can be viewed as being done [performed] 'emotive'. Taking this

angle, it is commonly assumed that people, at least on occasions, 'have' emotions, and that 'being emotional' gains its own agency, impacting in a variety of ways on the communicative situation. This can take place extralinguistically (e.g. by facial expressions, body postures, proximity, and the like), in terms of suprasegmentational and prosodic features, and in terms of linguistic (lexical and syntactic) forms. A recent collection of articles in a special issue of the *Journal of Pragmatics* (Caffi & Janney 1994; see also Fiehler 1990, Bamberg & Reilly in press) testifies to this research orientation. Although research along this line of reasoning focuses primarily on the 'expression' of emotions, i.e. the behavioral act of expressing affect in communication, it nevertheless relies heavily on (often culturally privileged - see Besnier 1994) notions of what emotions are and how they function in private and public settings. In this view, language and emotion are two concurrent, parallel systems in use, and their relationship exists in that one system (emotions) impacts on the performance of the other (language). Both of them share their functionality in the communicative process between people.

The other perspective on the relationship between language and emotion inverts the directionality of the view just discussed. It starts from the assumption that language in a way refers to, and therefore 'reflects' objects in the world, among them the emotions: Languages have emotion terms, and people across the world engage in talk about the emotions - though not necessarily to the same degree and with the same obsession and reflexivity as in the so-called Western world. In this view it remains unspecified whether emotions are 'real' objects in the world such as behaviors or whether they are 'internal' psychological states or processes (resembling other psychological processes such as thoughts or intentions). This view then takes a different tack to the language-emotion relationship. Language is a means of making sense of emotions, and as such can be used as a starting point to explore the world of emotions in different languages as well as in different 'language games'.

However, taking this orientation as the starting point, one is immediately challenged to consider the role of language in much more detail. If language is conceived of as merely representing (in the sense of 'mirroring') the world of emotions and/or people's conceptualizations and understandings of the emotions, language offers an immediate access. Language, in this view, is 'transparent'. If language, however, is conceived of in one or another way as contributing to how emotions are understood, or even, to what emotions 'are', the relationship is not direct, but mediated. It is from this perspective that cognitive behavior management focuses on emotions. Children learn how to feel through the language available to them. This does not deny bodily functions that are described by Comides & Tooby. What it suggests is that in the modern world when these evolutionary preparations take place, there is not always an obvious stimuli. In this manner, the thoughts mediate the emotions. What if feel occurring, hair raising on the back of my neck, is

an experience that needs interpretation. How I interpret that experience mediates the intensity of the feeling and gives value to the experience.

Many students with problems in living have difficulty understanding their emotions and expressing how they feel. They go right from the emotion to the action; without thought. Therefore, helping such students to identify [label] what they are feeling and to articulate the *degree* of intensity is an important step in containing these feelings and the impulsive behaviors associated with them. Anger, for example, can be expressed as rage, fury, wrath, hostility, malice, spite, ire, animosity, bitterness, irritation and resentment. In all cases the individual 'feels' angry, but the degree of anger is quite different between rage and resentment. There is some evidence in the literature that young children cannot conceptually separate anger and sadness. The implication is that emotional states are learned processes. Curriculum such as Promoting Alternative Thinking Strategies [PATHS] provides some good material to help teachers teach children to identify, manage and express emotions in acceptable ways.

Since *self-instruction* is an important part of helping an individual 'work through' changes in behavior, it is important that the individual have a language for talking about his/her feelings. To be able to identify that "I am feeling resentment and growing bitterness" can lead to the self-instructive position that "I must count to ten, and then *assertively* state this to the 'other' in a way that is effective in reaching my goals". Thus the development of mental representations for these 'feelings' is an important part of being able to effectively incorporate alternative solutions and consequential thinking into the stimuli to reaction process.

It is important to recognize that each of these emotions are perfectly normal although the context in which they are raised may be maladaptive. Anxiety, anger and attraction are useful tools for placing *value* on events and experiences. Fear prepares the body to react and focuses the mind to fixate on the threat at hand. It is usually not fear, but *worry* which becomes the problem in living. Appropriate fear, like appropriate pain may be uncomfortable, but it alerts us to possible dangers and focuses us to take action to correct the problems. Worry, on the other hand, has little redeeming value. While short-term worry may be a process of examining alternative solutions to a vexing problem, it is rarely so, particularly when it goes beyond a reasonable period of time. This raises the point of evaluating or measuring emotion across multiple continuum: intensity, frequency and duration. In other words, do we 'create' emotional reactions through our self-talk, which are mild, moderate or intense? Does one do this rarely or often? Finally, does the emotion dissipate or linger indefinitely? All of these are variables that will tend to affect the individual's external behavior.

Two difficulties, therefore, result from our emotional heritage: first, is the impulse to action without thought and second, is the cognitive 'mulling' over

of the problem without finding solution. If we mull about fear or anxiety, we worry, get phobic or panic and - in the extreme - seek escape through withdrawal or perhaps substance abuse or suicide. If we mull about anger, we develop suspicion, hostile attributions and paranoia; and in the extreme, become potentially homicidal. If we mull unrequited or restricted attraction, we grow sad or depressed and, in the extreme, become potentially suicidal. Such 'mulling' behavior is a learned behavior which can be relearned, although prevention work of teaching young children how to identify emotions, deal with problems, make decisions and generally increase their solutions and consequence thinking is the best method of emotional containment.

Psychopathy, according to Hillman, can be generally defined by one catchword: *concretism*, taking psychological events such as delusions, hallucinations, fantasies, projections, feelings, and wishes as actually, literally, concretely real. Thus, any opportunity for the development of flexibility in concepts and alternative solutions provides a 'buffer' against such concretism.

In order to change behavior which is based on a profound belief, we must find ways to 'return to cognitive basics' by addressing the mental representations [the stories we tell ourselves] at the molecular level. In attempting to adjust the molecular mental representations, the cognitive skill of *alternative thinking* is critical. As a student describes what has occurred, the teacher will want to see if the student can describe other stories that are equally plausible. The more plausible stories that a child can identify and articulate, the more flexible his/her behavior becomes. Just as a child may make a game out of finding as many words as possible in a given word, so to the teacher can create a game of articulating problem situations and helping children find as many explanations as possible.

Once the individual is able to conceive of alternatives representations for these individual events and experiences, s/he is then in a position to value and prioritize these alternatives and to make decisions about the effectiveness of the representation as a tool of prediction. When teaching abstract concepts, *metaphors* are invaluable teaching tools. In learning, we change context by changing the strange into the familiar, as when we describe an abstract concept like gravity by the familiar human experience of attraction. In innovating, we change contexts by transforming the familiar into the strange, as when a bumble bee's honey comb is used as the format for prefabricated storage domes. Thus, the use of 'lateral' thinking can be used to help students think creatively about potential alternatives. The creative constructs of deBono take on additional meaning as the "Six Thinking Hats" becomes a way to help children creatively think about their own judgements of experiences and events.

Effectiveness of a given representation within a person's mental schema is measured by the ability or potential ability of the representation as a predictive device that will lead to outcomes which satisfy and/or gratify the individual. If the evidence indicates that the feelings and behaviors that are mediated by the representation are likely to be more satisfying or gratifying than the ones presently in use, modification or change becomes possible. One of the difficulties, of course, is that some stories are 'self-fulfilling'. For example: if I believe no one likes me, I am likely to act in a manner which is unlikable - which is reinforced by no one liking me. In order for a student to project the potential of the representation appropriately, therefore, it is important for the student to have *consequential thinking* skills. This skill will allow the child to predict the short and long term outcomes of an action, as it might impact on themselves, others and prospects, *before* the action is taken. The ability to *predict* effectively allows the student to reduce uncertainty and to feel in control of events. The greater the ability to predict accurately, the more effective or utile the mental representation is as a tool for quality living.

It is important to note that the *reality* of the event or experience is less important than the positive or optimistic expectation of that event. Thus, if the person tends to think of the event or experience as more negative or pessimistic than merited or even to see it as realistically negative and pessimistic; this is less effective in satisfying or gratifying the individual than a more optimistic or positive perspective. Thus to be *slightly* rosy in your picture of the world is vastly superior to being realistic in a negative world or viewing the world negatively. Optimistic people tend to act in a manner that 'makes the best' of a bad situation and therefore tend to gain greater satisfaction from the process.

While the individual is a system or organization of parts, they are also a part of a system or organization of parts in the guise of society and its variable units, including school culture. Thus, two other areas of social education are significant, both of which are provided by *others* through events and experiences. The first is reinforcement; most vitally *positive reinforcement*. Contrary to the traditional behavioral construct of reinforcement happening immediately *after* the act, the importance of reinforcement occurring *before* the act is becoming increasingly apparent. This is accomplished through the placement of *positive expectation*. The research on this *Pygmalion* effect, in which the belief of the 'other' significantly affects the performance of the self through a *self-fulfilling* prophecy effect [the belief makes the 'other' behave in a manner which enables the expected performance to take place⁴⁸] is well documented. Thus, a teacher's belief that a child cannot learn is tantamount to prohibiting that child from learning. Positive expectation cannot be

merely 'lip service', but requires some degree of belief on the part of the other that such expectations will take place. Thus the 'other', in this case the teacher, to some extent helps to create the future for the individual student. Positive reinforcement after the fact, is merely 'icing on the cake'; a secondary reinforcement which acknowledges the expected outcome.

It is important also to note that these *others* [parents, teachers, peers, etc.] vary in significance to the individual student. Thus the impact of the reinforcement is proportional to the *value* of the other person in the individual's mind. Significance is suggested through intimacy and respect. Using a quantum physics analogy, we would note that in addition to the particle aspects of *individual* reinforcement, there is the wave or *field* aspect of reinforcement. A *force* field such as a family or peer group, or culture has power to reinforce both before and after the event. The individual person's response to these fields is often uncertain, but they are clearly shaped by such environmental conditions.

Another variable to competent functional capacity is the individual student's need for a repertoire of appropriate skills and adequate knowledge of when to use these skills. An individual, who has developed a maladaptive schema and resultant problems in living early in life, is often deprived of *developmentally* learned skills that many others would have learned naturally. Thus intrapersonal [planning, problem solving, decision making, etc.], along with interpersonal [aggression replacement skills, friendship making skills, etc.] and utilitarian skills [life and employment skills] are necessary accouterments to a complete social education.

Empowerment is not merely the attainment of the *power* to act, but consists as well in having the skill and knowledge to act effectively. Individuals, who are given the authority to act without the necessary skills to perform adequately, often feel 'disempowered' and humiliated. Thus, the balance of self-affirmation must come through *competence* to perform, which can only happen through the combination of power and skill.

Since these variables of human action are *interactive*, there is no beginning and ending point in the change cycle. All of these factors can be used as points of intervention at any time or in combination. A *change environment* would require that all of these aspects are available to all participants on a regular basis. These technological constructs are not effective only in dealing with people with problems in living. In fact, they make as much sense for the *management* of health, education and welfare of typical students as they do as interventions with students with problems in living. Developing a culture of positive expectation, providing the skills and knowledge along with the power to perform, providing positive reinforcement and the like are measures which enhance the functioning of any group of people and are, in fact, major components in total quality management.

With children who present challenging behaviors, teachers are often placed in a *no win* situation when they are asked to *control* the behaviors which interfere with the ability to learn. Teachers are not *policemen* and have neither the skills nor the desire to control children's behavior. In fact, without physical or chemical restraint, we cannot control anyone's behavior. Because of this, most teachers prefer to have students who are unable to demonstrate acceptable skills removed from the classroom. Over time, most principals will prefer to have the student removed from school. Teachers *do* have tools to teach students the skills necessary to function acceptably in the classroom. However, only the child can *decide* to use those skills. Children will only decide to use these skills if the culture supports that decision through positive antecedent and consequent reinforcement, since such reinforcement make the behavior a benefit to the student.

Students, even those who do have the requisite survival skills, do not always have *appropriate alternative* responses for their peers who act inappropriately in school. If they attempt to question the actions of these individuals they are placing themselves at risk of ridicule or worse. Students need to have a consistent cultural rule to make *good choices* and resist *bad*. They need to have a culture of personal responsibility, taking control, not being controlled. The creation of prosocial rituals, disciplinary method and display of culturally appropriate artifacts and icons is important to teaching children about making choices. 'Good Choice' - 'Bad Choice' is a ritual that provides language and construct for a group of typical kids to query the 'bully' as to whether s/he is making a 'good choice'. Such language may not stop the behavior in a single incident, but they provide a consistent perspective of the cultural expectations and over time, will have an impact on all but the most maladjusted students.

All students are responsible for their own behavior. They must make choices about how to behave in school. School discipline does not [or at least should not] *control* children. School discipline must ensure that a child experiences clear understanding of expectations and appropriate consequences to behavioral choices. In fact, the placement of responsibility for control on the student is an *empowering* process and supports choice. Where 'bad choices' are made, the consequences should not be personalized, but can be authoritative.

Traditionally, discipline is characterized by reactive strategies designed to reduce or eliminate the future occurrence of problem behavior. Social education seeks to provide proactive strategies designed to increase prosocial behavior. Disciplinary responses that are *related* to the learning and use of prosocial skills provide an instructional response to behavior that is most effective. A social education system approach to discipline would a) provide prosocial rituals, b) provide neither reward nor punishment, and c) have consequences which are clearly articulated and well known, which are instructional in nature, and which the child 'chooses' when asked to limit

disruption. The placement of the issue of control of behavior on the student is vital to successfully developing personal responsibility. No person can control the actions of another person; but school personnel can control the circumstances within which a student will operate. If these circumstances are known in advance and instructional⁴⁹ in nature, students may avoid tasks or gain attention, but only to receive new individualized instructional tasks which address the very social learning that makes such disruptive behavior and attention getting inappropriate.

The overarching assumption, which is implicit within the framework presented above, is that students make *choices*. Children need to have the information and skills to make appropriate choices about their behavior. The following introduces some strategies to enhance choices and personal responsibility within the school setting.

METHODOLOGY

Assumptions

- Students learn social and interpersonal skills in the same way they learn academic skills.
- Schools should be responsible for teaching social and interpersonal skills as well as academic skills.
- Classroom teachers are the best trained professionals available to teach such skills.
- Effective education cannot be attained if students do not demonstrate the social and interpersonal behaviors that are necessary to facilitate learning.
- The training of social and interpersonal skills must take place in the classroom setting; the primary location where difficulties occur.
- Students need to hear positive notions about caring, sharing and responsibility so they can come to believe it.
- Under stress, children resort to behaviors that are most familiar. Repetition of modeling, role playing, doing and evaluating makes these skills familiar. Dealing with situational moments of emotion in the real world of relating to others during times of stress incorporates the skill.
- Peer input is second only to parental input in shaping the behaviors of children, and becomes increasingly more powerful as the child matures and at some point, become the most powerful of influences. Developing a culture of peers capable of supporting '*good choices*' is a powerful incentive for children.
- Behavior management through contingent reward is valid providing that the child has the skill firmly in his repertoire; contingent reward as a part of the educational process is strongly productive.

- Individual children who are already quite invested in depreciating themselves, their situations and their prospects need individual attention and the *support of their culture*.
- The cognitive behavioral skill training must be conducted by the classroom teacher as the *primary* role model.
- Training steps must follow the modeling [showing the child how], role play [allowing the child to try], performance feedback, and transfer of training sequence, just as in math & reading.
- Training must utilize 'real life' situations that occur on a daily basis as 'teachable moments' and must include daily opportunities to practice newly learned skills.
- The culture of our society, particularly in the inner city and in the media, reinforces behaviors that are neither social nor acceptable to teachers and other educators.
- The *school culture* [and everyone in it, including students] must provide positive reinforcement for students who make *good choices* about social and interpersonal behavior, and negative feedback to those who do not.

The purpose of social education in schools is focused on the prevention and developmental levels in order to help students maintain socially valued roles in home, school and community.

The technology of social learning is being perfected at both of these different levels. The most advanced progress, at least in terms of testing in school environments, is the developmental level, where Arnold Goldstein and others have established curriculum in areas of cognitive, affective and social skill building.

Growing predominantly from Goldstein's efforts is a preventative ritual technology that makes the environment one of high positive expectation and reinforcement. This initiative, led by George Batsche, and tested in Pennsylvania by Gerald McMullen, has demonstrated usefulness in reducing such behaviors on a school wide basis. Other techniques such as Marshall's discipline without reward or punishment and the work of Sugai in proactive instructional consequences as an approach to behavior management, support the prosocial model.

Since we are aware that the student's social environment greatly influences the level and intensity of his or her aggressive and violent behaviors, social leaning may be the *most important determinant* of both aggressive and *prosocial* behavior. Thus, this effort provides both a *preventative* experience for the children who may have such skill deficits, but who have not yet surfaced with 'problems', but also provides a *supportive* environment for the social education of those children who are demonstrating such behaviors.

Classroom strategies

A curriculum is essentially a course of study. It is a road map to lead the student from one level of understanding to another. Analogously, we can draw a map from Philadelphia to New Orleans. We can decide where to lay the track and what type of track to lay. We can then decide what type of vehicle will travel on the track. Any of the decisions that we make must be tested upon whether we are able to reach our destination, how quickly, easily or efficiently we are able to get there and how exalted our customers are with such attainment. To fail in any of these is to fail the market test.

The goal, outcome or destination of social education is to enable children to relate to other human beings in ways that are mutually satisfying and gratifying.

The social person is one who is able to develop relationships which satisfy and gratify themselves and others. In order to do so, they must be able to:

- think appropriately about themselves and others;
- value themselves and others positively; and
- have the skill capacity required to a multitude of social expectations.

The strategies of reaching the goal of satisfying relationships therefore will require that the person have enhanced cognitive, affective and behavioral mastery and be able to effectively use that mastery in demonstrable ways.

All of these requirements are best approached through a learning based technology. There is a mountain of literature about cognitive, affective and behavioral mastery through learning. Our labor is to mold that literature into a course of study that will enable children to reach this ideal destination. It is the content of social experience in which teachers are vulnerable, not in the process of teaching, which is an area of high competence. What is an appropriate cognitive triad? How do we place value? What skills are required? What do I believe about myself, others and future prospects? Teachers regularly model social behavior - is the behavior they model appropriate?

Curriculum development exists whether it is planned or not. The teachers are teaching something to children about social relationships in the very act of relating socially, so that's the curriculum. After all, teachers are knowledgeable professionals who can make an educated guess at what the curriculum should be. Even if the teacher 'goofs' badly, there is a built-in failsafe: the student has a few more years to get 'straightened out'.

However, fixing previous mistakes is not the way to produce quality and the facts indicate that students who do not develop a natural instinct for mutually satisfying relationships often lose their social roles in home, school and community. What is actually happening is that teachers are modeling,

receiving imitative responses, providing feedback and reinforcement for their own personalities in their own personal experiences. If two teachers have different values about, for example, 'standing up for yourself', two quite different interpersonal approaches can be taught; they may conflict.

Quality can be controlled and maintained only if horizontal and vertical curriculum continuity exists. Vertical curriculum continuity means that there is a systematic introduction and reinforcement of significant learning objectives Kindergarten through Grade 12, thus eliminating useless repetition and damaging voids. Horizontal curriculum continuity means that all the teachers within a grade level or subject area are following the planned curriculum. These two necessary continuities can be present only if there is an emphasis on curriculum development. A standard curriculum allows for individual styles to prevail, but allows for specific issues to be addressed in a focused way.

Most students learn to develop mutually satisfactory relationships developmentally. The school is simply a valued place where these skills are honed and enhanced. Such students gradually learn to transition into appropriate social roles when necessary, know how to take and give direction and criticism, and know when and where behaviors such as fun are appropriate. Their learning is an interactive process in which their positive thoughts and feelings about themselves, others and future prospects are shaped by their experiences and their experiences are shaped by their positive thoughts and feelings. For others, the interactive process is a downward spiral where their negative thoughts and feelings are shaped by their prior experiences and the negative experiences of response to their behavior shape their thoughts. A self-fulfilling vicious cycle is fulfilled in the negative instead of the positive.

In the same manner as learning inappropriate math techniques, matters get worse unless remedial action is taken. Thus a social education curriculum has a three-fold purpose:

- to ensure that every student is on track through assessment and prevention,
- to assist the proper development through pedagogical study, and
- to remediate inappropriate learning.

While remediation of problems in living that occur because of the lack of cognitive, affective or behavioral mastery is the proper arena of clinical practitioners or even the criminal justice system, the process of achieving mastery is still a learning experience. To enhance the developmental process for children at risk, we have identified and collected curriculum

resources⁵⁰. We have somewhat arbitrarily separated the curriculum outlines into those that deal predominately with externalizing behaviors and those which deal with internalizing feelings. We envision four modes of using these materials.

1. The development of curriculum components, which regular education teachers can use when seeking to design instructional consequences;
2. Through general understanding of the curriculum variation regular education teachers can situationally use 'teachable moments' when engaged with a student who is beginning to make ineffective choices;
3. A formal classroom following a curriculum oriented towards the needs of the class [externalizing (behavior support) or internalizing (emotional support)]; and
4. A formal classroom following a cognitive restructuring process that is a *transitional* service between education and clinical interventions and may include both educational and clinical staff.

If teachers are aware of and are demonstrably able to use the curriculum and attribution training, the regular education teacher will be able to implement skill building and attribution training *situationally* in their classroom. Additionally, if a particular student is having specific problem, instructional and/or clinical teams can build individualized designed curriculum and attributional scripts that can be used under supervision by the regular teacher. Finally, students with continued problems in living can be placed in either an emotional support or behavioral support class for developmental training, in which a specially trained teacher is able to use these two aspects of social education in a comprehensive manner. While these may seem to be the equivalent of the special education emotional support class - they in fact, do not need to require special education eligibility. This is a matter of school district choice.

"Two-thirds of what we see is behind our eyes - Chinese proverb.

Additionally, we would want to make all education staff perceptive observers. When any of us observes events we actively select and analyze what we perceive. Reality is what we think it is. We don't simply observe, we want to know the causes of events we perceive and we will make explanations even if we lack total information. Based on multiple observations of another's behavior over time and in different situations, we

⁵⁰ This collection can be found in the appendix. It should be noted that these types of resources are increasing daily and there may be better options available at the point this is being read.

make inferences about their dispositions. And different attributions produce different emotional reactions [sympathy, anger, appreciation, etc.].

Unfortunately, we are all prone to certain biases about causation, primarily because of our unconscious cognitive contexts, schemas or belief systems. Every perception ... is an act of creation. Or as stated so eloquently by Anaïs Nin - "We don't see things as they are. We see them as we are." Such cognitive biases are not necessarily a bad thing, but they do tend to interfere with our ability to accurately deduce another's motives. We need to help teachers use a beginner's mind. Our mantra: "In the beginner's mind there are many possibilities, but in the expert's there are few" [Suzuki].

If teachers are able to become better observers, observing without bias, they will be able to begin to infer the beliefs of students in regard to self, others and future prospects across many domains, which can provide opportunities for both *in situ* cognitive restructuring or for specific clinical reactions.

And finally, we would want regular education teachers to speak transactionally, with cognitive and attributional awareness as a standard part of their process of relating to students.

School Wide Strategies

SYSTEMATIC SCREENING

One of the first pieces of information any school principal might want to know is the magnitude of the problem. While most districts have collected data on incidents and suspensions, a procedure that is predictive helps in planning; few have developed systematic ways of collection and utilization.

Systematic screening procedures have been developed that reliably identify students who are at risk. One of these procedures as reported by Rutherford and Nelson [1995] and developed by Walker and Severson, is called *Systematic Screening for Behavior Disorders* [SSBD]. This multiple gateing procedure begins with the classroom teacher nominating up to ten [10] students who are at risk for externalizing &/or internalizing behavior disorders and then rank ordering them according to their degree of acting out or anxiety behavior. The second gate involves the teacher completing two brief rating scales for the three highest ranked students. Those students who exceed local norms are advanced to the next gate, in which trained observers make two sets of controlled, fifteen minute observations of the student in structured academic activities and unstructured play activities. Students who exceed age and sex appropriate norms may be referred to the Home, School and Community Council [See Component #4].

The cumulative data provided by such a process allows the school district and building principal to grasp the nature of the problem universe, the pockets of concern, and help in planning individual and classroom supports. Once patterns are identified, staff are in a better position to develop strategies of logical interventions to support students and reduce problem behavior [e.g., if a pattern of assaultive behavior is noted during transition periods on school grounds at the start and finish of the school day, the events associated with the transition of students should be addressed in new ways to positively influence this type/form of setting event].

PROSOCIAL CULTURE

Gerald McMullen of the Chester County Intermediate Unit has outlined a process for the prosocial ritual training of Batche and the theme material of Borba, which are briefly outlined below.

Teaching Steps:

- Clarifying social skills.
- Demonstrating social skills advantages to students?
- Identification of social skills that are lacking and need work.
- The *teaching process*: modeling, role play, performance feedback, transfer of training.
- Demonstration of teaching steps:
- “*Stop and Think*” ...do I want to make a...
 - Good Choice or a Bad Choice
 - What are the Choice Steps?
 - “Just Do It!”
 - “How Did I Do?”

Develop a Discipline Committee:

- Establish a building-level discipline committee
- Identify the five [5] primary behavior problems that interfere with academic progress and classroom management.
- Develop Three/four step modules to address these behaviors.
- Provide modules, incentives and themes to the class & school.
- Include themes in classroom assignments.
- Teach classroom procedures for dealing with behavior problems.
 - *Classroom Components*
 - Positive to negative feedback ratio of 5:1.
 - ✓ Contingency reinforcement
 - ✓ Possibilities of ‘Response Cost’ and ‘Overcorrection’.
 - ✓ Classroom timeout, group procedures.
 - ✓ Backup discipline system: Principle, Office staff, Counselor, etc.]
 - ✓ Teacher modeling

- *Group Components*
 - Teacher or available person trained in social skills training.
 - Peer group skilled and trained in the use of ignoring, supportive reinforcing behavior and modeling.
- *Teacher Attitudes*

Every child is responsible for his/her own behavior and must have the skills to make good choices.

- Everyone has the responsibility to reinforce the choices of every student.
- Willing to look at child's strengths.
- Willing to tolerate some negative behavior as long as it is decreasing.
- Willing to give the peer group some responsibility for monitoring its members.

Incentive Strategies:

- Review the steps of a specific social skill or general classroom rules.
- Each time the class demonstrates the social skill or follows the rules during natural transition times, a letter is written on the board until G-O-O-D- C-H-O-I-C-E is spelled.
- Each time GOOD CHOICE is spelled, the class earns one letter toward a group reinforcer selected by the class. MOVIE, COOKIE, POPCORN, etc.
- This strategy helps convey the Good Choice message on a consistent basis.
- The strategy is incentive based and helps teachers move away from focus on negative or inappropriate behaviors.
- The strategy creates peer pressure to support individuals making good choices; creating a culture of appropriate alternatives.

Cultural Strategies:

- Select a theme for the school such as caring, uniqueness, teamwork, etc.
- Define it - Caring is to show interest or concern towards someone.
- Being thoughtful and kind.
- Suggest some historical models who can be discussed.
- Indicate the behavior: what it sound, looks and feels like.
- Research and cite quotes for discussion and signs.
- Develop student centered activities that sound, look and feel like the right behaviors.
- Research and identify children's literature which deals with the theme..

DISCIPLINE WITHOUT REWARD OR PUNISHMENT

Marvin Marshall has developed a method of attribution training in relationship to discipline that practices the continual use of *positivity*, *choice* and *reflection*. The program can be used in the classroom or school-wide. The program promotes self-discipline and social responsibility.

As Marshall says, rewards can be wonderful acknowledgements and great incentives - if the person chooses to work for the reward. However, rewards for expected normative behavior are often counterproductive and send a false message. Society does not give such rewards. What comes of rewarding expected normative student behavior can be understood in remarks like: "What's in it for me?" and "If I'm good, what will I get?" This approach undermines the social fabric by encouraging selfishness at the expense of social responsibility. The message that a behavior is good because it is rewarded appeals to the lowest level of ethical values. Giving such rewards does not foster moral development. Instead the determining factor becomes getting the 'prize'. In summary, rewards for expected behavior imply that such behavior is not inherently worthwhile.

Marshall points out that punishment, on the other hand, moves ownership of the problem from the student to the teacher. It is teacher-dependent, rather than student-dependent. The threat of punishment may coerce a student to act appropriately in one place, but have no effect on the way a student acts when the threat is removed.

By the time some students have reached secondary level, they have been lectured to, yelled at, sent out of the classroom, kept after school, referred to the office, suspended in school, suspended from school, referred to Saturday school -- and they simply no longer care. All of these are forms of punishments. Improved behavior at the threat of punishment simply means the cost of punishment outweighs the benefits. Punishment is temporary and transitory. Once the punishment is over, the student has "served his time" and is "free and clear" from further responsibility. Punishment stirs feelings of fear, fleeing or fighting.

Perhaps even more important "the punishment of children by adults may result in aggression when it causes pain, when there are no possible alternatives to the punished behavior, when punishment is delayed or inconsistent, or when punishment provides a model of aggressive behavior" [Kauffman - 1993].

Finally, Marshall is concerned with 'telling'. Telling, he says, implies that something has to be changed. People don't mind change as much as they mind *being* changed. Telling is akin to rewards and punishment in that all three are extrinsic attempts to change behavior. History has demonstrated that we cannot change another person's behavior, only our own. In developing these principles and practices within the school culture, we can

hope to influence the student perception of the environment and help them make more appropriate choices.

SUMMARY

The responsibility for growth and development lies fundamentally with each individual; the responsibility for providing the opportunity for growth and fulfillment lies with society. Unknown

Schools cannot take responsibility for the social growth and development of their students, but they have a wonderful opportunity to provide a social education in a valued setting in preventative and developmental ways without jeopardizing their basic mission. In the final analysis, social education is not only of benefit to students, but to teachers, school and society as well. As a critical component in the growth and development of children, schools have an opportunity to help shape personal responsibility and to redirect the child's need for power into appropriate channels

PRINCIPLES

Adequate changes will require that teachers and other school personnel adopt some basic principles in regard to their teaching:

- **Self determination** means that, as a matter of principle, human beings are autonomous, goal seeking, decision making entities who have preferences in regard to outcomes, and that this understanding defines three [3] orders of individual value.
 - 1) The responsibility for growth and development lies fundamentally with each individual; the responsibility for providing opportunity for growth and fulfillment lies with society. The school must recognize this essential principle of individual responsibility and help children and families make better decisions rather than coerce decisions.
 - 2) The self-determining person must sanction those who offer help. Thus, the onus is on the helper to seek legitimization from the client.
 - 3) Consumer sovereignty embodies the principles of quality determination as a preferential process, and it is only through the acknowledgement of such preferences that the school can attempt to negotiate appropriate strategies for quality outcome.

- **Full community membership** means that as a matter of principle, human beings have the right to live, learn and work in preferred [valued] environments and to remove people from these environments is to diminish their freedom. Increasing supports in valued settings is preferable to removal. Since the community becomes the source and opportunity for growth and development, the use of natural, rather than professional, supports is always preferred.
- **Empowerment** is achieved through the acknowledgement of self-determination and the provision of opportunity and resources. Part of the resources necessary is the capacity to expectation [**competence**]. Thus the individual must be given the confidence and competence to achieve the expectations of the preferred environment if they are to be empowered.
- A pervading **climate of positive expectation** embodies the construct of self fulfilling prophecy. Placement of high positive expectation is a confirming and empowering reinforcement of the person's best potential.
- **Unconditional positive regard** is an attitude, not a feeling., of a constructive nature towards the person; separating , when necessary, the person from the behavior. Unconditional positive regard recognizes the person as a human being capable of making moral decision and supports the dignity of the decision, if not the result.

These principles must be held as commitments. None of them stand alone, but prevail in a pattern of personal confirmation of people with problems in living as autonomous human beings capable of improving their performance through increased opportunity, knowledge and skills.

STAFF

The instructional techniques that constitute each of these efforts derive from social learning theory and typically consist of traditional instruction methods of modeling, imitation or role playing and performance feedback - with ancillary use in some instances of antecedent and contingent reinforcement, prompting, shaping or related behavior techniques. The regular teaching staff will concentrate on situational use and cultural rituals. Other staff can be more intensively trained to provide specialized interventions.

The literature indicates that a wide variety of individuals have served successfully as social competence skill trainers. Their educational backgrounds have been especially varied, ranging from high school diploma through various graduate degrees. Although formal training as an educator

or in one of the helping professions is both useful and relevant to becoming a competent trainer, characteristics such as sensitivity, flexibility and instructional talent have been shown to be considerably more important than formal education.

In general then, this project will use a set of skills identified by Goldstein as the benchmark for selection. These include two types of trainer skills. The first might be described as general trainer skills -- those skills requisite for success in almost any training or teaching effort. These include:

- Oral communication and teaching ability
- Flexibility and resourcefulness
- Enthusiasm
- Ability to work under pressure
- Interpretation sensitivity
- Listening Skills

It is the presence of this set of skills that would identify participants for training.

The second type of skills, many of which are expected to be acquired include:

- Knowledge of skill training: procedures and goals
- Ability to orient others to skill training
- Ability to plan and present modeling displays
- Ability to initiate and sustain role playing
- Ability to present material in concrete, functional form
- Ability to deal with group management problems effectively
- Accuracy and sensitivity in providing corrective feedback

In a social learning system of social education, the training is very much the same across all functions. However, types and degrees of skill will vary across educational staff functions. The highest degree of cognitive skill is with the clinical cognitive provider, while the highest degree of relationship skill is probably with the clinical social education mentor. Below are some functions that educational staff trained in the elements of a prosocial system may be required to carry out in an efficient system. The final decision on the functions requires final decisions on the mission and strategies. We could suggest, however, that our overall thrust in a behavioral services unit would require:

- Staff to enable each school in the county to create, implement and enrich a school-wide prosocial culture. **Prosocial Consultant**

This is a prevention level program intended to change the culture in the school from one of control to one of personal responsibility through the

insertion of language and techniques which help students learn how to make appropriate decisions. While presently provided primarily in elementary schools, it has merit through adaption for any school environment. This same staff or others with similar skills could provide training to *families* in the creation of a prosocial environment in the home. Since social skills are primarily learned and maintained by the family culture, this service is particularly helpful for dysfunctional families.

- Staff to teach parents how to teach their four year olds to problem solve. **Social Education Trainer**

This is a specific prevention program that can be used to help parents in their parenting of youngsters who appear in early intervention to be particularly aggressive or kinetic.

- Teachers capable of teaching prosocial skills re: external behaviors. **Social Education Teacher [Behavioral Support]**

Emotional support teachers presently focus on teaching academic content and are not used to addressing the social skills or cognitive content required for behaviors of attending and relating in a manner which is prerequisite to academic achievement. An additional class of this type may be needed for children identified as having problems with creating mutually satisfactory relationships with adults and peers, but not eligible for special education.

- Teachers capable of providing the curriculum for internalizing behaviors [anxiety & worry]. **Social Education Teacher - [Emotional Support]**

This is essentially a class for children who are over-controlled or internalizers. The research indicates substantial programs for prevention of anxiety and depression. Since depression is of particular concern in schools, a teacher should be prepared to provide a quite different focus than the behavioral support required by under-controlled externalizers.

- Teachers capable of providing a cognitive restructuring curriculum focused either on external or internal emphasis. **Social Education Teacher - [Cognitive Support]**

When children with under-controlled externalizing behaviors have reached an degree of self explanation which is not altered by either a prosocial environment or prosocial skills, this requires a significant intervention. This intervention, epitomized by the Options Program designed for federal prisons, seems to have merit. The teacher would probably be supported by a clinician.

- Staff trained in crisis coping support. **Guidance Counselor or psychologist - [Crisis Counselor]**

Despite all attempts at helping children take control of their emotions and behaviors, it is likely that crises will occur. Traditional crisis interventions tend to promote helplessness and prolong the crisis state. Providing support to personal coping skills can set in motion earlier recovery. The function includes referral.

SECTION B. CLINICAL SERVICES:

NEED:

There are many signs that our children and families are experiencing severe strain. More and more children are growing up lacking the competence they need to become functioning adults. Current rates of school failure, alienation, substance abuse, unmarried teenage childbearing, and violent crime both contribute to the lack of competence and are a result of it. Growing recognition of this crisis and the failure of formal institutional response is increasingly moving towards consensus. Successive appeals for better schools, collaboration with other child serving agencies, managed care and the like are all attempts to seek a new way of doing business. Yet we continue to do what we have always done. An analogy could be drawn to the advent of computers. When business found that they were not effective at certain types of processes, they computerized. The outcome was that they made mistakes faster. They became more efficient, but no more effective.

Babak Armajani, CEO of the Public Strategies Group and Reinventing Government Network, described five myths about making government work, which are applicable to public services to children and their families:

- The Liberal Myth is that government can be improved by spending more and doing more. In reality, pouring more money into a dysfunctional system does not yield significantly better results.
- The Conservative Myth is that government can be improved by spending less and doing less. In reality, withdrawing funds from a dysfunctional system may save the taxpayers money, but will not improve government performance.
- The Business Myth is that government can be improved by running it like a business. In reality, while business metaphors and management techniques are often helpful, there are critical differences between public and private sector realities. *This is nowhere more apparent than in the provision of human services.*

- The Employee Myth is that public employees could perform just fine if they had enough money [See the Liberal Myth]. In reality, we have to change the way resources are used if we want the results to change.
- The People Myth is that government can be improved by hiring better people. In reality, the problem is not the people: it is the systems in which they are trapped.

We would add a sixth myth, that of collaboration. It is surmised that if the various agencies collaborated better, we could end the fragmentation and ineffectiveness of our responses. In reality, collaboration *institutionalizes* fragmentation, since it requires several independent entities with different or ambiguous purposes to collaborate, instead of one entity or system being able to carry out the required responses.

Thus, clinical services must be a part of a single service system that has a *telos* or aim that is coherent with the educational services. Clinical services cannot simply be regarded as the 'policeman' who is brought in to contain aberrant behavior. This is analogous to a mother who waits till father comes home so that he can punish the kids. Neither process works. Clinical and educational services must have a coherence not only in the mind of planners, but in the mind of the child/family as well.

"School is a mental institution." It deals with the mental ability to absorb conceptual and pragmatic constructs that enhance the student's ability to function in the adult world. It is oriented towards reducing problems in living through increasing competence. When a child is unable or unwilling to address these mental exercises, the school must seek ways to help the student make a better decision. There are many, many reasons why children are unprepared to attempt to address the mental exercises of the school. Some, however, have to do with the way they think about themselves, others and future prospects. If these thoughts are severely maladaptive, they may need to be addressed with some intensity. Educators are not prepared either situationally or psychologically to address these issues substantively. They can and do address them superficially and may need to examine what is to them an informal and cursory process, since the impact is often substantive to the child for reasons that are not always apparent to the teacher.

Intensive intervention requires a clinical staff that is both situationally and psychologically prepared for substantive involvement with the child/family/community. The more these clinical processes are seen as a continuation of the education process, the fewer stigmas are attached to the interventions they use. The more the child/family see the interventions as supporting their own autonomous goals and efforts, the less resistance becomes a factor. The more natural supports are used in providing services the greater the unexceptionalness of the child. The project seeks a

transformational approach to children whose thought, emotion and behavior *is* their disability. It seeks to implement clinical social learning techniques that are compatible with the desires of the people it serves and within the educational system which is the valued setting for children and adolescents.

Further, it raises question about where the intervention is placed. Traditional modes of thinking place the 'problem' in the child. We perceive the child as a part of a network of systems that influence the development of a mental representation of the world that is used for problem solving. From this perspective, there are several points of intervention that include the child, the family, the school and the community.

INTRODUCTION

If we become who we are through learning, it is fair to ask, how such learning takes place and to identify the origins for positive social adjustment. But before outlining personal growth and development phases, it is important to disclaim any single factor or system of learning through social experience. This would be possible if human beings operated only on an imitative or first order mental plane. We believe, however, that human beings are *active* participants in the learning process and operate on an *imaginative* or meta-plane. Thus, any material presented has at minimum, three optional impacts which then can be exponentially expanded: It is 1) believed [true]/not believed [false]; 2) it is understood as meant/ not understood as meant; or 3) it is valued [given emotional status]/not valued [ignored].

Thus a new proposition can be considered by the recipient as:

- true, understood and valued
- true, understood and not valued
- true, misunderstood and valued
- true, misunderstood and not valued
- false, understood and valued
- false, misunderstood and valued
- false, understood and not valued
- false, misunderstood and not valued

The potential for such variation is enhanced by two other variables: first, the ambiguity of words and their usage. "You are a bad boy - meaning - you acted inappropriately OR you are not a good person". ["...Ambiguity is pervasive; but the conscious experience of ambiguity is quite rare" - Baar.] The second is the meta ability of imagination. ["People, by and large, are astonishingly attracted to the catastrophic interpretation of things" - Seligman]

When experiencing a new proposition an individual has the ability to mull the meaning not only as it applies here and now, but how it compares with the past and the future. Margaret Donaldson touches on this when she discusses a 'framework' of different minds.

My account of the common framework entails the distinguishing of four main modes of mental functioning. These come in succession upon the scene as we grow older, but they do not replace one another. None of them is ever lost, except in severe injury or illness. But within each mode changes occur over time.

Donaldson then goes on to define the *locus of concern*. A mind's concern at any given time is what its percepts, thoughts [concepts], emotions or actions are *about*. The locus of concern is defined in terms of space-time. The *point mode* is always concerned with the present moment, the directly apprehensible bit of space, the 'here and now'. By contrast the *line mode* includes the personal past and the personal future although concern is still with the special events, actual or conceivable. The line mode *transcends* the here and now and *imagines* the future and perhaps even the past in relation to the event.

When one talks about *causes* one must be cautious to understand that it is not simply that one action results in another action such as the reciprocal action described in Newtonian physics. An action regarding human beings is more comparable to the 'probability shells' of quantum physics. We can expect that if certain events occur there will be a *higher probability* of positive social adjustment, but we cannot know that it exists until we observe it. When Donaldson talks about the development of the human mind, and therefore the etiology of social adjustment, she suggests that we are talking about a *self-transformation*; process by which we turn ourselves into different beings. The paradox is that while this is a *solitary effort*, we are dependent in the most crucial ways on the help of others - and others may hinder or constrain.

Our experience of the world is an interpretation. Interpretations may be better or worse. We have certain strategies for deciding. These strategies may be to some extent based genetically. In tests with babies it is found that certain patterns are more attractive or *in some sense* more rewarding than others; this may be what scientist call *elegance* when describing a theory that is somehow more satisfactory than others. One interpretation is that babies are not so much choosing a pattern as being 'captured' by it. This argument rests on the idea that infants are drawn automatically to certain features of the world; those perhaps that are specially effective, in stimulating their nervous systems, such as saturated colors, horizontal and vertical lines versus oblique ones. These *attractors* that may be necessary elements of formulating the world as reality and thus have evolutionary

value, become the aspects upon which patterns or mental representations are built.

If a baby gets satisfaction from learning to predict events in the world and to control them, then presumable s/he has some conception of a world 'out there' to be controlled. And by the same token presumably s/he has some conception of herself as a controlling agent. Our fondness for shaping things is balanced by the aim of understanding. Thus the *patterns* we find are the products both of a 'bottom-up' process of perception, perhaps, mediated by *attractors* which are genetically set, and a 'top down' process which gradually develops *emerging organization of self*, which stems from conceptions of self as controlling agent.

As this emerging organization occurs, generalization becomes conceptualized as mental representation. 'Generalization' is a primitive and widespread feature of animal behavior. Another way of putting this is to say that when an animal - even a very simple organism - has learned to make a response to one stimulus, the behavior tends to occur subsequently in response to others that are like the first one in some way. It generalizes or spreads. Thus we may say that the perception of likeness is pervasive and fundamental.

Conceptual thinking [the development of mental representations] entails the recognition of points of likeness and *at the same time of points of unlikeness* - the simultaneous grasp of the ways in which things resemble one another and of the ways in which they differ. Gradually these organizing patterns become a fabric of 'top down' themes or ideologies that make up the personality of the individual. These themes give birth to *explanatory styles*, and *mental schema* regarding self, others and prospects. These themes or ideologies alert the individual to certain *expectations* about what they will perceive in certain scenarios or situations and therefore 'color' the way in which they perceive the world. We will explore Donaldson's suggestions further as we review a more specific explication from David Hofstadter of similar notions.

Before we do that however, a second caveat needs to be stated which was referenced by Donaldson - the rule that social skills can only be learned in social environments - in interaction with other people. Therefore, the absence of other people will significantly impinge on the ability to learn. So-called *feral children*, those raised somehow without human involvement suffer dramatically in both language and social skills. However, it needs to be noted that social skills seem much more easily acquirable, even under these circumstances than language. Steven Pinker in the Language Instinct [1995] has surmised a language framework that fades as the child matures. Thus the window of opportunity is limited for language. Speculations on a similar framework for learning social skills would apparently leave the

window open. This is a very optimistic idea since it implies that no matter how old or ingrained certain social behaviors are; they can change.

Breakthroughs in methodology for assessing infants' perceptual abilities have shown that even newborns are quite perceptive, active, and responsible during physical and social interactions. Increasingly, an infant will engage in social exchanges by a 'reciprocal matching' process in which both the infant and adult attempt to match or copy each other by approximation of each other's gaze, use of tongue, sounds, and smiles. Infants' physical requirements are best met when delivered along with social contact and interaction. Babies who lack human interaction may 'fail to thrive'. Such infants will fail to gain sufficient weight and will become indifferent, listless, withdrawn and/or depressed, and in some cases will not survive [Clarke-Stewart & Koch, 1983 as reported by Oden, 1998].

This human interaction is vital in the first six months of life as a growing bonding attachment, marked by strong mutual affect, with at least one particular adult, is critical to the child's welfare and social emotional development [Oden, 1998]. In fact, if one were to identify a single major cause of failure to thrive physically, emotionally and socially, one could explore the failure to bond. Such a failure need not be caused by intentional neglect - mother may die or is incapacitated at the birth of the child, father mourns, no single nurse is available - serial adults occur - time passes. The breakdown of the extended family increases the opportunity for such occurrences. Single parents, teenage births, substance abuse and other social factors can contribute. But don't forget our first caveat: the infant plays a role and some individuals have a strength and tenacity of character that help them overcome all obstacles.

Freud conceived of the mother-child relationship as encompassing all the forces that shape the adult personality, with maladjustments at this level the sole cause of any later emotional catastrophes. While we may agree that the bonding factor is a critical factor which influences the depth of later adult social and sexual relationships; it would be misleading to judge the importance of one affectional system in terms of end result. Each system [maternal love, infant love, peer or age mate love, heterosexual love and paternal love] evolves from the one that precedes it, and the faulty development of any system, or the faulty transition from one system to another, may arise from any number of variables [Harlow, 1974].

Nonetheless the social infant needs to have an experience of *attachment* to another human being. The etymological meaning of attach is to *seize* - an appropriate description of the need for the child to seize and fasten onto a significant adult, but one which has also been described by Donaldson as one which *seizes* the interest of the child. The process of attachment can also be examined, and it starts with *attraction* - which etymological meant literally to 'pull towards oneself'. The infant pulls towards him/herself in a

patterned way. We will explore the pattern mechanism from a model developed by Hofstadter later.

Harlow suggests that the response of a human mother to her newborn depends on many personality and cultural variables and reveals a complexity of concern. These personality and cultural variables are important to our exploration since we posit that they are parts of a single system - the first, where the individual builds his/her own belief system, which defines the self or personality and the second, where groups of individuals develop similar belief systems which define the nature of the group. In both systems, the actual day-to-day operation occurs by *habit*, reflex or without thought. The way individuals believe [and emote] is closely tied to their culture, since the culture is the milieu in which they have learned. Yet we cannot forget that in systems theory [Cybernetics II] that the micro-organism and the macro-organism are mutually influential.

Such mutuality, however, increases as the infant develops and matures and the events of maturity are contingent upon social interaction, including intimate bodily contact, which is the basic mechanism in eliciting love from the neonate and infant [Harlow, 1974]. While we often talk of the maternal instinct, many mothers have little maternal feeling until their infants have matured to the point that they can interact by means of vocal and facial responses through 'reciprocal matching' behaviors. In this case, the infant contributes to the degree of maternal involvement by his/her own reciprocal actions. An infant who has a developmental delay or a disability may, in fact, get less response from even a loving mother because s/he gives so little back.

Another factor that arises from this interactive failure is the creation of anxiety in the mother, which may be easily transferred to the child through emotional contagion. A relationship with mixed messages of love and anxiety may make transfer to the next affectional system unpromising since new learning is open to a variety of potentially negative interpretations based upon a context built by experience. On the other hand, where the love between the infant and the mother is so strong and so enduring that there is an unwillingness to let go, another crisis occurs. In fact, it is important as we think about growth and development that we understand that each stage offers important learning experiences, but the *transitions* offer the test. If the individual has learned the appropriate [utile] skills in one stage, the transition to the next can be viewed as an exciting new experience full of curiosity. If the learning has not been sufficient, the attitude can be one of fear and trepidation.

Related to these childhood experience, of course, is the parental method of family management, which is usually based upon the parent's own experiences both in family and culture. If bonding and other interpersonal experience are critical to either help or hinder the development of self, such

family management methods are of salient importance. Oden suggests that these fall into more or less predictable categories:

- authoritarian or autocratic [high control]
- authoritative [through knowledge and providing direction]
- permissive [low control]
- some combination of the above.

It is the last, of course, which is most problematic, since it has the potential of the *unknown*. If the internal logic is to pursue pleasure and avoid pain, but the family management is inconsistent, a logic may not be implementable. The child is then 'at the mercy' of the adult and is unable to predict and control events and experiences. On the other hand, it has been suggested that mothers who are more verbal in their influence on children's actions use 'benign' instructive direction that appears to result in the child having greater social competence at home, with peers, and in school settings [Oden, 1998]. How this is concluded is not specified and therefore may simply be the reiteration of a preferred method of professionals. However, the process of cognitive intervention would be verbal, provide direction and be essentially 'benign' since the individual child can reject the input, so the conjecture is supportive, if not sufficiently documented.

Perhaps we should now move from the social content and look at the individual process of development of intelligence and personality. We will again use as our guide, the theoretical framework developed for Artificial Intelligence by Douglas Hofstadter [1995]. In his book *Fluid Concepts & Creative Analogies*. The development starts with a *pattern sensitivity*.

- noticing sameness [e.g. This is like that]
- noticing simple relationships [e.g., this is big and that is small]
- noticing analogies [e.g., this pattern-fragment looks like that one];
- imposing consistency [e.g., let me alter this pattern fragment so it looks more like that one];
- building abstractions [e.g., this shared pattern fragment can be summarized in a template];
- shifting boundaries [e.g., this might better grouped with this rather than that];
- driving towards beauty [e.g., let met alter this pattern-fragment because it would be more balanced this way].

The activity of building up a coherent stream of packets from an unpunctuated, structured sequence, and coming to understand their interrelations, is thus a nontrivial task. It should be clear also that these pattern-forming mechanisms operate at higher and higher orders of intelligence. This should not be interpreted, however, to mean that infants do not utilize them in some naive form; moving perhaps, from a *point mode* to a *line mode* and ultimately reaching a *transformational* clarity.

Hofstadter suggests that the processes involves *segmentation* - that is, *figuring out where the boundaries of packets ought to lie* and, *unification* - that is, *figuring out how the packets are related to one another*. This requires an internal logic. It seems apparent that the first logic is pursuit of utility. The most basic definition of utility as reported by Fukuyama is the narrow one associated with the nineteenth-century utilitarian, Jeremy Bentham: *that utility is the pursuit of pleasure or the avoidance of pain*. The internal logic of utility becomes for each of us the starting point of decision-making.

What Hofstadter suggests in pattern or schema building is that the emerging individual would need to find types of structures that are *echoed* throughout the experience, and hopefully at regular intervals. Thus it makes more sense to let different types of explanations of cause and effect 'bubble up' independently here and there in the experience, and then see if there are correlations. The stronger the correlations, the more one will feel on the right track. Thus, for the sake of efficient picking-up of ideas, one wants to encourage *diversity* in the types of experiences being built up, rather than uniformity. On the other hand, too much diversity will simply turn the experience into a jumble of random, uncorrelated events of order, thus completely blocking the discovery of patterns, which, after all involve uniformity, by definition. So there has to be a balance between the overly chaotic strategy of encouraging different kinds of experiences to bubble up completely randomly and the overly rigid strategy of always trying one type first throughout, then another type, and so on.

This kind of subtle balance, he suggests, can be struck by employing *parallel processing with probabilistic biases*. The way this works is to let perceptual 'glue' [attraction] of various sorts bubble up in parallel in different regions of the experience, with a *tendency* but not a rule for sameness glue to emerge the fastest, ...each dab of glue then acts as a small local pressure towards building a particular type of island of order in a particular location. This way, natural perceptual biases can be respected but not slavishly so, and diverse ideas - 'hunches' can arise independently and be explored simultaneously in different regions of the experience.

Glue alone does not make an attribution come into existence; it merely serves as a hint or suggestion to build an attribution of a certain sort in a certain region. Attributions, being larger and more global, are the next stage of perception beyond dabs of glue, and any actually-built attributions represents much more commitment to a particularly theory of what is going on. However, a fully-built attribution can be sacrificed, under pressure for the greater good and - destroyed, that is, releasing its constituents so that they can be perceptually reinterpreted and incorporated into different attributions that hopefully will fit more coherently into the emerging global order. The process of developing a pressure for the *greater good* - i.e. an

increased utility in every day experience - is part of the cognitive structuring process. Further, it is the sacrifice of fully built attributions or schemas that is required for social change.

A *second tier* of exploratory process can be going on as well - namely, perception of regularities among the attributions themselves, leading to multilevel packets and ultimately to templates, or as we would name them *scenarios* or *schema*.. However, this level of perception is considerably trickier because an attribution of an order of causes and effects is a more complex entity than identifying the cause and effect of a mere event.

An attribution of order is a little structure that can be characterized by a *name* and one or more *parameters*, with the parameters themselves having different degrees of interest to people and therefore different probabilities of being perceived. As we have noted elsewhere the ability to use words to describe a proposition moves it from an intuition to knowledge; what we can name becomes known.

Searching on the second tier of abstraction therefore involves two intertwined activities; perceiving each attribution on its own, and perceiving relationships between different attributions. Each activity necessitates the other. It is very important to understand that these two intertwined activities on the second tier of abstraction are also intertwined with the perceptual activities on the *first* tier of abstraction - the two tiers of perception are not serially separated. Many things are going on at once and affecting each other.

The act of connecting up two different attributions in one's mind is a very simple instance of *analogy making*. Analogies vary not only in their degree of *salience* [i.e., obviousness] but also their degree of *strength*. What would it mean for some perception to exert influence on the perceptual process? The only reasonable idea would be for it to *enhance the likelihood of similar perceptions* to be made, and simultaneously to *weaken the commitment to dissimilar perceptual structures*. Thus an obvious or powerful analogy is required to weaken the commitment to schemas that are highly valued. This means that the probabilistic biases guiding the search for regularities are altered on the basis of discoveries already made and can only be overcome through powerful intrusions which hold the potential for better utility.

For Hofstadter, analogy making *lies at the heart of pattern perception and extrapolation*. *Pattern-finding is the core of intelligence*, [and] the implication is clear: *analogy making lies at the heart of intelligence*. Analogies are the means of building upon present learning and represent a natural way of thinking as it relies on the human capacity for association. The principal technique is that of 'changing contexts' in one of two ways, which separate into learning and innovation. In learning we change contexts

by transforming the *strange* into the *familiar*. In innovating we change contexts by transforming the *familiar* into the *strange*. Analogies are reliant not just on imitation or 'reciprocal matching' as occurs with the infant, but upon imagination, which requires a meta analysis of ideas and a projection of the locus of concern into the past or the future.

If, as Hofstadter suggests analogy making is the building block for increased learning, the status he gives it is supported by Myrna Shure [Interpersonal Cognitive Problem Solving] who has learned that alternative-solution thinking relates most strongly to social adjustment in young children, followed by consequential thinking. Creating alternatives may rely on the ability to use analogies in both a learning and innovative manner. What is most exciting, of course, is that such skills can be taught.

What Hofstadter is describing is a perceptual process that begins in a pure *bottom-up* manner but that is gradually invaded by increasing amounts of *top-down* influence. 'Bottom-up' here describes perceptual acts that are made very locally and without any context-dependent expectations; 'top-down' pertains to perceptual acts that attempt to bring in concepts, and to extend patterns, that have been noticed in the experience [and are *ipso facto* presumed to be relevant to its underlying rule]. Another term for 'bottom-up' is thus 'data-driven'; and 'top-down' corresponds to 'theory-driven'. As the theory or schema becomes valued [given +/- emotional content], it becomes increasingly difficult to displace. Donaldson describes the potential of internal conflict regarding the interpretation of *possibilities* as diminishing as the top down ideologies strengthen into "belief systems" and she suggests that to the extent that consciousness and representational resources are limited, such conflicts, even if they occur, will not even be experienced. Thus, dichotomies of thinking can and are often tolerated by individuals because they are unaware of them.

For Hofstadter, progress comes from repeated acts of generalization. The art of choosing the most *elegant* generalization [remember that elegance indicates some innate level of satisfaction and gratification] for some abstract pattern. Inventing, creating, discovering new concepts by discovering patterns in known concepts. There has to be a tacitly shared sense of worthwhile pathways to follow in the development [via generalization] of a concept; otherwise there would be no coherence. Thus Donaldson's *emerging organization of self*, needs to seek a *coherence* within a sense of worthwhile pathways and generalization of learned responses.

Generalization outward from a conceptual center is an automatic, unconscious process that pervades thought - indeed, it *defines* thought. Generalization involves the ability to internally reconfigure an idea, by

- moving internal boundaries back and forth;

- swapping components or shifting substructures from one level to another;
- merging two substructures into one or breaking one substructure into two;
- lengthening or shortening a given component;
- adding new components or new levels of structure;
- replacing one concept by a closely related one;
- trying out the effect of reversals on various conceptual levels; etc.

It requires the ability to perceive a theme in all sorts of novel ways by bringing in unexpected concepts and 'trying them on' to see how they fit. Lastly, it requires a sense of naturalness versus forcedness, and a sense of elegance versus primitiveness. Such sense and abilities, which taken together certainly deserve the label *intuition*, are subtle and elusive. The question of whether such *intuition* is based on a genetic framework such as Pinker's language instinct or Donaldson's modes of mental functioning, remains to be seen. However, it is clear that all human beings have a sense of *elegance*; a sense that this proposition is more fit than that one. This sense of elegance provides an ability to *dispute* less rewarding concepts and presenting more utile [or elegant] ones.

Some of the important themes that Hofstadter sees cropping up over and over again are the following:

- 1) the *inseparability of perception and high-level cognition*, leading to the idea of a perceptual architecture being at the heart of cognition⁵¹;
- 2) the fruits of high-level perceptions being *easily reconfigurable multilevel cognitive representations* held loosely together by bonds of different types and different strengths⁵²;
- 3) the idea of *subcognitive pressures* - namely, that the more 'important' a concept or a representation is, the greater an influence it should be allowed to exert, in a probabilistic sense, on the direction of the processing⁵³;
- 4) the *commingling of many pressures*, both context-dependent and context-independent, leading to a nondeterministic parallel architecture in which bottom-up and top-down processing coexists gracefully;
- 5) the *simultaneous feeling-out of many potential pathways* at differential rates governed by quickly-made estimates of degree of promise;

⁵¹One of the qualities that this provides is the experience of imagery as a 'real' experience. When a person conjures up a visual image, for example, they are using higher level cognition to perceive.

⁵²The configurations are bound by domains as schema, or 'chunks' of thoughts and images that are networked together for specific use. The same thought or image may be reconfigured for purposes of a different domain. Thus the *conditional* schema of cooking and restaurant are compared, they may have such reusable thoughts and images.

⁵³Importance is a +/- emotional spin based on varying degrees of pleasure and pain. A representation, concept or image, may be important because it is highly salient on either end of the spectrum or because from different frames of reference, both pleasure and pain are apparent,

- 6) *the centrality of the making of analogies and variations on a theme* in high-level cognition;
- 7) the possession, by cognitive representation, of *deeper and shallower aspects*, with the former remaining relatively immune to contextual pressures; and the later being more likely to yield under pressure [to 'slip'];
- 8) the crucial role played by the *inner structure of concepts and conceptual neighborhoods* in all these goals, particularly context-dependent conceptual overlap and proximity, and context-independent conceptual depth.

Pattern perception, extrapolation, and generalization are the true crux of creativity, and one can come to an understanding of these fundamental cognitive processes *only* by modeling them in the most carefully designed and restricted microdomains. Modeling, role playing, behavior rehearsal, feedback and reinforcement are all activities of cognitive behavior management. The teaching of skills or the extrapolation of awareness of thinking and experiences in small, progressive, continually improving steps are the keys to social change.

PROBLEM IN TRANSITION

Cognitive change is based on the simple fact that how people think has a controlling effect on how they act. As an example of the kind of outcome personalities that are maladaptive, John M. Bush & Brian Bilodeau [1993]⁵⁴ describe offenders in an Options Program in prison. Common themes of antisocial thinking that include the belief and mind-set that they are being victimized. Many offenders are accustomed to feeling unfairly treated and have learned a defiant, hostile attitude as part of their basic orientation toward life and other people. From the cognitive perspective, both their perception of being victimized and their hostile responses to it are learned cognitive behaviors. They are learned ways of thinking that are reinforced by experiences of success and self-gratification. For instance, the sense of victim outrage is itself a feeling of strength and righteousness, much preferable (in their mind) to feelings of weakness and vulnerability.

Offenders often think they are entitled to a kind of absolute freedom in the way they conduct their lives. They may picture themselves as living in isolation from the world, in a kind of world of their own. In their subjective world, they are in absolute control and have the absolute right to do as they please. From this point of view, any restriction of their freedom is resented as an unjust intrusion.

When the real world fails to comply with their expectations and demands, they take a stance of righteous defiance. Relationships with other people are dominated by a struggle for power. Cooperation is seldom more than a passing convenience. Win-lose ('us and them') is the dominant form of personal relationship.

Righteous anger, retribution, and license to do as they please, without regard to rules and consequences, become dominant themes of living. It all holds together in a kind of self-supporting logic.

This network of attitudes, beliefs, and thinking patterns on the part of offenders set up an adversarial relation to the world around them. Winning is defined in their mind as forcing someone else to lose. The gratification that comes with this kind of winning is, in some offenders, the only real satisfaction and gratification they have ever learned.

Antisocial winning has lots of forms. It may consist of direct physical assault. It may involve controlling people through fear and intimidation. Some armed robbers, for instance, take gratification in making their victims fear for their lives. It may involve the thrill and excitement of stealing, or lying, or conning, or is some other way breaking the rules and getting away with it.

When offenders win their struggle with the world, they may feel a towering sense of elation. They're on top of the world. When they lose - for instance, when they are caught at a crime and held accountable - they feel terrible, but usually not for long. Their basic cognitive structure of attitudes, beliefs, and thinking patterns provides them with a ready interpretation of their difficulties that takes the sting out of their failure. They picture themselves as the victim and righteous anger displaces the feelings of loss and failure. With victim-stance thinking, there is no room for remorse. Righteous anger produces feelings and images of power. This logic is a vicious cycle. Whether they win or lose, the underlying cognitive structure is reinforced.

Such themes [mental schema] can be defined for each individual. While it may have no logic and even be considered bizarre to the uninformed observer, it is likely to have an internal logic [and symbolism] based upon what the individual thinks. While such social change efforts have been the most researched and documented of all social interventions, we continue to operate on biomedical models based on reductionist theories.

We have identified social and psychological perspective of a potential process of learning that allows for social adjustment or maladjustment. The interactive quality of learning which requires at least one *bond* of love and security along with the continued support of both individuals and *fields* of influence such as group [family or peer] and culture, all of which combines to impact on how the individual creates him/herself. The process is one that could be identified as *trial* and *error*, examining, combining and uncombining

until generalizations become powerful enough to set a tone for future expectations. A *selection* of utile propositions occurs; a *natural selection* which is contingent upon past selections.

But while this social and psychological process correlates well with our experiences, what is happening in biology that may support what we have outlined? We would suggest that reductionism in search of cause and effect concerning animal behavior is simply not helpful in its present state. While one cannot ignore the biogenic aspects of behavior, it is absurd and irresponsible to suggest that a 'chemical imbalance' is responsible for behavior. While it is clearly true that electrochemical process must take place for any behavior to take place and that a genetic propensity allows for optional levels of performance to be available, reduction of mind to brain is simply not a valid approach.

Steven Weinberg, a physicist and avowed reductionist talks about consciousness in his book *Dreams of a Final Theory*. "It is clear that there is what a literary critic might call an objective correlative to consciousness; there are physical and chemical changes in my brain and body that I observe to be correlated [either as *cause or effect*] (emphasis added) with changes in my conscious thoughts." "...it seems reasonable to suppose that these objective correlatives to consciousness can be studied by methods of science and will eventually be explained in terms of the physics and chemistry of the brain and body."

Notice two things about his comments. First, that he expects that science will be able to explain the objective correlatives to consciousness; not consciousness itself. Second, that he is not clear whether these objective correlatives are cause or effect. As to the first, there is no argument. The problem is that when the objective correlatives are clearly understood, they will not explain consciousness, or the mind. Part of the difficulty will be the question of cause and effect. If we correlate an adrenalin rush with fear and anger, can we assume that the adrenalin causes fear and anger? Or does the fear or anger cause the adrenalin rush? If it is the latter, consciousness somehow primes the objective correlation in order to act.

We know that the body is a self-adjusting organism. This is very unlike a car or a rock. Part of the difficulty of current medicine is that it often interferes with the body's adjustments. Thus, the immune system is weakened because of antibiotics and consciousness is weakened by psychotropic drugs. Weinberg goes on to admit that we won't be able to predict very much, but we will understand in the same sense that we understand weather. This is an interesting comparison, which is worth pursuing. Weather, as you may be aware is a chaotic system. Weinberg later quotes James Gleick who introduced the physics of chaos to general readership.

“Chaos is anti-reductionist. This new science makes a strong claim about the world: namely, that when it come to the most interesting questions, questions about order and disorder, decay and creativity, pattern formation and life itself, *the whole cannot be explained in terms of its parts*”. [Emphasis added]

There are fundamental laws about complex systems, but they are new kinds of laws. They are laws of structure and organization and scale, and they simply vanish when you focus on the individual constituents of a complex system - just as the psychology of a lynch mob vanishes when you interview individual participants.”

The brain is a tangible physical organ constituted from molecules; but that collection of molecules seems mockingly remote from the insubstantial, complex, transient thoughts that combine to endow us with conscious awareness (Greenfield 1995). However, most scientist have sought to identify the workings of the mind, through the ‘objective correlate’ workings of the brain.

In her exploration of consciousness called Journey to the Center of the Mind, [1995] Susan A. Greenfield, a neuroscientist who teaches in the Laboratory of Physiology in Oxford identified some of that history.

Democritus (c. 460 - 370 B.C.) argued that there had to be a physical basis for the mind because everything in the universe was composed of small invisible particles; he envisaged the mind as made of particularly special atoms. While his intuition regarding the existence of such particles was astounding, it did little to help with our understanding of how those particles actively come to function in such a manner as to constitute the mental facilities which we call the mind.

Six hundred years later, in the second century A.D., Galen (129 - 199) proposed that our mental faculties, which was termed the psychic pneuma, resided in the cerbrospical fluid, the colorless liquid that flows within the interconnecting cavities (ventricles) lying deep in the brain and bathing the external surface of the and spinal cord. While this had substantial merit for the age, since this is a special fluid, it cannot account for the specialness of the individual personality.

Much later, Luigi Galvani (1737 - 1798) was the first to suggest that living nerve cells were conductors of electricity. This was a brilliant insight, but it took two hundred years, until the physiologists Alan Hodgkin and Andrew Huxley developed a model for describing how living nerve cells could generate electrical signals.

We now know that this electrical activity can be transiently and dramatically changed when a chemical, released by a neighboring brain cell, latches onto

the outside of a neuron. This transient change in electrical activity (an action potential) causes the release of a chemical from the second nerve cell, which, in turn, acts on a third, and so on. This repeating chain of electrical and chemical events forms the basis for communication among brain cells.

In fact, neurons differ from other cells in the body in that they can generate electrical signals. These electrical signals are simply the result of an imbalance of just four types of ions (charged atoms of chloride, calcium, sodium and potassium), amounting to a net imbalance of charge across the outer wall of the cell. This imbalance of charge generates a potential difference, a voltage.

The charge allows the neurons to communicate with one another and, as we shall see, provides the basis from which the mind is developed. However, these traditional biological models, in and of themselves are highly incongruent with reality as most of us know it. We cannot simply extrapolate from a physical situation concerning the net status of brain chemicals to a phenomenological one. Although a neuroscientist may state that depression is correlated with a decrease in the levels of a certain class of brain amines (Leonard 1992), that chemical change in itself does not tell us all we may want to know about the state of depression. A full understanding of depression would draw not just on the immediate physical facts but on other, phenomenological factors such as a divorce or the loss of a job (Greenfield 1995).

In fact, the cause and effect problem already mentioned may be supported by just such factors. We know that an increase in adrenaline occurs when a person experiences fear or anger, but we are not clear as to whether the fear causes the increase in adrenaline or the adrenaline causes the fear. Our experience would indicate the former. But how does this occur? Shad Helmstetter posits that..."neuroscientists have learned that thoughts are electrical impulses that trigger electrical and chemical switches in the brain. Thoughts are not just psychological in nature, they are *physiological* - electrochemical triggers that direct and affect the chemical activity.

When given an electrical command - a thought - the brain immediately does several things: It responds to the thought by releasing appropriate control chemicals into the body, and it alerts the central nervous system to any required response or action."

We cannot, therefore, just switch from a desire to move or from an emotion such as depression to a lone chemical or a solitary brain cell any more than we can explain fully how a car works by simply saying that the amount of fuel is a factor or that the engine needs to be turned on. Further there is no clear causal relation between the discharge of a neuron and the concomitant behavior, how would we know if one were a direct consequence of the other? This is a particularly important point because one of the more ubiquitous

features of the nervous system is that neurons are often activated in just such a way (known as corollary discharge) that they might register events, and send appropriate signals to other parts of the brain, but do not necessarily mediate those events (Humphrey and Freud 1991). If the red light were broken, the iron would work just the same. (Greenfield 1995)

Greenfield goes on to point out that everything we see, hear, taste, touch, and smell is laced with associations from previous experiences. Such associations can reasonably be assumed to contribute to a consistent profile of individuality. The Neuro-ecosphere, built up slowly by a lifetime's conglomeration of associations, determines the quality of our conscious experience. Our consciousness is not all-or-none but a variable phenomenon that grows as we do. This phenomenon is congruent with our intuitive experience of reality.

One can very easily imagine that individual brains, or rather their intrinsic neuronal connections, are gradually shaped by experience, and that in turn these modifications to the brain are constantly modifying the mind and hence the consciousness of an individual throughout life. The fact that the self can evolve does not invalidate its existence. (Greenfield 1995)

This history would suggest that there is an acute incompatibility between observations and existing theories about the mind. Medical science generally continues to reduce human consciousness to objective correlates. Oliver Sacks in his article "A New Vision of the Mind", suggests that new theories arise from a crisis in scientific understanding, which virtually excludes the concepts of 'mind' and 'consciousness'. The new vision that he reports on is a theory developed by Gerald Edelman with his colleagues at the Neuroscience Institute at Rockefeller University. This biological theory of the mind, which he calls neural Darwinism⁵⁵, or the Theory of Neuronal Group Selection [TNGS], serves quite well as the underpinnings for the management of cognitive behavior. What follows is a synopsis of the Sacks article.

The answer Edelman proposes, is that an evolutionary process takes place - not one that selects organisms and takes millions of years, but one that occurs within each particular organism, and within its lifetime, by competition among cells, or selection of cells for, [or rather groups of cells] in the brain.

Edelman discusses two kinds of selection in the evolution of the nervous system; 'developmental' and 'experiential'. The first takes place largely before birth. The genetic instructions in each organism provide general constraints for neural development, but they cannot specify the exact

destination of each developing nerve cell, for these grow and die, migrate in great numbers and in entirely unpredictable ways; all of them are 'gypsies', as Edelman likes to say. Thus the vicissitudes of fetal development themselves produce in every brain unique patterns of neurons and neuronal groups ['developmental selection']. Even identical twins with identical genes will not have identical brains at birth; the fine details of cortical circuitry will be quite different. Such variability, Edelman points out, would be a catastrophe in virtually any mechanical or computational system, where exactness and reproducibility are of the essence, But in a system in which selection is central, the consequences are different, here variation and diversity are themselves of the essence.

The creature is born, thrown into the world, there to be exposed to a new form of selection based upon experience ['experiential selection']. Despite a sudden, incomprehensible [perhaps terrifying] explosion of electromagnetic radiation, sound waves, and chemical stimuli; the world encountered is not one of complete meaninglessness and pandemonium, for the infant shows selective attention and preferences from the start. These (innate epigenetic) biases, Edelman calls 'values'. Such values are essential for adaptation and survival. These 'values' - drives, instincts, intentionalities - serve to weigh experiences differently, to orient the organism toward survival and adaptation, to allow what Edelman calls 'categorization on value'. 'Values' are experienced internally, as feelings: without feeling there can be no animal life. Cognitive approaches acknowledge that emotions place value; thus what a person loves or hates are the most important objects, propositions or schema to them. This is highly compatible with the 'value' of Edelman.

At a more elementary physiological level, there are various sensory and motor 'givens', from the reflexes that automatically occur [for example the response to pain] to innate mechanisms in the brain, as, for example, the feature detectors in the visual cortex that, as soon as they are activated, detect verticals, horizontals, angles, etc., in the visual world. Thus we have a certain amount of basic equipment; but very little else is programmed or built in.

It is up to the infant animal, to create its own categories and to use them to make sense of, to construct a world - and it is not just a world that the infant constructs, but it's own world, *a world constituted from the first by personal meaning and reference*. The personality of the individual is just such a construction, built upon the 'categories' which make up the cognitive structures or schema, which in turn make up the whole person. Consistent with Hofstadter, this personal creation is the solution to the problems posed by the environment.

A unique neuronal pattern of connections is created and then, experience acts upon this pattern, modifying it by selectively strengthening or

weakening connections between neuronal groups, or creating entirely new connections. The connections that Edelman identifies are what might be referred to by some biologists as 'hard-wiring'. However, as we shall see, the wiring is not so 'hard' after all.

Thus experience itself is not passive, a matter of 'impressions' or 'sense-data', but active, and constructed by the organism from the start. Every perception is an act of creation. This perceptual generalization is dynamic and not static, and depends on the active and incessant orchestration of countless details. Such a correlation is possible because of the very rich connections between the brain's map connections, which are reciprocal, and may contain millions of fibers. A continuous 'communication' occurs between the active maps themselves, which enables a coherent construct such as 'chair' to be made.

The outputs of innumerable maps not only compliment one another at a perceptual level but are built at higher and higher levels corresponding to the themes of Hofstadter. The brain 'categorizes its own categorizations', and does so by a process that can ascend indefinitely to yield more generalized pictures of the world, providing a world view.

This re-entrant signaling is different from the process of 'feedback', which merely corrects errors. At higher levels, where flexibility and individuality are all-important and where new powers and new functions are needed and created, one requires a mechanism that can construct, not just control and correct.

The construction of perceptual categorizations, maps or themes, the capacity for generalization made possible by re-entrant signaling, is the beginning of psychic development, and far precedes the development of consciousness or mind, or of attention or concept formation - yet it is a prerequisite for all of these. Perceptual categorization is the first step, and it is crucial for learning, but is not something fixed, something that occurs once and for all. On the contrary - there is then a continual re-categorization, and this itself constitutes memory. Unlike computer-based memory, brain-based memory is inexact, but it is also capable of great degrees of generalization.

Primary consciousness is the state of being mentally aware of things in the world, of having mental images in the present. But it is not accompanied by any sense of [being] a person with a past and a future. In contrast, higher-order consciousness involves the recognition by a thinking subject of his or her own acts and affections. It embodies a model of the personal, and the past and future as well as the present. It is what we as humans have in addition to primary consciousness [Edelman].

The essential achievement of primary consciousness is to bring together the many categorizations involved in perception into a scene. The advantage of

this is that 'events that may have had significance to an animal's past learning can be related to new events.' The relation established will not be a causal one, one necessarily related to anything in the outside world; it will be an individual (or 'subjective') one, based on what has had 'value' or 'meaning' for the individual in the past. The 'scene' is not an image, not a picture, but is a correlation between different kinds of categorization.

Higher order consciousness arises from primary consciousness - it supplements it, it does not replace it. It is dependent on the evolutionary development of language, together with the evolution of symbols, of cultural exchange; and with this brings an unprecedented power of detachment, generation, and reflection, so that finally self-consciousness is achieved, the consciousness of being a self in the world, with human experience and imagination to call upon.

Higher order consciousness allows us to reflect, to introspect, to draw upon culture and history, and to achieve by means of a new order of development and mind. To become conscious of being conscious, Edelman stresses that systems of memory must be related to representation of a self. This is not possible unless the contents, the 'scenes', of primary consciousness are subjected to a further process and are themselves recategorized.

Language immensely facilitates and expands this by making possible previously unattainable conceptual and symbolic powers. The use of words to describe the variation of emotional levels is the cognitive construct that links here. Teaching a person to discriminate between rage and irritation is not simply an expansion of vocabulary; it is an expansion of conceptual and symbolic powers making new links possible.

Thus two steps, two re-entrant processes, are envisaged. First, the linking of primary (emotional or 'value-category') memory with current perception - a perceptual 'bootstrapping', that creates primary consciousness; second, a linking between symbolic memory [imagery] and conceptual [cognitive] centers - the 'semantic boot strapping' necessary for higher consciousness. "Consciousness of consciousness" becomes possible.

In suggesting the necessity for flexibility in the classification process, Sacks relates that the theory suggests that the body-image of a person is not fixed, but plastic and dynamic, and dependent upon a continual inflow of experience and use; and that if there is continuing interference with one's perception of a limb or its use, there is not only a rapid loss of its cerebral map, but a rapid remapping of the rest of the body which then excludes the limb itself.

Such an experience is not unlike the cognitive restructuring process in which present schema are disputed and replaced. Repetition soon overwhelms the memories [schema] providing that the continual inflow of experience

provides evidence of a better way to predict and control future events. The term 'hardwiring' is obviously not appropriate for the 'experiential' evolutionary process although it may be for the developmental. For purposes of 'higher consciousness' the theory allows for the very changes that cognitive restructuring requires.

Daniel Dennett (1991) answers the question of "Who's in charge?" by replying "first one coalition and then another, shifting in ways that are not chaotic, thanks to good meta-habits that tend to entrain coherent, purposeful sequences rather than an interminable helter-skelter power grab." It is this sense of purpose that is consciousness. This is a far cry from an electrochemical reaction even though that reaction is a necessary part of the process.

The theory presented by Edelman seems to hold much promise for supporting cognitive approaches. His basic thesis correlates well with the Hofstadter framework. Edelman proposes, an evolutionary process takes place - not one that selects organisms and takes millions of years, but one that occurs within each particular organism, and within its lifetime, by competition among cells, or selection of cells for, [or rather groups of cells] in the brain. This is highly coherent with the social and psychological process already described. It will be interesting to see how this evolutionary theory is accepted by the scientific community. If acceptance compares with the theory of self-actualization which supports cognitive theory, there will be an effort to absorb and conquer. Since the outcomes of cognitive interventions are so powerful, it has been absorbed as a psychotherapeutic technique [despite the fact that it is of an entirely different *order* from introspective or biomedical therapy] - the next step, if history is a guide, will be to suggest that it only works *in combination* with medication and incarceration. Of course these are *mutually exclusive* approaches; and we can expect only one to survive. Unless the decision is made on the basis of outcome, it is likely that the power of the psychiatric and pharmaceutical community with the support of the guild regulations will prevail.

It is for this reason that the social learning model must be built into a Comprehensive System which is learning oriented and can demonstrate usefulness beyond anecdotal stories with substantive outcome, or will fail to meet the requirement of its clients. It is hoped that the development of evidence will overcome the traditional support for services and people of status that have already demonstrated failure over time. What is of concern, of course, is that the traditional paradigm will allow for a market test of a relatively pure process. It is for this reason, that we overcome our 'market test', competition, free market instincts and propose that this entry, at least be guaranteed an opportunity to prevail.

METHODOLOGY:

If we learn from every experience, we have the option to change the learning or change the experiences. The clinician carries both roles. In the first, a purely remedial intervention, they seek through individual or group intervention to help the person review their thoughts about self, others and future prospects for utility, fitness or *elegance*, and to change those which are lacking. This is a cognitive rehabilitation [cognitive process correction/cognitive restructuring] process. In the second, they seek to provide training and/or cognitive rehabilitation to the people who provide the major events and circumstances that the child experiences [culture restructuring]. These would include parents and other family members; teachers and other school personnel; peers and other children who interact on a regular basis; and other community people of significance, which may include, clergy, school janitors, crossing guards, probation officers, store clerks, and the like. For purposes of the child, the intervention may be preventative or developmental, while for the individual, for example, the parent, it may be remedial.

Cognitive Rehabilitation

A man is literally what he thinks, his character being the complete sum of all his thoughts. James Allen [1864-1912]
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Cognition is defined as the action or faculty of knowing. Habilitate means to qualify. Thus cognitive rehabilitation could be defined as requalifying knowledge, coming to know differently or relearning. The process of cognitive rehabilitation can happen developmentally or with professional guidance. In the professional arena cognitive restructuring is usually used when working in corrections, and rational emotive or cognitive therapy [cognitive process (error) correction] when working in the mental health arena. Both are based on the same principles and use essentially the same process and techniques. It is a matter of degree: cognitive process correction deals with the identification, through 'leakage' of 'cognitive errors' that occur in self or 'automatic' talk. Cognitive restructuring, addresses the core belief systems, particularly those beliefs about self and others and the connecting link of expectations of future prospects that are the basis for day-to-day cognitive errors. Thus training to attend to automatic thought and identifying and correcting cognitive errors is a part of cognitive restructuring.

At the environmental level an environment or culture which challenges one to rethink their beliefs would be a ***rehabilitative culture*** or ***change environment***. One can manipulate the environmental attitudes, communication, rituals, etc., to address beliefs just as behaviorist manipulate the environment to change behaviors. In fact, all cognitive

interventions grow out of behaviorism and use much of the language and application.

Cognitive factors play an important and well-documented role in antisocial behaviors and conduct disorders, just as they do with anxiety and depression. Common themes of thinking, automatic thoughts, and cognitive errors can be identified through direct experience and inference. Within the context of these cognitive factors, the behaviors of the individual usually make sense.

There is little difference between the actions of a person who is in danger of physical assault and one who believes s/he is in danger of physical assault, but such belief is untrue. A sudden action by the presumed assaulter may be met with fight or flight. If the assaulter really had no such intentions, the actions might seem quite bizarre or hostile. Unfortunately, behavior - either verbal or physical - is interactive and there is often a response. If I have no intention of harming you, but you suddenly attack me, I may defend myself, thus justifying your belief that I intended harm.

The nature of relationships is stimulus, response, response. The second response is often considered to be a reinforcement. What actually happens, is stimulus, [thought/emotion], response which becomes a stimulus for the other person, [thought/emotion], response which becomes a stimulus for the other person. When we list thought and emotion tied together by a colon, we are trying to indicate the nature of the relationship between the two. Emotion is a thought. Sensations [visual picture, hair raising on the back of the neck; tightness in the pit of the stomach; etc.] are 'feelings' and are always biological. Once these sensations appear, the person must give meaning to them. They do so by drawing on their experience and labeling the emotion as fear, anger, sadness, etc., based on previous experience. Emotion is always biographical.

Thus when a pit bull arrives in your vicinity, you perceive this through your sensory mechanisms and interpret 'how you feel'. If it is your pit bull, your experiences may be very positive and you have and identify positive emotions and respond accordingly. However, if your experience of dogs is terrifying, even if it was not this dog, you may interpret the information as the emotion fear. In fact, it is possible, that you get a visual image, make the interpretation, and then get the tightness in the pit of your stomach. Obviously, all of this is occurring very fast. Based upon this **interpretation** of the stimuli from your own experience [beliefs, attitudes, values], you make a response. If the other person has no basis to interpret your response, they may find it quite bizarre. They then interpret and make a response.

Unfortunately, when one has maladaptive thoughts, s/he is likely to interpret stimuli very narrowly, for what we perceive is also limited by how we think. Picture yourself coming out of a horror movie and walking home alone in the

dark. At a particularly dark corner, where the street light is out and no one is around, you may be primed to 'sense' danger and be on the lookout. When the wind suddenly blows the branches of a tree, you may panic and start to run. Probably, you then realize the foolishness and laugh to yourself, but you keep watch.

Now imagine that your whole belief system is based on such anxiety. Every thing that happens has the sense of being out in the dark alone. And you never get to laugh about it because it is always there; it is always you. This is what you believe. This is your reality. Your behavior is likely to be perceived negatively and the responses you receive reinforce your own negative thoughts. Fear being a sibling of anger, you may try to defend yourself and aggressiveness responds to trespass. You may be considered by others to be disruptive.

The nature, onset, prevalence and prognosis of disruptive disorder syndromes appear to be remarkably stable. Whereas internalizing disorders may respond to treatment or ameliorate spontaneously over time, some aspects of conduct disorder may persist in a relatively constant form and be resistant to treatment. There are several possible reasons for this, but the most likely is the *interactive* nature of cognitive development. The literature suggests that such disruptive disorders run in families. This is not unlikely since aggressive behavior often receives an aggressive response. A child growing up in a family that has an aggressive parent is likely to develop a belief system that aggressive behavior is the 'right' way to act, since aggression may be a response learned through modeling of physically punitive behavior of adults. Physical aversive behaviors in the form of corporal punishment have failed to produce sustained suppression of inappropriate behaviors [Rose, 1981], increase the likelihood that the child will behave aggressively in other settings [Maurer, 1974], and make no contribution to the development of new, appropriate behaviors [Goldstein, Apter, & Harootunian, 1984].

Even if the family holds no aggressive adult, the adult family members may be unprepared to effectively handle the early aggressiveness of the child and therefore respond with attempts to control the behavior in ways that sets in motion increased aggression. These movements toward more aggressions are impacted by other things. As the child gets to school, s/he may be met with a series of increasingly severe punishments. Punishment is temporary and transitory. Once the punishment is over, the student has 'served the time' and is 'free and clear' from further responsibility. Punishment also stirs feelings of fear, flight or fight. [Marshall, 1998] Once having survived the fear and possible pain of punishment, the person knows s/he can handle it, and the psychological impact is reduced. Aggressive people often build a cognitive structure in which they are 'super' strong, able to accept punishment and hand it out. Movie scripts find this good material.

Support for disruptive behavior also is influenced by the peer group, which is probably the most pervading and important of all the affectional systems in terms of long-range personal-social adjustment [Harlow, 1974]. Physical free play, which is the easiest for the child, and most disturbing for parents and teachers, is rough and tumble, often appearing hostile to outsiders. When such play goes beyond the bounds, and someone gets hurt, empathetic responses are required. Children who believe that 'might makes right', and it is important to be strong, able to take it and hand it out, are unlikely candidates for empathy. On the other hand, an adult may be present and punish the aggressive child for 'going beyond the bounds' of fun, reinforcing 'victim' thoughts - "I was just having fun and Johnny wasn't tough, so I get punished." With victim-stance thinking, there is no room for remorse. Righteous anger produces feelings and images of power.

Finally, either the peer group rejects the child or the individual child rejects the peer group. Removing the primary opportunity for the discovery and utilization of social and cultural patterns. The child may become a 'loner', responding aggressively to attempts to befriend, or find a group which supports his 'might makes right' attitudes resulting in deviant social and cultural patterns being learned and reinforced.

While internalizing children also get reinforced with behaviors that enable them to continue to view themselves as victims of an unfair society and often reject peers, they do not tend to 'frighten' away potentially curative relationships. A concerned adult or friend who has both a solid emotional intelligence and a willingness to dispute negative explanatory styles can at least approach and attempt. Often, however, caring adults simply increase the secondary gain of the internalizing behavior, providing comfort and solace, which reinforces the learned helplessness. As the internalizing child approaches adulthood, it is increasingly unlikely that they will be able to form relationships with such positive influences. Such people will be seen as weak and/or not 'cool'.

Finally, the traditional approaches to people with thoughts and behaviors that cause them problems in living tend also to increase the problems. Delinquency is often punished rather than rehabilitated, and mental health 'controls' through chemical or physical restraints, while offering 'diplomatic immunity'. Both procedures are easily interpreted as not only unhelpful, but downright hostile.

The future is not a result of choices among alternative paths offered by the present, but a place that is created - created first in mind and will, created next in activity. The future is not some place we are going to, but one we are creating. The paths to it are not found but made, and the activity of making them
--

changes both the maker and the destination.
Schaar

John

Despite the poor prognosis of stability given by the mental health professionals, all is not lost. For our cognitive structures and even the unconscious contexts, are open to conscious consideration and decision-making.

Cognitive change is based on the simple fact that how people think has a controlling effect on how they act. Common themes of antisocial thinking include the belief and mind-set that they are being victimized. Many offenders are accustomed to feeling unfairly treated and have learned a defiant, hostile attitude as part of their basic orientation toward life and other people. From the cognitive perspective, both their perception of being victimized and their hostile responses to it are learned cognitive behaviors. These are learned ways of thinking that are reinforced by experiences of success and self-gratification. For instance, the sense of victim outrage is itself a feeling of strength and righteousness, much preferable (in their mind) to feelings of weakness and vulnerability. [Bush & Bilodeau, 1993]

Most disruptive children have an emotional stake in remaining as they are. They know how to feel okay by relying on their old attitudes and ways of thinking. They don't know how to feel okay using new attitudes and new ways of thinking. Alternative thinking patterns must be emotionally, as well as, cognitively available.

Cognitive rehabilitation does not assume that individuals start with any motivation to change. Creating conscious choice is the heart of motivating antisocial offenders to change. The program challenges children to make a conscious *choice* and to accept full responsibility for that choice. Giving choice and acknowledging that they have the potency to make such choices is empowering. It changes the dimensions of the situation, acknowledging potency rather than attempting to control.

The understanding of what to change, how to change, and the motivation to change will lead to the ultimate goal of the program: ***increasing the ability to create and maintain mutually satisfying and gratifying relationships***. This goal will not be achieved by everyone who completes the program. Cognitive change is self-change. The techniques of cognitive self-direction taught in this program can be applied by an individual only to his or her own thinking. For this reason, the service is goal driven, rather than need driven. It is important that we help the person reach his/her goals. What is happening is that their thoughts, emotions and behaviors are placing barriers to their own goal seeking.

If we are seen as helping them to reach their own goals, resistance and compliance are no longer current. Motivation is self-induced. However, we must recognize that we are talking about a lifetime of habitual thinking. Such thoughts will not disappear over night. In fact, in crisis, most people will return to long held habits. But if the choice to change is real, the process will help to inoculate the individual against future stress and each experience will become a learning experience that can be evaluated in light of the new evaluative capacities.

Secondary Interventions

Unlike traditional efforts, clinicians can intervene with the secondary or tertiary client to provide remedial impact on the primary client. Because the etiology, maintenance and reinforcement of both adaptive and maladaptive thought, emotion and behavior occurs in everyday experience, it is important to consider ways to enable significant others in that environment to provide events, experiences and responses which are oriented towards adaptive and prosocial orientation. In many cases, a twenty four hour seven day a week mediatory action can be achieved by correcting the conveyance of information within the primary settings of the child. Rather than remove the child from the setting by relocation, we change the setting.

Of the primary significant individuals, we can identify the parents, particularly the mother; significant peers, particularly for a child between the ages of seven and eighteen years old, and finally a significant romantic interest. The better adjusted these people are, the more likely they will interact in ways that promote positive expectations and responses. Therefore, we could argue in theory, that for younger children, we should address these areas rather than intervene directly.

Social Learning Family Intervention

Lynn McDonald of the University of Wisconsin-Madison reports that Reuben Hill's theory of family stress was formulated after the Great Depression and was based on extensive observations of families who survived contrasted with those whose families did not. As Hill interviewed families who had lost their jobs and were existing in extreme poverty, he looked for factors which contributed to family survival of these circumstances. From these qualitative data, Hill theorized that there are two complex variables that act to buffer the family from acute stressors and reduce the direct correlation between multiple stressors and family crisis. Essentially, his findings boiled down to a recognition that if a family experiences multiple stressors *and* 1) they are socially isolated and emotionally disconnected to one another, *and* 2) they are depressed, hopeless, and disempowered, *then* the family will be at increased risk for illness, accidents, child abuse and neglect, substance abuse, delinquency and school failure. With a positive set of cognitions, an empowered attitude, and an active informal and formal support network,

there would be a reduction in the likelihood that the stressful life experiences would result in a family crisis. The regeneration of community through the Home, School & Community Council [See Component #4] will build relationships to isolated families and direct cognitive interventions will be used to address the cognitive interpretation of these experiences as a means of minimizing or altering the impact on the children.

One element of a cognitive behavior management approach will be the development of a Social Learning Family Intervention that will use a functional family assessment process to provide comprehensive and multilevel approaches. A crucial aspect is the emphasis on promoting behavior change in the child's natural environment. Such change will occur through the creation of a Family Service Plan that identifies family interaction skills, child management skills, personal development of parents and/or siblings and peer relationship skills.

The provider organization will need to act aggressively to involve all families, even the most resistive, in the Social Learning Family Intervention approach. This is not as difficult as it seems; with rare exceptions parents care about their children. They may, however, through emotional contagion, poor language selection and modeling defeat their own purposes in trying to help their children. Beating it out of them is, after all, an attempt to reach an appropriate goal. While it is likely to escalate the very behaviors that the parent would like to change, the motivation is correct. In fact it is a similar motivation and method to the school that tends to view punishment in the very same light, although recent social gains have modified the use of the switch as the punishment of choice. We too easily suggest that the parents don't care when they resist our professional mumbo jumbo. The Social Learning family Approach provides pragmatic aspects that includes the following basic elements:

- pinpointing and accurately labeling of child behavior;
- refocusing from exclusive preoccupation with antisocial behavior to emphasis on prosocial goals;
- daily tracking of specific child behaviors;
- administering tangible and social reinforcement;
- using alternatives to physical punishment [e.g., differential attention, response cost, time out];
- communicating effectively [e.g., clear commands, undiluted praise]; and learning to anticipate and solve new problems.

These strategies will be taught to parents through a prescribed set of clinical activities that include interactive discussion, modeling, role play, home practice and directive feedback.

Parent Adjustment Services

A second level of clinical involvement may be identified by the assessment process and would require individual and/or family cognitive rehabilitation. Parents are often assumed to have the capacity of demonstrating prerequisite skills for child management. However, deficiencies may arise because parental performance is derailed by interference from internal or external events and conditions. Personal factors such as poor self-appraisal, depression or other traditional diagnoses; marital discord and a disorganized style of handling daily-life demands consistently relate to child behavior problems.

Highly distressed families are not likely to use or consistently apply effective child-management skills. Personal and marital problems may interfere with a parent's ability to focus on their child or to assimilate new child-management patterns. Financial problems may cause severe anxiety that is emotionally contagious leaving the family socially isolated and emotionally charged.

Brief marital intervention such as partner support training and/or individual cognitive rehabilitation for parental problems in living will be provided as an adjunct of Social Learning Family Intervention when indicated.

Parenting interactions are clearly the most well researched and most important proximal cause of conduct problems [Webster-Stratton, 1993]. Research has indicated that many of these parents lack certain fundamental parenting skills. For example, they may exhibit fewer positive behaviors; be more violent and critical in their use of discipline; be more permissive, erratic and inconsistent; be more likely to fail to monitor their children's behaviors; and/or be more likely to reinforce inappropriate behaviors and to ignore or punish prosocial behaviors [Griest, Forehand, Wells & McMahon, 1980; Patterson & Southmer-Loeber, 1984; Webster-Stratton, 1985; Webster-Stratton & Spitzer, 1991].

The seminal work of Paterson and his colleagues, which has demonstrated convincingly that families with a conduct-disordered child often have problematic relations, was instrumental in the development of a core model for social learning family intervention.

Based on a social learning model, Patterson developed the 'coercive hypothesis' which postulates that children learn to get their own way and escape (or avoid) parental criticism by escalating their negative behaviors, which in turn leads to increasingly aversive parent interactions [an 'intimate dance'].

Additionally, parent cognitive distortion places the child at considerable risk. Depression in the mother, alcoholism in the father, and antisocial behavior in either parent have been implicated. Maternal depression is associated with

misperception of a child's behavior and often increases the number of commands and criticism.

Interpersonal conflict leading to and surrounding divorce are associated with, but are not strong predictors of conduct disorders. This is perhaps because the child either responds to such threat with anger and/or sadness. This may account for the incidents of underlying depression so often occurring with antisocial children.

Since specific family characteristics have been found which contribute to the development and maintenance of child conduct disorders it is imperative to address these family issues directly.

Such family interventions are often least effective with those families who need it most. We are aware that resistive families are often overly pragmatic in their expectations of treatment and must be helped to develop accurate expectations regarding the role of the clinician and their own role during changework. Further there is evidence that sociopsychological stressor variables are the most significant predictors of long-term parent performance outcomes. Multiply entrapped parents demonstrate strong inability to commit to and utilize help effectively. Stress influences parenting by narrowing the range of environment cues or events to which the parent can pay attention.

When the functional family assessment indicates one or more of these concerns, the Family Plan will identify methods of addressing it. When the identified areas express personal adjustment expectations, staff will work intensively with parents to enhance the necessary treatments.

The pervasive chronicity of disruptive behavior disorders is connected to the support and maintenance reinforcement supplied by families. The interventions provided to families therefore are expected to have a dual impact. First, they are expected to have a significant outcome in regard to the family client and treatment targeted; and second, they are expected to be reflected in the recidivism rate of the child.

Community Enhancement

Of critical concern to the rehabilitation is the family's choice and to faithfully maintain this role.

Social: A child with problems in living has often chose leisure and recreational activities that reflect those problems. Assuming a social or leisure role [team, club, etc.] both alters the perspective of the child and community members, but provides opportunities for new relationships and

takes time away from both personal pondering and resuming old relationships.

Productive: The importance of 'chores' should not be overlooked. Each of us needs to feel that they contribute productively to the system in which they live. Adolescents in gangs often feel the need to participate effectively in activities that they would normally eschew, because of the sense of 'give and take'. The child must have and be held to chores around the house and/or employment. Unless this is the altruistic role, the child should be paid [given an allowance] for these chores. However, the allowance or wages must be connected to the adequate performance of duties.

Developmental: Each of us must see ourselves as continuing to develop and grow. In order for this to occur to a child, there must be designed specific learning experiences. Unlike traditional school, these events must be designed for the 'experience of learning', not for grades. This learning experience will probably be most effective if connected specifically to an area of interest.

These processes are not traditionally thought of as 'clinical', and yet we cannot expect change in an individual with severe problems in living unless we ensure that such events and experiences take place. However, even this may not be enough. For our third area requires a refocus of relationships.

This goal may involve, staff or peers from the home school, parents or others who the client might consider to be helpful in creating effective strategies. This is considered to be the single most important factor in setting the stage for the acceptance of help.

The plan of change must specifically address:

- orientation of the significant adults [parents, teachers, neighbors and community members] who may have some resentment of the client because of earlier behavior. and/or can provide the client with significant support.
- identification and orientation of significant peers who are
 - a) needed for their positive support and/or
 - b) may have some resentment of the client because of earlier behavior, and/or
 - c) are a continuing part of the culture which created the stress which led to behaviors causing institutionalization.
- orientation of workers in other child serving agencies who may have an on-going relationship with the client.

A specific Community Contact Person will be identified for each client to be available whenever the student feels in stress or just wants to talk. The Contact Person will be selected and approved by the client and recruited and

trained by the clinical staff. The Contact Person may be a community adult [either lay or professional] that the child already interacts with, a person who volunteers and is sanctioned by the child, or a person with whom the child works. The Contact Person will have a major role in the continuing evaluation of the effectiveness of the *re-entry plan*, offer suggested changes or enhancement to meet unsolved problems, and, when needed, ask the clinical staff to help meet needs which are manifesting stress.

Clinical staff will provide opportunities for the child to achieve more positive roles in the community.

After professional staff have worked with the selected natural support relationships, the first step of the child may be to apologize for past behaviors and to ask for help. This may be done using the Community Conferencing model of restorative justice. This may be a particularly difficult task for the child with hostile attributions, but is a significant step in both regaining his/her position in the community and restoring his/her personal sense of order. As Confucius is said to have stated: If you want a polite man, first have him act politely. The clinical staff will provide transition supports to the client in his/her home school during the reorientation phase.

Adult family members may also need continued support for the changes they are required to make. This is particularly true if the family has been socially isolated in the past. A Parent Support Group may be developed and meet on a regular basis to provide parents with additional skills to support their child more effectively in recovery, as well as to create ongoing supportive relationships. There is no need for continued clinical input after the adult family members are helped to form and structure the group in a manner that can be self-maintaining. A clinical contact should be available to help address issues that may arise.

Staffing

A Service Facilitation Manager will be available for each client entering clinical services and is supplied through the Home, School and Community Council. This specialist will coordinate the implementation of the community services, work and recreational experience as well as the re-entry plan. In addition, s/he will help to recruit people from the home, school and community to participate in a 'circle of friends' support group for the adolescent. The Service Facilitation Manager will finally be responsible for the development and continuation [institutionalization] of a 'Circle of Friends' [Personal Support Network] for each client as well as the Parent Support Group.

A primary role of this Service Facilitation Manager is to widen the participation of the home, school and community to enable persons in those environments to assume as *natural supports*, the roles initially played by

staff and professionals. The on-going Contact Person may be a family member [uncle, aunt], a neighbor, a school staff person [professional or lay], or a member of the local business community. When the contact person is identified and sanctioned, s/he can be helpful in developing other natural supports as well as carrying on many of the roles of the Service Facilitation Manager.

The Service Facilitation Manager who does his/her job best, will be the one who is able to identify natural support people in the community to carry on his/her work. Thus the specialist is a *facilitator*, more than a provider of services. Because of the nature of these duties, this specialist will work on a schedule which is flexible and may start at noon and go into the evening hours.

Along with the Service Facilitation Manager, the clinical staff will be composed of three specialties:

Cognitive Behavior Management Specialist: This is the Clinical Team Leader and a person skilled in designing cognitive behavioral protocols. The major role is one of planning, supervision and direction.

Social Learning Family Specialist: This is a person skilled in Family and Individual Cognitive Rehabilitation who primarily works with the family including the child, and with the individuals needing personal rehabilitation.

Cognitive Rehabilitation or Social Education Mentor: This is the primary person engaged with the child, who directly implements cognitive behavior techniques and procedures as assigned, continues a formal dialogue with the client focusing on the issues of change, and models behavior.

PROFESSIONAL EXPECTATIONS⁵⁶

A profession may be identified by the selective nature of what it chooses to do in response to specific needs, requirements, and sanction of society. Just as the profession of psychiatry chooses to respond with biomedical and psychodynamic responses, so too the profession of social education chooses to use the technology of social learning and to do so in a manner which enhances the status and dignity of the person with problems in living instead of the status of the helper. The concept of selective action serves to delineate the specific characteristics of the profession since action is the

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I am deeply indebted to Howard Goldstein for his book on Social Work Practice for many of the constructs within this section. This is a specification of some of his concepts that appeared in Volume I. For those interested in further consideration of the values and constructs of practice, I would recommend his book.

expression of certain preconditions that influence the nature, timing, and purpose of forms of behavior. When these actions are viewed as the outcomes of professional intent, they are indicative of the helper's authority of knowledge, his or her values and ethics, specific objectives and the manner in which these factors will be translated into technical expertise.

This does not underestimate the *human element* in these actions; the attributes of those who assume the responsibility for carrying out this professional intent. Knowledge, values and techniques are lodged in the person. The expression in performance of this person is mediated by his/her personality and characteristics. It is the *artistic* use of these tools that sets the expert apart from the layman. In fact, lay people may become quite *artistic* in the use of some of the technology so that the recognition of expertise can be based more on the *productivity* of the relationships than on the *credentialing* of the helper. Because of the nature of art, the choice of which artist is most adequate is left with the client.

The methodology embodies a form of *social intervention*, which enhances, conserves and augments the means by which children can resolve disruptions in their social existence. It is governed by the combined recognition of the individual as a unique and active organism, the social environment as a dynamic force and the effects of their reciprocal and recursive interaction. While the methodology recognizes the importance of nature [genetic heritage] and nurture [cultural impact] on the development of the individual, it recognizes also the importance of the individual child's autonomous impact upon the way in which these influences are played out.

The objective of social education is the management of social learning, a process that develops within the context and as a consequence of a *purposeful human relationship*. The process is guided towards explicit goals and social change by the *influence* of the helper, which evolves from his or her cognitive, affective and personal resources derived from a system of knowledge, belief and value. The helper must provide a context in which the possibilities of improved social learning may be maximized. It is the learning of new knowledge and new patterns of behavior that disposes the child toward more effective means of functioning.

The purpose of the changeworker is to provide the *means* and *opportunity* by which children can work out, find alternatives for, contend with, or in other self-directed ways, deal with conditions [interpsychic, interpersonal, or environmental] that interfere with productive social living. The means will include the child's growing awareness of his/her own personal beliefs and how these beliefs affect the perceptions and understandings of reality, training in appropriate techniques for rigorous analysis of the evidence to support or refute their own belief systems, and training in the skills necessary to carry out certain behaviors in certain situations including support for generalization over time and space. The opportunities will be

supplied with unconditional positive regard and high positive expectation in the valued settings of the child's life.

Although interim purposes may be directed toward emotional, attitudinal and perceptual factors, the methodology is essentially concerned with how children *actively* deal with their relationships and their environment within their social existence. The methodology provides a way, an access, a *bridge*, that the child may use to find a solution to or alternative for disruptive conditions. Whether the child will use the access bridge is up to the child, but the engagement of the child in a trust relationship of significance will enhance the potential for this choice.

The actions of the helper are not, in the final sense, unilateral. The practice of cognitive rehabilitation requires a significant degree of involvement and active participation by persons related to the objectives [parents, siblings, teachers, peers, etc.]. The practice is an *interactional process*, with or on behalf of persons relevant to the purposes and it is carried out with the implicit or explicit sanctions of those persons. There is no coercion here; no doing something for some person's 'own good'. The extent to which the child is likely to change corresponds to the extent to which the presence of the helper is recognized, experienced and authorized.

Social interventions may take many forms and may be expressed within various types of human associations. However, all interventions are guided by four interrelated factors. These are:

- *intentionality* - the immediate or long-range plan and aim related to specific outcomes;

No changeworker can entertain serving a child without a clear understanding of the child's preferred future goals and some strategies to enable the child to reach those goals. Any mentor who does not believe the child is capable of continuous improvement towards such goals should disengage themselves or be dismissed. The intentions of cognitive rehabilitation are improved performance and this cannot be enabled by someone who does not believe that such improved performance is possible.

- *cognition* - that knowledge and information needed for implementation of the intentions;

Each changeworker must incorporate into his/her own personality an optimism based on the values of dynamic growth and development in all people. The helper must be prepared to supply the child with information which is relevant to the tasks at hand. How the child uses information is up to the child, but the helper must always be prepared to assure that the child is *informed* regarding the decisions that s/he makes.

- *strategy* - the means by which the intentions are carried out; and

Each personal goal demands an individual strategy so that this unique child can best optimize his or her unique personal goals. Such strategies are not mystical incantations, but are readily available for discussion and sanction by the child and his or her significant others. Such strategies arise out of the situation regarding child and context and cannot be *prescribed*. No academic knowledge will enable the helper to help develop the right strategy. Only the instinctive understanding of another human being in need will enable such strategies to be effectively designed.

- *interpersonal relationships* - the abiding awareness of the immediate and anticipated meaning of the human association.

The ideal social experience is when each individual in the experience is the *figure* and not the *ground*. This experience starts one person at a time, and the helper/child relationship is the beginning. When the helper/child fit as two figures in an Escher drawing, they create a powerful force for continuous improvement. The changeworker is neither a foil for the child's whims nor a force to corral the child; rather the helper seeks to be a catalyst to the child's own desire to grow and develop. The helping relationship differs from most other human relationships in that it *selectively* provides those conditions which can facilitate the most productive forms of learning on the part of the student. There is conscious and deliberate, thought and planning which is selected to accomplish these ends.

The participants in the *learning experience may achieve*:

- *substantive knowledge* - concrete information about objects, events, and situations;
- *psychological knowledge* - information about the self, motivations, needs and past- present-future connections; and
- *social knowledge* - understanding of self in relation to others and the meaning and implications of the behavioral patterns involved.

SOCIAL ORIENTATION

The importance of *belonging* as a psychological construct is supported by its importance as a social construct. The helping relationship is a socializing force that impels its members toward order and change. Persons in relation tend to move toward some measure of congruence as they increasingly commit themselves to the worth and meaning of the association. The psychological desire to belong is the motivation to improve performance at least to the extent of acceptance. The helper must view the child in his/her *social context* and attempt to understand the child in the social and physical setting and the interaction between them. The changeworker is not simply there to observe and monitor the actions of the child in this environment,

but to *demonstrate* the appropriate behaviors as well. This may require that the helper involve him/herself in direct relations with teachers, adult family members, other children, including the child's preferred peer group.

Cognitive Rehabilitation operates on the principle of autonomous action; a principle which complements a practice of action and choice. The child is seen as a unique being who may also share common human characteristics, but who translates them into his/her own style and manner. S/he can only be known in this wholistic sense - the pattern of living - rather than a molecular sense that fragments mind and body, thought and action, and past and present. As a consequence of his/her autonomy, s/he is capable of spontaneous expression and can actively integrate and deal with stimuli coming from internal and external sources.

The significance of these conditions lies in the resultant ability to continue to advance to higher orders of performance, to perceive the self differently, and to strive toward objective goals. Behavior is neither fixed nor permanent. It is subject to unlearning, relearning and new learning. Behavior is purposefully and directionally based on what is deemed valuable, and it is influenced by what is interpreted and what is known.

The social tendencies of the child come from both survival and affiliative needs. S/he seeks interaction to attain a response that has meaning for his/her being. Affiliation with a group is contingent upon the ability to change, put aside, or exchange certain personal values and goals for the benefits accruing from interdependence with the group. It is this ability to diversify behavior that makes it possible for the child to enter in and become an active, contributing and responsive member of various social groups.

Cognitive rehabilitation is distinguished by its basic concern with the social well-being of persons perceived simultaneously as unique individuals and as active, responsible members of various social systems. Although the child may be regarded as a distinct unit from an objective point of view and for objective purposes, in the actuality of the human experience, s/he is not encountered as an entity, but as an affiliate of a series of social systems [a figure within a ground]. This is true whether the affiliation is constructive or destructive; voluntary or involuntary; willed or not. It is the interactive quality of this affiliation that we hope to influence. An awareness that the field [group] applies a force for change and an appreciation that behavior is *purposive*, *adaptive*, and, at times, *survival-oriented* assures the presence of regard for individual need.

Social education is most frequently practiced in circumstance which are critical and which reflect the vicissitudes and complexities of human behavior. The helper brings to these encounters the ability to bring order to or to reorder the situation, to give meaning or purpose to and make viable what was formerly discontinuous, diffuse or conflicted. The helper's

competence includes the ability to develop new relationships, to become a pivotal and significant member of an existing relationship, to manage distinctive courses of human conduct and interactions, and to direct these relationships towards the attainment of explicit goals.

The helper facilitates and sustains a relationship or a network of relationships [groups] as a medium for change. The changeworker is *not* limited in scope of the working relationships and must take responsibility to model, role play, and dialogue with those people who populate the child's social experience. The competence to meet the diverse and differential requirements of practice with an array of persons, social situations, and social problems encountered, requires the availability of a *repertoire of systems and social interventions*. The practice is not governed by constraints of rule or regulation, but requires that the helper enter into the social experience in a purposeful manner to accomplish preset goals. Social education is an art which utilizes the knowledge and techniques within a specific context and belief, toward explicit ends, in a highly *personal* way.

Characteristics & Roles

If we were to try to identify what was desirable in the helping person we might cite the ability to identify with clients; to feel appropriately; to express warmth; to be objective, analytical, responsive, self-aware and optimistic. The conclusion of research indicates the importance of personal style; of the *person* exerting *personal influence* in the impact of helping. This is the significant variable. The three other variables normally identified [method used, phases of intervention, and diagnosis] have considerably less impact on the major differences in outcome. Thus the helper is not merely a manipulator of techniques, but a composite of the characteristics, both personal and technical, in responsive interaction.

- The *observing self*: This concept includes an understanding of the individual child in terms of how s/he views the world and constructs her reality. It is based on constitutional and intellectual factors combined with life experience and learning.
- *Personal philosophy*: This concept includes the moral, ethical and metaphysical factors embedded in the person of the changeworker that ultimately shape his/her practice. These basic beliefs are usually unstructured, unquestioned, and unarticulated, yet they are the very core of behavior. Just as the child needs to become aware; so too the mentor.
- *Responsive characteristics*: This concept includes:
 - 1) sensitivity - the ability to know and therefore to predict what another individual will feel, say or do; differentiated from projection,

identification or sympathy which are processes which relate the state oneself onto another.

2) empathy - the perceiving of the internal frame of reference of the child with reasonable accuracy, and with the emotional components which pertain - as if one were the other person *without losing the "as if" condition*. A process of incorporation - the taking of the other person's experience into one's self in some nonrational way.

3) intuition - thinking that involves stratagem based on an implicit perception of the total problem. The perception of possibilities, of implications, and of objects as a totality.

- *Interpersonal characteristics:* This concept includes:

1) Acceptance and Individualization - Acceptance is a differentiating process that demands a profound awareness of values, needs and purposes of the other person. The equivalents of acceptance are 'knowing' and 'individualization'. One cannot accept another unless s/he knows that other as a distinct individual and not simply as a label or as an example of the species. The offer of acceptance, given without requirement for repayment of reward, creates a new learning experience that can be fraught with ambiguity and fear producing anxiety and apprehension which may need attention.

2) Commitment and concern - The consequence of knowing - as differentiated from having knowledge about - is an emerging acceptance of the other. Acceptance provides accessibility, a precondition for the emergence of relationships that are free from constraining obligation and conformity. "I am here and available without risk to you". It is only in our commitment to the other that we intrude and make known our involvement. Commitment may be defined as an involvement with another that is unqualified by conditions of personal security or safety, and as a volition to help without the need for recompense or reward. Manifestations of commitment include constancy, follow-through, and preservation of the other's dignity and individuality. It is the paradox of intrusion upon the other without forsaking unconditional positive regard.

The helper experiences the same cognitive social dimensions as the child client. Behavior is an active state because it has two dimensions: *strategy* - what is intended, its purpose and objectives; and *action* - the manifest performance of what was intended. To some extent, both strategy and action are perceived and responded to by the other sentient beings whose response might validate or denigrate all or some part of the behavior.

Action, then is based on what is intended, is met with reaction, and some form of information is channeled back to the actor, where it minutely and gravely alters the original perception, role and feeling. This interrelationship is the reactor's perception and codification by the original actor. Thus, *observer created reality*. Our behaviors are modified by what we *think* exists, not necessarily what is.

This feedback, while necessary to regulate the stability, the steady state of organisms in relation, is often predicated upon the preconceived notions of what is expected of both the actor and the reactor. Whether the actor misreads the state of being, chose the wrong words, or whether the action was untimely is thus predicated upon how s/he perceives the event, how s/he understands what is taking place, and how s/he believes s/he should now act. The concepts of attribution [what connotation is attached to the words, actions and/or intent] and expectation [what *should* happen next or what role I am playing] are significant to understanding the feedback process.

While the changeworker is specifically charged with helping in a purposive way, the child must become aware of this process and to begin to rigorously analyze evidence to support or diminish his or her codification. It is incumbent upon the helper that s/he be extremely cognizant of her own processes. S/he [the helper] must maintain the *beginner's mind* without preconceived notions and *dialogue* to determine to what extent the action supported the child's intentions and how the intentions were formed. The helper must maintain a professional state of consciousness that maximizes the opportunity to meet the requirements [expressed and unexpressed] of the child.

ORIENTATION

Chronically aggressive youngsters are often markedly deficient in alternative social behaviors. Antisocial and prosocial behaviors are learned behaviors. Manipulativeness, teasing, cheating and bullying, as well as altruism, cooperation, sharing and empathy appear to be learned largely by means of either observational, vicarious experiences (e.g., seeing others perform the behavior and receive reward for doing so) or direct experiences (e.g., enacting the behavior oneself and receiving reward for doing so).

But simply learning *cognitive* and *social* skills is probably not enough to make adjustment workable for children who have experienced high levels of rejection. "Far too often parents are indifferent or unavailable; peers are the original tutors of antisocial, not prosocial behavior; and teachers have written the youngsters off years ago. In addition, such youngsters are

typically exposed to highly aggressive role models. At the same time there tend to be relatively few, countervailing prosocial models available to be observed and imitated. When they are, however, such prosocial models can apparently make a tremendous difference in the daily lives and development of such youngsters." Werner & Smith [1982] clearly demonstrated that many youngsters growing up in communities characterized by such aggressive models were indeed able to develop into effective, satisfied, prosocially oriented individuals if they had had sustained exposure to at least one significant prosocial model. Similar results have been reported by Ellis & Lane [1978], Hawkins & Fraser [1983], Kauffman, Gruenbaum, Cohler, and Gamer [1979] and Pines [1979]. (Adapted from Goldstein - 1994). The development of changeworkers capable of providing such sustained interest, knowledge, trust and skill building techniques is a requisite of transforming the child serving systems.

Since such models are scarce in the real world environments of these children, this becomes a coveted role of the helper. As a *significantly trusted* individual and a sustained source of support, the helper can provide the stimulus for the child to seek to adjust prosocially, which provides a self-directed basis for change. Too often, adults attempt to impose change on children with the expectation [or hope] of achieving positive results. Since some of the interventions have benefit, in and of themselves, such change occurs often enough to provide random reward for a poorly oriented strategy. The strategy of this intervention is quite different. It is to allow the child to direct the change effort.

"Which skills shall be taught, and who will select them?" This is as much a motivational as a tactical question, for to the degree the youngster can expect to learn skill competencies that s/he thinks are presently deficient, but can be very useful in real world relationships, his or her motivation is correspondingly enhanced." [A. Goldstein - 1994]

This leads to an ongoing negotiation between the changeworker and the child to determine what areas are most affected by skill deficits and what training might the child authorize. The elicitation process is developed though what is called a formal dialogue, which simply put is a process of Socratic questioning which opens the child up to considering what is problematic, what might be the conceptual basis of needed skills, and whether they are interested in pursuing such skills. The formal dialogue also provides the mentor with purposeful things to talk about as stimulated by the *intentions* combined with the 'action in the arena'. The formal dialogue is molded by the Plan of Change and directed toward the discussion of the issues that the child determines are the problems and helps the child to formulate alternative solutions: 'good choices' and 'bad choices' regarding response to these problematic areas. Good choices become known to the child only as s/he is able to articulate a desired outcome.

The changeworker and/or the formal dialogue must be able to capture and hold the attention of the child, if any training is to take place. The authorization for training will most often be behavioral, not verbal. The child allows the helper to continue discussion regarding the identification of the problems, mental constructs concerning the skill, and participates in role playing past or expected scenarios. The literature is clear that the child's degree of involvement is the best predictor of gains. This, we suggest, is because when the child participates fully, s/he has authorized the helper to help.

The first skill taught should be the one likely to yield immediate, real world rewards and should be identified by the situation. The helper will need to be able to handle situational approaches and to develop 'formal dialogue' appropriate to the skill deficit or outcome achievement specified. The skills themselves are divided into three separate [although overlapping] categories: interpsychic, interpersonal and utilitarian.

Interpsychic skills are involved with helping the child determine how s/he thinks and how to adjust that thinking over time. Since thought is the mother of action, how the child thinks about self, situation and prospects is a significant predictor of generalized behavior. It is important to note that the focus is on *how* the child thinks, not *what* s/he thinks. Interpersonal skills are those skills involved in relating to other people and include a long list dealing with communication, feelings, aggression, stress and planning. Utilitarian skills [often called life skills] deal with personal care, finances, homemaking and employment skills.

No changeworker will ever have a repertoire of *all* of the skills that the child may ultimately require. If, however, the helper has become significant to the child and has been able to demonstrate helpfulness to the child through skill teaching, the child may be prepared to accept and authorize other training from other trainers. There is tentative suggestion in the literature that client-helper racial similarity would affect improvement on self-appraisal measures more than it would in other areas, so such congruity should be encouraged wherever possible. Whether possible or not, cultural competence on the part of the helper, i.e., the understanding of the nature of the child's culture, is required. It is additionally important from the research that the helper follow the child's pace, not his/her own. This is not to say that slower children cannot be helped through these techniques, only that the child needs time to absorb the conceptual basis for the skill. Less intellectually developed children may need more explicit direction, at least in the beginning. Specificity-generalizability of the self-instruction interacts with the age of the subject. Bender [1976] found that explicit rather than general strategies were more successful with first graders, while Kendall and Wilcox [1980] found conceptual rather than concrete self-instructions most effective with eight to twelve year olds. [as reported by Kendall & Braswell - 1985]

The helper is there for the child, but must deal with family and school personnel. The development of clarity in such roles is mandatory to success. It is not sufficient for the child to 'adapt' to the standards expectations of the school; the school must accept and sustain that development. Since the school [and often the family] has or is often very close to writing the child off as 'incorrigible' [which often was the precipitating factor that required the involvement of the changeworker in the first place], such acceptance is not likely to come very easily. Thus the helper must assume some responsibility for preparing the family and school to accept and reward the child's changed behavior. Developing an agreement with the family and/or school regarding the factors involved with the helping process is probably a necessary anticipation of expectations.

To suggest that the helper role is difficult is to understate the situation. The changeworker is involved at a time of crisis, when the child is considered to be 'out of control' and often one step from removal from the community environments. The helper is not a part of the environments in which the child is participating, but will often be expected to be an 'ally' by the adults populating that arena. The helper must often deal with a child hostile to adults in an environment hostile to the child.

But opportunity is the other side of challenge. The opportunity for success is significant. The helper may be the first adult to take a personal, sustained interest in the child. The child does not need to share the mentor, although such sharing will become a part of the developmental process. The changeworker can be a catalyst for change where failure is the norm.

CONSCIOUS USE OF SELF:

The changeworker must be able to engage the child in a trust relationship; to become significant to the child in order to be authorized to help. Once this significance is established, it provides a tool that can be used with the child. The helper must understand that people change because they desire to change. By using the relationship, the helper places a dichotomy decision on the child: e.g., if I want this relationship, I must modify my behavior. The child assumes that the helper will withdraw the relationship if the behavior does not conform. This however, is not the case. The helper will never withdraw from the relationship while still in the employ of the child⁵⁷. However, the helper, by articulating specifically and clearly her difference in perceiving the world and the child's responses to that world, clearly states a target for behavioral change. The helper continues to expect that the child

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One of the tragedies of human services is the sometimes cavalier attitude of workers in leaving the situation of helping at inappropriate times. The message received by the child is often filtered through years of perceived rejection and re-enforces the very thoughts that the helper worked so hard to diffuse. While this is perhaps an inevitable result of the personal/professional conflict of life [should the athlete be with his/her team in an important game when a family crisis exists?], it seems that somehow that too often the professional impact on the child/family is not held in the same esteem as the 'game of the year'.

will achieve the target behavior and 'trusts' them to do so. The child must seek ways to conform or 'trash' the relationship. Even if the child chooses to 'trash' the relationship, the helper, by responding with continued support changes the reality for the child and creates a new level of trust. The impact of the helper 'changing' the reality of outcome expectations is often an 'emotional shock' to the child's system and opens the child to the need to reconsider their beliefs about others. The ability to use the self professionally and not respond personally to the child's frontal assault provides a potential for dramatic change.

The helper enters into a will struggle with the child every time the child behaves from his 'child attitude'. The helper, using transactional communication, continues to deal with the child from his/her adult perspective and refuses to become the parent. This professional use of self provides the child with the struggle of finding new ways to respond. This can be cast as the pressure of the child's antics that are oriented towards driving the helper into a personal response versus the helper's continued calm adult responses which are oriented toward driving the child into an adult response. Children with severe and persistent problems in living seem to have ultimate skills in 'pushing the buttons' of adults; finding their weaknesses and exploiting it so that at last the adult breaks down and confirms the child 'nobody loves me' filters. Only by understanding the need to continue on the professional path of intentionally acting in ways that maximize the child's opportunity to change will the helper, in fact, help. Confirmation of the child's traditional belief system cannot be helpful.

The helper through 'Socratic' shaping helps the child 'discover' new ways of thinking about self, situation and prospects. With these new mental constructs that are consistently conveyed in an intentional *formal dialogue*, the child is then open to authorize and benefit from skill training. The ability of the helper to be spontaneous in conversation while still being intentional is an exceptionally beneficial art. The professional self does so by consistently seeking seeds in the conversation that tie back to the purposes of being there. Thus discussion of last night's ball game is at once, purely social, and at the same time an opportunity for 'teachable moments' which connects the experience to the child's experiences in ways that are helpful.

The helper models behavior. S/he does this by living his/her own life experiences in the situation. The child observes how the helper handles disappointment and setbacks as well as success. A sense of duty and responsibility is demonstrated daily. When training specific behaviors, the helper acts out the new behavior for the child either 'in situ' or out. S/he might talk about how to make friends and then demonstrates by striking up a conversation with someone s/he does not know. This is a simple demonstration of the tasks that are expected. Modeling can be combined with self-instruction as the mentor describes what s/he is doing as s/he does it. The helper can then encourage the child to 'model and describe' as well

by having the child play act the role. A form of two part modeling, this is an active rehearsal of an interpersonal transaction. The helper/child can alternate parts. Other people family, teachers and/or peers can be asked to participate if the situation feels right and it is acceptable to the child.

Each of these activities with the child has a response from the helper. It may be overt or covert, the child is often very adept at reading the body language of adults. It is not effective to simply praise everything as 'great', when you simply don't believe it. Praise as a reward should never be artificial, but should commend the child for the attempt during failure, and for success when it is due, telling the child specifically what the praise is for. Instructional feedback provides suggestions as to how to improve performance, but also shows respect for the child and his/her effort. It also sends a clear message, "I believe you can do better", which in itself is empowering.

Each of these professional responses can be combined with others and all can be used with or without the participation of the other people in the environment. The changeworker must have a basic ability to use these professional attitudes as part of the relationship with the child. Many of the skills are equally applicable to peers, family and school personnel. These skills are the baseline skills necessary to set the tone for the accomplishment of the more specific skills that will be defined. While each of these techniques should be useful in and of themselves and especially in strategic combinations suited to the individual child's needs and authorization; the true focal point for change continues to be the significance of the helper's professional use of self in relationship to the child.

DUTIES:

The helper must establish him/herself as a significant individual in whom the child can trust to act in the right and proper way as a *condition of the relationship*.

This commitment means that the helper will do exactly and consistently what s/he says s/he will do; although not necessarily what the child would desire that s/he will do. This trust is not based upon a *personal* commitment, but upon the professional commitment of the helper to respond on behalf of the child. In order to actualize this commitment, s/he also needs to recognize her responsibility to the greater society and articulate to the child exactly how and when s/he would invoke this commitment and how it is responsible to the child's goals. Calling the police on the child must always be done as a professional act selected to enhance the relationship [a

demonstration perhaps of the extent you will go to protect the child, even from him/herself], and never as a self-serving mechanism. Your personal rights may, in fact, have been violated; but you are not with the child as a person, but as a professional. The question that must be asked if such violation occurs is: 'How might I have more adequately served this child?'. The attitude of a professional process must be apparent to the child.

This requirement is a difficult one that demands a great deal of human relations skill. Several characteristics are required.

The changeworker :

- must be **caring**; empathetic to the child's fears, thoughts and fantasies.

Bettelheim is correct that 'love is not enough'; however, it is the very best place to start. It is not expected that the helper 'love' the child, which is an emotional perspective over which none of us has control. It is expected that s/he will 'care' which is an **attitude**, not an emotion. The attitude of caring opens us up for affection, but does not demand it.

- **is an enabler** - s/he empowers the child to act. S/he recognizes that empowerment is not merely the delegation of the authority to act, but requires also the confidence of expectation of achievement. This can only come through acquisition of the skill to accomplish the task and the belief in themselves that comes through the belief that others have in them.

- **is accepting** - s/he assumes an accepting **attitude** in regard to the child's thoughts, fears and fantasies. S/he is effectively amoral in her perceptions of the acts of the child; listening without judgement and accepting without condemnation at least until they have 'walked a mile' in the other's shoes. Children most often do 'bad' things in reaction to 'bad' things that they perceive have been done to them. Judgements and condemnation reinforce the 'righteousness' of their acts. Acceptance offers the potential of remorse. Otto Rank describes the 'love experience' as the acceptance of the other person's 'willfulness'. This does not necessarily condone behavior, but allows for the separation of behavior from the person. Accept the child even in the process of rejecting the behavior.

- **has no points to defend** - defense mechanisms are normal and inherent; they are not professional. They justify our self-importance over others. In the significant professional relationship, such defense is inexcusable. It denies the right of the child to have perceptions, judgements and views that differ from our own and since we are in the status position, *defense automatically gives offense.*

- **sees his/her status as a responsibility** - rather than as a rank and privilege: it is a duty that demands that s/he give of herself to exhaustion without expectation of receipt. Friendly, but not a friend, which requires recompense.
- **believes in the inherent desire of every child to reach for success, happiness, power and status** and recognizes the need to offer new opportunities for such achievement.
- **keeps her own beliefs and actions at least compatible, if not congruent.** S/he need not be clever, only consistent.
- **is a fiduciary** - Black's Law Dictionary defines a fiduciary as "a person having the duty created by his undertaking, to act primarily for another's benefit in matters connected with such an undertaking". In ethical arenas, this is defined as beneficence. Changeworkers act only on the behalf of the child, never for the interest of themselves. The helper's professional life is not for themselves; personal satisfactions are acquired in personal areas. The implications of this are that **no act** can be taken which is not for the benefit of the child. The helper is allowed errors in judgement, providing only that it can be established that s/he believed that the best interest of the child was being addressed by her actions.

The changeworker must establish a positive context for change. This requires a service delivery method which is based upon a fundamental philosophical belief in the active developmental qualities of human beings; an *organismic* worldview. The basic metaphor for the organismic model is the living organism such as a plant, and the metaphor for the mechanistic model is a simple machine such as a windup watch. The first is an *active* organism, seeking teleologic goals, unlike the watch which is deterministic and requires the presence of an 'expert' to make it work.

This fundamental position can neither be proven nor disproved, but must be accepted as an act of faith. Without it that which is unacceptable, becomes amenable. With it, we can screen theoretical conceptions, service delivery designs, roles and interventions and set the parameters of what we are about. This fundamental truth leads to several salient principles:

- **Change initiative** lies with the child, not the helper.

The wish, power and ability to begin and follow through with a process of change is *solely* within the purview of the child being served and neither the responsibility nor the authority can be usurped by the mentor.

- **Unconditional positive regard** is attributed to the child.

An attitude, not a feeling, of a constructive nature toward the person being served must emanate from the helper. This attitude acknowledges the dignity of the child as a person capable of making decisions about his/her own life. This regard is unrelated to the individual helper's thoughts or 'feelings' about whether or not the child is 'capable' of making decisions; it *assumes* that the child can and does make decisions. Further it separates the child from his/her behaviors, the behavior may be unacceptable, but never the child.

The helper must provide **a pervading climate of positive expectation.**

While it is important to determine that the desired performance is reachable; an overall belief that the child can change and achieve if s/he desires to do so is critical to the change environment. Behavior is determined by a combination of forces in the environment and in the individual. Different environments tend to produce different behaviors. Clients have 'psychological baggage' from past experiences and a developmental history that has given them a unique set of ways of looking at the world, and expectations about how people will treat them. Each behavior has associated with it, in the child's mind, certain outcomes [rewards and punishments]; and each outcome has a value. The decision to try a new or difficult behavior will be associated with the child's expectation or probability of success.

Part of the personal decision is based on whether others of significance view the potential of success positively. Belief in oneself is highly contingent upon how one perceives other's belief in them. Adults have a tendency to underrate or undervalue what children can achieve.

Some things must be believed to be seen! The changeworker must believe in the strength and dignity of the child if s/he expects to see it. You must believe that new thoughts can change the world; if you wish it to happen. You must help the child overcome his own accepted perceptions. You must become a believer. Children are neither inherently motivated nor unmotivated; motivation depends on the situation they are in. Since much of the expectation in the environment is negatively charged, the mentor must continue to provide a positive, but not artificial, climate of positive regard.

- **The arrow of time points to the future.**

The child must be helped to find meaning in future events and prospects using the 'here and now' as the means to reach future goals. Interventions that dwell on the past are of far more benefit to the interest and knowledge of the mentor than they are to the changing child. All too often the future is framed in the past.

Adler pointed out that memory is a creative process, that we remember what has significance for our 'style' of life. The helper cannot support the

child's 'wallowing in the past', but must help them to determine what they want to be in the future. The 'emergence' into becoming 'something different' in the future must be the focus, unless we are dealing with a 'here and now' crisis. In the words of Victor Frankl, we must help the child *decide* on a 'meaning to life'.

The single most important contribution that a helper may make to a child with severe and persistent problems in living is to focus them to the future.

- The support deals with **interactions**, not **insights**.

How a child functions with others is the outcome issue. This does not preclude some concern with how the child 'feels' about the interaction, but it emphasizes a focus on the interaction.

- Each child must be helped to establish an **altruistic responsibility**.

The egocentric orientation of clients on themselves continues to support a focus on the problems, not the solution. Each of us must feel that we are capable of contributing to the enhancement of others.

ROLE & RESPONSIBILITY:

The changeworker must establish a role with child, the family and the school. S/he must be seen in a helpful way by each person in these contexts or fail in the mission of change. While the primary focus of change is on the child, the child cannot change alone. The helper must understand the child as part of a system whose aspects remain in equilibrium, in part, through the child's present behavior. The child's behavior, good or bad, does not take place in a vacuum. It requires the reinforcement of the environment in which it takes place. Very few egos are strong enough to sustain a behavior that is not so supported. If the child is behaving in a manner that s/he perceives to be in his/her best interest and such behavior is seen by others as antisocial, then either the perception must change through clarification of the child's way of looking at the situation or the situation needs to change. The changeworker, however, cannot take responsibility for the situation⁵⁸, only with helping the child evaluate the ways and means of dealing with it.

The helper's role has similarities in all situations. S/he hopes to be perceived by the child, the family and the school staff as helpful. S/he can best hope to accomplish this perception by providing a consistent, non-judgmental response to all concerned. The changeworker cannot be expected to develop

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Again, we have an ambiguity of words. When working with the child directly, the worker cannot change the situation. However, By working directly with other people in the ecosystem, particularly those in charge, the changeworker is expected to impact upon the environment, changing future situations. The changeworker can only work with the individual [particle], and hope to influence the relationship [wave].

a trust relationship with the child if s/he agrees with family or school that the child is 'bad' or 'incorrigible'. S/he can certainly accept that this is the perspective of the other, while maintaining and articulating a more positive perspective.

The helper must specify his/her intentions. This process involves the deliberate and intentional activities that represent her function, tasks and aims. S/he implicitly provides a model of interaction that instructs the child about the ways that s/he is to interact in order to accomplish the stated purpose. Although these actions are part of the socialization role in that they provide order and direction, they are also educational. Here the worker performs a teaching role as the means to implement purpose and intent.

The helper is not responsible for the child's behavior; but s/he is responsible to intervene when requested by school or family in a 'trouble shooting' fashion. The helper should openly discuss with the family and the school the method of intervention that might be described as transactional. Based on Transactional Analysis theory, the intervention is a consistent appeal to the 'adult' in the child. By continued insistence on talking to the 'adult', the mentor avoids getting into 'parental' roles and responsibilities.

The helper is not responsible for touching the child and should not do so unless avoidance would clearly lead to possible injury to the child or others and there is the expectation through touching to prevent that from happening. There **is** a responsibility for the helper to be with the child; thus if the child runs, the helper does not chase, but does follow. This is a subtle, but distinct differentiation, but very important. The helper's role is to help the child and if a child runs, one can presume s/he needs the help. Always, the intervention is embodied in transactional principles: adult-to-adult. Friendly touching, such as a tousling of the hair, in a natural supportive way is not prohibited.

The helper is responsible for relating to *all* of the children in the child's environment. The helper *should take on the responsibility of responding to taunts or ridicule of the child* for having a changeworker and do so within a 'transactional' communication and Socratic inquiry. Asking other children to articulate what the helper is all about and even what difficulties of the client child brought on the helper relationship may sound punishing for the client child. However, the child's behavior is not a 'well kept secret' and how other children perceive that behavior is an important aspect in the helper/child interaction. The helper may need to clarify the perceptions of other children *or* may find these children quite perceptive in their thoughts and feelings and find these useful in helping the client child recodify and reorganize their thoughts about the environment. The traditional 'S/he's crazy' can be reframed as problems in living and compared to problems that other children manifest.

In similar ways, the helper might ask school personnel or family members to clarify the way they think/feel about the client child either in front of the child or in private. The changeworker must recognize that s/he is there for the child and must not allow other adults to simply 'cut up' the child, but s/he should allow each adult their own perspective. The helper then must try to put forth a more rational perspective based on the strengths and potentials of the child with an understanding of how negative projections on the child have the ability to rebound into just the behavior that caused them. The helper tries to insert a 'climate of positive expectation' when talking to any participant about another participant. Thinking the worst is symptomatic. Positive expectation does not require artificial 'rosy' projections and in fact, might be quite a somber analysis of why people might do what they do. But it must always hold open the potential for positive change.

The helper has a specific responsibility to discuss with family and school, how to support positive movement by the child. Again, this does not necessarily take place in secret. It is no secret that if we try to do better, we expect some positive reinforcement. It may be that a discussion of what that reinforcement might be and how it would be implemented would be helpful to the child. If, in the worst case scenario, the adult indicates that s/he will never provide such reinforcement; this is an important fact for the mentor and the child to know. It is the changeworker's job to help the child deal with reality, not an artificially created environment.

In essence, the helper's role in relationship with the child, family and school personnel is that of trainer and technical assistant. S/he is not a replacement for family or teacher, nor an ally of any one party against the other. S/he attempts always to help each understand the mechanics of the other and to *bring them together* in goal, if not actuality.

While clearly there as an advocate for the child, the changeworker must find a way to 'not take sides'. S/he is not there to defend the child's actions, only the child's psyche. S/he may in fact confront the child on his/her social performance along with child management adults. However, the perspective taken is specific: 1) it assumes the autonomy of the child, 2) it assumes that the child has positive reasons for even disruptive acts, 3) it assumes that the child will, with better information, make better decisions, and it assumes that the same factors exist for all other participants. Clear ethical issues occur when both the child and the protagonist [at least from the child's eyes] act in ways that have good intent and disruptive outcome. The changeworker is not advocating for one perspective over the other, but tries to help each see the other's perspective. To that extent, the worker stays in the 'killing field', conceding to no party a righteous victory, but continuing to engage all parties in dialogue and negotiation. On the other hand, continuing the difficult ambiguity of the role, the worker clearly advocates for whomever s/he is working with individually; equally helping the child and/or

the child manager to understand their own thoughts and how those thoughts, although perhaps proper, are, or are not, helpful to the serenity of the community.

FUNCTION

The technical assistance provided to adult family members and teachers may include knowledge of what is taking place with the child, liaison, increased awareness of, and limited training in cognitive/behavioral approaches. The technical assistance provided to peers may be liaison and increased awareness.

The training and technical assistance provided to the child consists, along with specific skill training, positive role modeling, interpreter [explaining to the child and others what is taking place (including performance feedback) and exploring with each how they might communicate better]. The helper needs to be a catalyst for the child/family/school system. This responsibility will not be enhanced by taking one side against another. Each of the components of the system will have a tendency to blame one or more of the other parts for the results. Part of the role function is to find ways to help each take responsibility for their own involvement.

Authority

Power and authority could be defined as similar phenomena except for the matter of consent. Power is the capacity to control the behavior of other either directly or by fiat or indirectly by manipulative means. Authority is differentiated as an established right to determine policies or pronounce judgement on pertinent issues, but includes the committed consent of the other who is responsive or subject to that power. Under this definition, for authority to be effective it must be sanctioned for the promotion of collective goals. Authority for the changeworker then is derived from two sources: the institutional, in which authority is granted or delegated by some sanctioning body; and the psychological, in which it is ascribed by the one who recognizes and accepts that authority. [H. Goldstein - 1973]

No value judgement is attached to the presence of power and authority in the helper's role performance. They are neither good nor bad, desirable nor undesirable. Instead, these conditions need to be understood as natural phenomena, as the products of the imbalanced, unequal relationship that is typical of practice. The helper's awareness of his/her own status in the relationship must effect a less capricious and more judicious and timely use of these assets.

Socialization

The changeworker must be concerned with the *socialization of the socializing institution* in terms of motives, efficacy, intent and practices of the organization which presume to represent the social order of society for the child. This demands the continuous examination of existing policies, programs and services of the organization and its impact on special populations in functional, ethical and value terms. The changeworker is no more responsible for *changing* the institution than s/he is for changing the child. However, s/he has a similar role to play with both. The helper's practice has a responsibility for the resolution of value conflicts. S/he, by definition, serves people who are struggling with value dilemmas. Some complex of opposing values is always in operation and even the contemplation of a change in presenting condition stirs a value conflict about whether one should give up what is painful but predictable for what is uncertain and untested.

If the changeworker has come to terms with his/her own values sufficiently to test their validity, they can become the *translator of community values* and, not infrequently, the regulator to enhance adherence. The helper's ability to respond with *genuine and positive regard* for the other as a valued person in his/her own right creates a climate that eases strain and tension. The undisguised interest of the helper, magnified by his/her ability to accept behavior without condemnation, places the child in an ambiguous plight. Unable to call upon his/her typical patterns, s/he is thereby forced to deal with the ambivalence and learn more honest and functional ways of relating.

Teaching

The changeworker manages a learning process that is primarily directed toward the acquisition of knowledge and skills that will aid in the completion of certain tasks or in the resolution of problems related to social living. John Dewey postulated that man is basically an acting being who engages in thinking mainly in the presence of problematic situations. Thus, each new problem situation requires both the construction of new principles and the reformation of desired goals. Principles, goals, and intentions then, need to be thought of in terms of their social and interactional purposes. The helper manages the opportunities and processes by which the child can learn to resolve his/her own problems.

Providing information - the extent to which one can maximize the positive outcomes of problems solving is in proportion to the adequacy of knowledge about conditions related to the problem and to the steps that need to be taken to solve it.

Providing opportunity for trial-and-error learning - Optimal social conditions within the change environment offer the time, the support and the feedback that permit the child to try out and evaluate new attempts to resolve their problems. Within this context, or within a metaperceptive exercise, the

helper provides and guides the opportunity to rehearse and test out previously unconsidered, risky or disordered problem solving techniques.

Providing instruction and guidance - In the course of problem solving, the helper serves to highlight and disclose the effectiveness of one alternative over another, unblock confusion and make possible the most reasonable choice.

Encouraging self-initiated behavior - It is assumed that in-depth learning, growth and change take place only when they are consequences of personal commitment and conduct, when they are one's own responsible actions. The helper's task is to assist in discriminating between behavior that is reactive and self-limiting and behavior that is active and self-initiated.

Reducing dissonance - Any movement toward change of the attempts to devise new principles for action stirs some measure of apprehension and anxiety that impedes or disables the problem-solving process.

Promoting value learning - Any form of learning and change is consonant with a shift in values, a rearrangement of priorities or an assimilation of new values.

Promoting transfer of learning - How persons are able to apply newfound problem-solving skills to other problems or conditions in their lives is indicative of more pervasive growth and maturation. The changeworker should see potentialities beyond the immediate venture and encourage transfer to other pertinent conditions and events.

In contrast with traditional teaching modes that are based on preconceived content and predetermined goals, the teaching role of the changeworker needs to be somewhat more creative and ingenious. The desired outcomes of the change experience are predicted on such imponderable factors as the goals, potentialities, and existential elements not only in the child, but in the related systems.

This basic orientation is essentially the same for all of the changeworkers or helpers in the new system be they Managers, Supervisors, Mentors, Tutors, Coaches or Service Facilitators.

CREATING A COGNITIVE CULTURE

Buddy can you spare a paradigm?

While the term paradigm is excessively overused, a paradigm shift is exactly what is expected of people providing services in the transformational system. Because a paradigm shift is a phrase that is often used, but rarely

understood, we might refer back to the person who coined the term paradigm.

Thomas Kuhn introduced the notion in 1962, with the publication of his book the *Structure of Scientific Revolutions*. A paradigm is a set of assumptions about the nature of reality. The scientific paradigms he described were highly rational: they had explicit rules, recorded in scientific literature. Cultural paradigms are different: they are often unwritten, unspoken, even unconscious. The paradigms of human services, although often couched in scientific terms, are more like cultural paradigms than scientific [Baar 1988].

Since new paradigms are born from old ones, they ordinarily incorporate much of the vocabulary and apparatus, both conceptual and manipulative, that the traditional paradigm had previously employed. But they seldom employ these borrowed elements in quite the traditional way. Within the new paradigm, old terms, concepts and experiments fall into new relationships with the other. Communication across the revolutionary divide is inevitably partial [Baar 1988]. This is why it is so difficult to get 'experts' in one paradigm to 'see' the differences. Invariably, they will respond by making some comment about - 'that's just like, but it's not.

Both sides are looking at the world, and what they look at has not changed. But in some areas they see different things, and they seem them in different relations one to the other. This is not unlike the optical illusion of the young/old woman, you see what you see, and only with difficulty can you see the other side of the illusion. When you do, there is sudden recognition, which may then be lost. These 'epiphanies' of understanding are often seen in paradigm shifts as well. When you finally think you've 'got it', it somehow shifts like sand under your feet.

Kuhn, called this phenomenon 'the *incommensurability* of competing paradigms'. It is just because it is a transition between incommensurables, that the transition between competing paradigms cannot be made a step at a time, forced by logic and natural experience. Paradigms are conceptual contexts. If one tried to make a paradigm conscious, one could only make one aspect of it conscious at any one time because of the limited capacity of consciousness. But typically paradigm-differences between two groups of advocates involves not just one, but many different aspects of the mental framework simultaneously [Baar 1988].

Thus, it is not a simple change of perspective as so many who use the word imply; it is a change in a whole cognitive structure. It is a new way of 'looking at the world' which means that you will see new things. It is as though someone who is 'color blind' can suddenly see colors - what a new world that would be - even though nothing in the world has changed.

We have no way to give you glasses to see the color of the new paradigm - you either have color vision or you have not. However, even if you have color vision, you may have never seen it only because it has not been made apparent to you. 'It seems that the human mind has first to construct forms independently before we can find them in things ...knowledge cannot spring from experience alone, but only from a comparison of the inventions of the intellect with observed facts' -Albert Einstein [1949]. What this means is that unless you have a mental construct for a thing, you cannot even see it. Again, using an optical illusion, as our exemplar, turn to the picture of the man below.

Almost everyone will see a man with leaves in his hair. If you look closely, you some may see something else. But most people will not see anything else because they have no internal structure to draw upon. Until some clues are put out to help you know what to look for, you are probably unable to see the rest of the illusion. What you see depends both upon what you look at and also what your previous visual-conceptual experience has taught you to see.

CLUES WHEN YOU ARE READY

There are two other figures under the bough of leaves. Dressed in Medieval garb. They are lovers and are embracing. The man on the left has a cape and his black hair is the left eye, The woman on the right has a black hat that is the right eye. Their entwined eyes make the lips.



Thus to change people to the paradigm culture of clinical services we will be required to assure that the language and concepts are available to the staff. Then it will be up to them to look. To change a culture, you have to change paradigms.

Osbourne & Plastrick, in ***Banishing Bureaucracy***, have given us some steps to do just that and are more thoroughly discussed in an earlier section. However, to reiterate, the first thing we have to do is get people to let go of their old assumptions. In science, the key is what Kuhn calls 'anomalies' - problems the old paradigm cannot solve, realities it cannot explain, facts it cannot admit to be true. As these anomalies pile up, people begin to lose faith in the old paradigm.

- introduce anomalies and help people to perceive them
- provide a clearly defined new paradigm
- build faith in the new paradigm
- help people let go of the old paradigm
- give people time in the neutral zone
- give people touchstones
- provide a safety net

People begin to let go of their old paradigms when they run into experiences, facts, and feelings that cannot be explained by the old set of assumptions. These anomalies provoke 'dissonance' - conflicts between what one has experienced and what one knows to be possible. Once such anomaly is the fact that more 'poor' people suffer from mental illness⁵⁹. This disproportion is usually tolerated by 'experts' by being ignored, despite the fact that they consider mental illness a disease. Similarly there is the anomaly of the fact that people who have traumatic experiences end up with a mental illness.

"Imagine a group of people who are always together. Their work totals about 30 hours each week. It is cooperative, proceeds at an easy pace, includes everyone and is accompanied by pleasant chatter. There is no discrimination between labor, politics, homemaking and play. Children are free to go anywhere because everywhere they are watched, fed and taught as if every adult were their parent. There is much touching. Conflict is discussed until consensus is reached on what is best for everyone. There is no violence. When children fight, they are distracted by amusement or affection from an adult. People take only what they need, and what each needs is what all need. They worship their environment...."

"Now imagine a group of people who have lost their humanity. There is no kindness, compassion or caring. Love does not exist. Sex, when it occurs, is as perfunctory and joyless as defecation. The only source of satisfaction is someone else's misery. Children are abandoned at age three. The sick are beaten; the dead left unburied. There is no religion, no ritual, no art, no hope, no rage, no sadness. There is only boredom, bitterness, envy and suspicion."

Power, Madness and Poverty, by Dr. Hugh Drummond published in Mother Jones, January 1980⁶⁰.

Two very separate groups separated only by two generations. Described originally by Colin Turnbull in *The Mountain People*, the tribe of the Ik changed after being forced into *progress* by the Ugandan government. Little evidence exists for genetic predisposition, chemical imbalance or other pathology as being the cause of this change. Clear evidence exists that a change in tradition, ritual, and habit that made up a culture that supported psychological fitness and lead to despair was a causal factor. Such evidence is abundant and is often even quoted by the 'scientist' who support evidence to the contrary. It is as common as the sun rising every day in the east or the pencil dropping off your desk and hitting the ground [Gardner 1999].

These *anomalies* are in opposition to the notion of pathology, but are usually ignored. It is not surprising that people often cope by refusing to see the

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See the Optimism Bias by Tali Sharot, 2011, pages 49 to 52 for an alternative explanation, although there are many alternatives.

⁶⁰

Yes, I know this is an odd publication. Where do you think people publish who are critical of the establishment?

anomalies. When anomalies appear, they immediately define them as something else. This is particularly important when the 'blindness' has benefit - maintains my status as an expert, relieves my guilt, allows me to be in control, etc.

Osbourne & Plastrick suggest that to break through this paradigm blindness, you must not only introduce anomalies into the culture, you must actively help people perceive them for what they are. As they begin to experience the resulting dissonance, they will be uncomfortable. Asking people to give up their most basic assumptions about life is like asking them to play a new game without knowing the rules - a game that will determine whether they have a job, how much they earn, and what their colleagues think of them.

Hence you must give them a new set of rules. You must provide a new way of understanding the anomalies - they can embrace. They will not be able to tolerate the ambiguity for very long: They will either make the leap or retreat into their old paradigm.

Using an analogy of the trapeze artist - Osbourne and Plastrick suggest that every paradigm shift is ultimately a leap of faith. A paradigm shift begins with an ending. It begins when people let go of their former worldview - a frightening process that creates much of the resistance to change.

To build people's faith, you must first earn their trust. None of us put our faith in people we don't trust. You must then prove to them that others who have made the leap before them have flourished, and to assure them that they too will flourish in the new culture.

You must accept the fact that it will take time before people fully internalize the new paradigm. It's the limbo between the old sense of identity and the new. It is a time when the old way is gone and the new doesn't feel comfortable yet. People make the new beginning only if they have first made an ending and spent some time in the neutral zone.

It is vital, say Osbourne & Plastrick that you give them touchstones - guidelines and reference points they can hold onto as anchors as they struggle. A culture can be thought of as a product of experience interacting with emotion and reason.

No one set out intentionally to create a coercive human service culture; it grew up because people experienced certain realities that they could not deal with and found a metaphor that gave them control. These experiences produced a set of unspoken, often unconscious emotional commitments; expectations, fears, hopes and dreams. Together, these experiences and emotional commitments shaped a set of ideas, assumptions and attitudes - mental models of reality. If you can change people's experiences, their

emotional commitments, and their mental models, you will change their cultures.

Osbourne & Plastrick have defined this cognitive change process and it leads us right to the language and concepts of the new paradigm. People need to have a language that they understand, that makes them part of the 'in' group, and constantly reminds them of the change. Thus a language that uses therapist, pathology, patient, and other such medical words, reinforces the notion that there really is such a thing as 'mental illness'.

THEORY OF CHANGE

Traditional approaches to management of atypical behavior tend to start from the concept of a pathology. The attitude is that the client is not mentally/ emotionally/ behaviorally functioning correctly, s/he has a capital-P Problem. Now in medicine, the term 'disorder' makes sense, because for the most part there is definitely one correct way for the various organs of the body to function and the outcome for medical intervention is ideally to restore this normal functioning.

In psychology, though, there is usually no generally accepted single proper way for the mind to function. It may be easy to identify a 'Problem' - something that is clearly undesirable for the client. However the process of fixing this will involve having the client move out of the problem state into some other state, and if the attention of the clinician and client is focused on the 'Problem', this new state is likely to be selected by default and may not be the most desirable.

The fundamental question is not "What are all the ways in which people can be broken?" - a question that leads to such things as the DSM - but rather "How and why do people change?" This is a question that can lead to a real scientific investigation of the mind, emotions, and behavior [Lady 2000].

If you believe that people are broken and need to be fixed, your theory of change will be oriented towards cure or healing as well as experts and healers. Such a theory would recognize that the 'Problem' is interfering with the proper functioning and therefore the person with the 'Problem' may be unable to act or decide for him/herself. Therefore the 'therapist' will be required to make decision and take actions for the client's own good. Of course any action so taken is coercive, since the person is not taking this action him/herself. And of course, feeling coerced, the client is likely to 'resist'. Unless, of course, the person has learned helplessness and therefore simply acquiesces. This kind of passive acceptance is often seen in people who have been 'patients' for a long time.

The transformational system has a quite different theory of change that can be succinctly stated. People are the sum total of what they think. Change

occurs only when one thinks differently. This is true as well for the changing paradigm for staff and for the client who makes cognitive errors. It is true for people with severe and persistent problems in living [schizophrenia, criminal behavior] and it is true for people with everyday problems in living. When the person begins to think differently they will behave differently. When the Ik began to think differently their whole life changed.

Such a theory allows for 'spontaneous remission' and supportive help. It requires, however, that the person doing the thinking be in charge. No expert can convince me that when I drop my pencil it will go up, unless or until, I understand the conditions that might allow this to happen. There is an element of manipulation that can and does occur. Just as Osbourne & Plastrick have suggested a plan for changing the way that staff think; there are protocols for changing how clients think.

These protocols include:

- **the use of communication skills** - including the teaching of language and concepts which leads to the selection and use of specific words, attributions, and rituals - fundamentally based on the premise: that describing a particular state to a person evokes that state (and, additionally, that once evoked, it can be anchored, linked, directed, intensified, combined with embedded commands, etc.). known in the scientific literature as 'priming' or 'seeding' (Priming refers to 'the activation or change in the accessibility of a concept by the earlier presentation of the same or a closely related concept' [Sherman, 1988, p. 65] - Kihlstrom [1987] relates it to preconscious processing: "...Preconscious processing can influence the ease with which certain ideas are brought to mind, and the manner in which objects and events are perceived and interpreted. Finally, in order for preconscious processing to affect action it is necessary that relevant goal structures be activated in procedural memory." ;
- **a set of change techniques** that help people go through a process of awareness of thinking, attendance to thinking, analysis of thinking, consideration of alternative thinking, and finally the selection and adaption to new ways of thinking;
- **a method of learning skills through metaperception** - since the self can be viewed as both subject and object, we can perceive ourselves in different times and places, from different perspectives (associated with the situation or dissociated - even to the extent of watching ourselves in the situation), or in different context (as different people or with people or things changed and including all of the submodalities we call *quanta*) - thus, we can learn a new skill through imagining ourselves doing the skill;
- **a way of questioning which explores the depth of thought**, breaking it into *quanta* [such sensory qualities as size, brightness, distance, location (which is to say, do I see the image directly in front of me, or is a little above my eye level, or to the left or the right?), color, three

dimensionality as well as images, sounds, sentences, and feelings associated with the behavior.

One should note that although these protocols can be manipulative - particularly in the way we communicate - they can not be coercive. They do not *demand* compliance. They suggest ways of behavior that the client can choose or reject. While the methods may be persuasive, they are not authoritarian.

Language & Concepts

The language used by cognitive staff is vital, not simply expected. For the language conveys not only to clients what is expected, but is of concern for staff in what Osbourne & Plastrick called the *neutral zone*. Those staff who are not quite sure about making the 'leap of faith' can reinforce their new decision every day through the 'self verbalization' of language. Such an expectation also provides an opportunity for the group to become mutually reinforcing. It is quite apparent that the transformational system is asking staff to assume a new posture within the context of a medical community. It is quite natural that they will find it necessary at times to use the medical terms if only to acquire the resources necessary to carry out the work. This requirement *erodes* the confidence in the new way of doing business. A culture of change will require an acknowledgement of correction. I will correct your language and you will correct mine. We will also encourage each other to erode the language of the medical culture, by substituting wherever possible new language. Some examples.

Need will become Goals. While need can be defined internally, it is usually a euphemism in human services for what other people, usually those in charge, think is required for the person to behave in a manner which is acceptable to social norms. Internal need can be best expressed as a goal, since it implies some motivation to reach for a specific outcome. Therefore goals are expressions of internal needs that a person is committed to reach. The term goal supports the change in perspective from expert decision making to client decision-making.

Therapy will become Changework and therapist will become changeworker, mentor, helper. This will be very difficult since there is a degree of self-promotion in the term therapist - it implies some degree of mystical power that is not apparent in the nuance of changeworker. The question that needs to be asked is - 'Whose problem is it?'. If it is the problem of someone other than the person needing to change - there is some other social intervention which is necessary.

The word therapy suggests fixing someone who is broken. However one can do changework without an assumption that the client is broken - has some disorder. It is sufficient that the client have something about him/herself

that s/he wishes to change. This refocus on the *desires* of the client as opposed to the *needs* of the client as defined by the *expert* is a critical change in perspective.

Treatment becomes Training. The process of intervention is training not the application of some healing process - psychotherapy, medication or incarceration. It is a process to teaching self help methods which make the person more resilient to problems in living that may appear in the future. 'Teach a person to fish.' And a 'treatment plan' becomes a Plan of Change.

Assessment becomes Eliciting. This is not a process of discovering performance errors or deficits, but rather an elicitation of the thinking and goals of the person, helping the person to identify those areas of life which are problematic and which they would like to change, and suggesting ways in which change might occur.

Diagnostic labels become Problems in Living. People are not their deficiencies. Problems in living occur to all people - some problems are more severe and persistent than others - but they of the same type, if not degree.

Service becomes Serve. One of the most atrocious of the latest traditional terminologies, to service [a car, a John] is the worst. The changeworker is a servant to the person who requires change. They may have expertise, like a certified public accountant [CPA], but they provide their expertise at the behest of the other, not at the behest of a society seeking to control. If society requires control over people, they have coercive options [police & courts].

Patient become Client. Patient is a person who is generally helpless and under the care of another. Patient is more similar in connotation to child, than most other words. Client is a word selected carefully, which, despite its lowly root, indicates a *beneficent* responsibility. An attorney has an expertise that is used at the behest of the client. A broker can spend money only for the benefit of the client. Customer or consumer has no such connotation. 'Buyer beware' is the customer/consumer slogan.

Intervention Process

As the language examples indicate, the process of intervention is based upon the goals and personal preferences of the client - not society nor expert. The changeworker becomes an *enabler* [yes, we are aware that drug services uses this term only in the negative] whose job it is to provide influences that will support the changes that the client seeks. This requires several ingredients.

Trust: the changeworker needs to trust that this client, no matter how bizarre or disruptive the behavior, desires the same thing as everyone else.

S/he wants success in living and some degree of power over his/her own life. Even minimal analysis will indicate that the traditional methods work contrary to such expectations.

Goal Development: people with severe and persistent problems in living often find it difficult to extrapolate the goals that they want to attain [although they are usually clear as to what they want to avoid]. They are so busy fending off what they feel are attacks, they forget the intent. Development of a goal structure becomes a process of both elicitation and training. Outcome expectations need to be clear and implementation strategies defined. This is the most powerful contribution to enabling people with problems in living to improve their performance.

Design: changeworkers need to design change processes that meet the requirements of the individual client. Each person's thinking is different and the way their 'mind' codes the relevant information is unique using different submodalities or *quanta* to record the experience. Thus for some visualization will be effective, but others may find visualization difficult. The changeworker will need to elicit these *quanta* codes in order to calibrate the client's propensities and design the most effective intervention. Fortunately most people will be similar, but the real expertise will be to design a change process for people with unusual coding.

While there is latitude in design based upon the individual mental context, schema, filters - the constraint is that the intervention is always cognitive behavioral. Since cognitive approaches grew out of and are an expansion of behavioral approaches, certain residual influences remain. Additionally, there are certain class of children for whom the interventions will be primarily behavioral - these include children with autism/persistent developmental delay and mental retardation. This does not rule out cognitive intervention [Shure's Interpersonal Cognitive Problem Solving (ICPS) has been effective with children as young as four years of age]. On the other hand, children who's behavior *is* the problem, cognitive approaches with occasional behavioral supports are the only acceptable interventions.

SECTION C. PERFORMANCE MANAGEMENT

All educational and clinical programs will be required to develop and use outcome measurements. The test period should be no less than six months and can take place for a full year. However, all programs will have an effective method for measuring outcome and a system for collecting, analyzing and responding to the pertinent data. This is the interface with Component #5 Quality enhancement
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Introduction to Performance Outcome Measurement

Human service managers today are intrigued by outcomes. It is a fad which is given a great deal of 'lip service' but very little of anything else. We rationalize that the field is not far enough along to be able to *define* outcomes. Or we don't have time, because of day-to-day crises. We want quality, but it is not really important. The real reason is often that we know we are not as effective as we would like to be, so we don't want to be held accountable. This is when we so often want to consider outcomes without defining a standard. We are not clear about what we intend. We say things like: "I want to do what's best for kids." What a wonderful thought. Shouldn't we all be this caring? However, people who use this kind of mantra often differ in their definition of 'what *is* best for kids'. Until we decide what is best for kids, we have no means of measuring outcomes nor making decisions about management performance. *Quality is performance consequences equal to preferred expectations*; all else is rhetoric. But what is the preferred expectation, and whose expectations should we meet?

For instance in a videotape titled Lasting Feelings, where the clinician Leslie Cameron Bandler was working with a women who was pathologically jealous, you needed to question the purpose of the intervention. If the intention was simply to 'fix' the client's jealousy, then the clinician could have taken the client through a desensitization process. A clinician who did this would probably not even be aware of the default outcome chosen: "*I want the client to be indifferent to seeing her husband interact with other women*". Both the clinician and client might in fact have been satisfied with this result and might have regarded the work as a major success. But desensitization would not have enriched the client's relationship and self-esteem in the way Bandler was able to do by working from the basis of a much richer and more 'ecological' outcome.

Lee Lady

The transformation system will require that program managers develop specific focus and outcome expectations for themselves that are congruent to the outcome expectations of the system. "The right act can readily be known once the greatest good has been determined, for it becomes simply that act which enhances the realization of the greatest good, and the immoral act is that mode of behavior which is a deterrent to its realization" [Sahakian & Sahakian, 1993]. Unfortunately, in human services we have many opinions about what is the greatest good, yet we rarely discuss our differences. We employ staff based on the quality of the credentials they hold and generally ignore whether or not they believe that 'what's best for kids' is the same as what we believe.

Most human service organizations regularly monitor and report on how much money is received, how many staff there is and what kind of programs they provide. They can tell how many individuals participate in the programs, how

many hours are spent serving them, and how many brochures or classes or counseling sessions are produced. In other words, they document program *inputs, activities, and outputs*.

- **Inputs** include resources dedicated to, or consumed by, the program. Examples are money, staff and staff time, volunteers and volunteer time, facilities, equipment, and supplies. For instance, inputs for a parent education class include the hours of staff time spent designing and delivering the program. Inputs also include constraints on the program, such as laws, regulations, and requirements for receipt of funding.
- **Activities** are what the program does with the inputs to fulfill its mission. Activities include the strategies, techniques, and types of tactical interventions that comprise the program's service methodology. For instance, sheltering and feeding homeless families are program activities, as are training and counseling homeless adults to help them prepare for and find jobs.
- **Outputs** are the direct products of program activities and usually are measured in terms of the volume of work accomplished - for example, the numbers of classes taught, counseling sessions conducted, educational materials distributed, and participants served. Outputs have little inherent value in themselves. They are important because they are intended to lead to a desired benefit for participants or target populations.

If given enough resources, managers can control output levels. In a parent education class, for example, the number of classes held and the number of parents served are outputs. With enough staff and supplies, the program could double its output of classes and participants.

However, if you do not consistently track what happens to participants after they receive your services, you cannot know whether your services have had any impact, either positive or negative. You cannot report, for example, that fifty-five [55%] percent of your participants used more appropriate approaches to conflict management after your youth development program conducted sessions on that skill, or that your public awareness program was followed by a twenty [20%] percent increase in the number of low-income parents getting their children immunized. In other words, you do not have much information on your program's *outcomes*.

<p>Outcomes are <u>benefits</u> or <u>changes</u> for individuals or populations during or after participating in program activities. They are influenced by a program's outputs. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. They are what participants know, think, or can do; or how they behave; or what their condition is, that is different following the program.</p>

Outcomes for disruptive behavior are clearly measurable - school behavior incidents, detention, suspension and expulsions are up/down 20% over the past three years. For some managers, the goal of reducing disruptive behavior is accomplished through fear, medication, or incarceration. When closely examined, we may find that those who refuse to comply are no longer in the school because they have been 'referred' to a mental health agency, which has placed them in a psychiatric hospital, partial hospital or residential program. Or those that 'respond favorably to medication' [e.g., meet the 'dead man' test - which means the more they act like a dead man, the better they are], are in school and no longer act out. Is this what is 'best for kids'?

While it is nice that we have begun to realize that we cannot simply collect custodial data which tracks process and not outcome; outcome data is useless unless we have a clear understanding of our mission, purpose, greatest good or *summon bonum*. Not only does such a discussion help to assure that the greatest good is defined, but it provides a basis for understanding the limitations or constraints upon the process in reaching the outcome. Ending 'unemployment' is easy if slavery is acceptable. But is full employment really the goal; or more accurately, is full employment the only dimension of the goal? Might 'self sufficiency' be a better articulation? Could we then give everyone a lot of money and make them self-sufficient?

Performance managers cannot avoid a discussion and consensus on life's greatest good. 'What's best for kids' must be defined in detail if we are to in fact provide it. Further, 'what's good for kid's' must be demonstrated and in order to do this, we must discuss how we will know when we have gotten there. Is 'what's best for kids' simply that they be safe, well fed, clothed and housed appropriately? Or is 'what's best for kids' something more?

As we begin to examine this in detail, we may find that 'what's best for some kids, is not good for all kids'. We may find that individual self-determination is more important than a broad standard. We may decide that the overall determination is that 'what's best for kids' is that they and their families have the support and power to determine their own lives.

Whatever we decide, we become aware through a process of collective *thinking* that 'what's best for kids' is not an easily answered question and that many reasonable people have arrived at different conclusions. The perspective of the individual making the determination unilaterally is a more powerful influence for 'what's best for kids', than any demonstrable results. Yet most human service managers are perfectly willing to allow reasonable, 'good' people to provide services without any real understanding of what they believe is 'good for kids'.

Kids need love, structure, discipline, etc. Just what does this mean? What is your complex equivalent for love? Is discipline a noun or a verb? Are we going to *discipline* kids or teach them *discipline*? Performance management requires not just the measurement of outcome, but the measurement of outcome against a *coherent* and consistent standard. And the standard is not a benchmark! Benchmark is a term often used by business to determine the [steps of the] goal of the process. In this sense, a benchmark goal for human services can only be a 'perfect' human being - whatever that means. In a *zero defect* approach to quality, one seeks to provide services to human beings which will enable them to be perfect. To do any less is to accept mediocrity. This does not mean that one must provide services until the person with problems in living becomes perfect; rather, that we provide services with the intention and expectation that the person with problems in living will become perfect.

This is the requirement of *high positive expectation*. If we expect only that the person with problems in living stop the behaviors that are giving them [or us] difficulty, that is the most that you will attain; and there is severe question that this will be attainable without a higher expectation. Just as "your reach should exceed your grasp", *the expectation must exceed the outcome*. Human beings are goal-seeking entities whose goals expand with each attainment. Hope is a pivotal requirement. It has been suggested that hope is etymologically related to *hop*, and that it started from the notion of 'jumping to safety' - one hope's that they are not 'jumping from the frying pan into the fire'. One might suggest that you cannot even make a dangerous jump without at least the hope of survival.

Hope, therefore is a substantial motivator in the decision to attempt any new or 'dangerous' act. If human service workers are not able to provide *hope* through their own self-fulfilling beliefs that the person with problems in living is capable of becoming; then what hope can exist?

The human service manager must not only assure that a *summon bonum* is defined and articulated, but that it is *believed* by the people who are providing the help. There are two ways for a performance manager to find out what staff believe: 1) ask, and 2) measure outcomes. If you ask staff on a regular basis to comment on their approaches or progress, they will answer in terms that certainly will allow for deduction of attitudes which demarcates belief. Staff who talk about clients as though they were commodities are less likely to have clients who meet outcome expectations. Any number of clues will surface ['s/he can't', 'its too much to expect', 's/he's difficult', 'I can't control him', etc.] From these clues decisions can be made about the need for remedial responses.

We would expect that those who *don't believe* in the people they serve will attain fewer positive outcomes; but we may be wrong. Performance management is based on *learning*. All human services are based on a

hypothesis, which should be tested. Only as we respond to data can we learn.

Eight key questions have been developed in regard to outcome management. The first seven by Reginald Carter and the eighth by Positive Outcomes™. They are reported as follows as written in the Positive Outcomes™ Training Manual:

1. How many clients are you serving?

When does a client become a client? Duplicated or unduplicated count?

2. Who are they?

Basic demographics such as age, sex, income, disability level, race and ethnicity.

3. What services do you give them?

Services are intervention strategies. There can be multiple services. You need to determine which client received which service resulting in an outcome.

4. What does it cost?

This varies. It could be your budget, your program cost need to sort out hidden administrative costs. Most costs are for personnel.

5. What does it cost per service delivered?

This is the best measure of efficiency. Divide the total cost by the number of services delivered. This measures services delivered whether or not the intervention is a success.

6. What happens to the client as a result of the service?

This is the expected client outcome. Also the most difficult and important dimension of management.

7. What does it cost per outcome?

This is the bottom line and measures the program effectiveness. The cost of a successful outcome. Divide the cost by the number of outcomes.

Source: Reginald Carter. The Accountable Agency: Sage Human Services Guide 34, 1983

8. What is the return on investment?

This compares the cost of programs and services for a client with the benefit to the community when the client is less in need or no longer dependent on social services.

This questioning material comes from a training program in which the trainers may have decided not to overwhelm the participants with too much information and therefore criticism of what is missing may be somewhat unfair. Nonetheless, there is no indication of standards, zero based defects or of *clients defining quality*: e.g., outcome expectations. In addition, it is interesting to note that the trainers added the eighth question which suggests that it is not interested in increasing the quality of outcomes, but rather oriented towards convincing funding sources that there is a return on investment and therefore, enhance continued funding. The return on investment is benefit to the community - in short, it is the double focus of human services: protection of society and/or improvement of people's performance. Are we really talking about 'what is best for kids'?

Nonetheless, the questions are worth consideration. For example: if we assume that we help all of our clients achieve perfection as defined by their standards and our own, and there is no benefit to the community or the costs exceed the benefit - do we stop what we are doing? What is your life's greatest good?

Continuing our review of the key questions, you must wonder whether there is not an initial question that needs to be addressed before you determine your share of the market. That question is: 'What is the *universe of people with problems in living of the type you serve*?' How many children with problems in living exist within your potential clientele? If you are defined by geographic area - how many children between proper ages exist at any given moment and, of these, how many have been identified as delinquent, mentally 'ill', dependent or otherwise labeled as having problems with significant parts of living? If the second is delineated as a percentage of the first, say 03%, how many of the 03% do you serve?

For example, a County has about 68,000 individual children/ adolescents who are attending either public or private schools. In all probability, the vast majority are between the ages of 3 and 21. If three percent of these individuals were to experience a problem in living which was severe enough to demand services, the potential target population would be about 2,040. If you served 150 of these individuals over a period of a year, you would be serving a little over 7% of the market. However, the question that needs to be addressed concerns the 2,040.

This is important if you want to impact on the *social problems*, not just individual clients. A social benefit that is not usually mentioned is that if you are able to help clients achieve a level of social competence that is above present functioning, they will impact on other people who could become clients. Thus even though you serve only 50% of the 03% with problems in living, you should be able to have an impact on more than 01.5% over time.

It is also critical to ask the sub-question listed in number one - 'When does a person become labeled as having problems in living?'. Human services usually operate *responsively* since there is rarely funding for prevention. However, by becoming clear about the *thresholds* for official entry into the humans service system, you may be able to identify behavioral difficulties that lead up to this threshold.

Here is where we separate human services from business. Human Service managers have no need to increase *their percentage* of the market; they want to *reduce the market*! If we could reduce the 03% of children who have problems in living, we are, in fact, reducing the need for our services. Critical question - is this your mission⁶¹?

If this is your mission, the data you accumulate over time may be used to change public policy rather than to justify what you do. What you do may, in fact, be unjustifiable in regard to the greater good. If you are consciously aware that what you are doing can be compared to applying a bandaid after the wound is created; but have the capacity to avoid the wound - how do you justify bandaids? A real shift in human services would be to enhance the capacity of the community to *nurture* its children rather than to remedy the mistakes. [You may want to review *Regenerating Community* by McKnight in this regard.]

However, it is important that you know who are your clients, in number and type. *Disability* level is another clue to our constant interest in problems rather than solutions. Would we not be better identifying the *ability* level?

Service description

What services do you give the client and what is the impact of that service is a critical issue in performance management and often difficult to quantify. The description of services is often incoherent. Thus, people who provide living arrangements describe the services as 'providing living arrangements' and people who provide partial hospital services describe providing 'partial hospital services'. Anyone who has visited two or more of these services is well aware that each service entity [residential day, partial hospital hour, or casemangement contact] has distinctly different characteristics depending upon who is providing it, what technologies they are using and the external context of where it is provided. Thus, without a specification of the functional behaviors of staff in regard to clients, there is little definition of services. For example: an hour of counseling can be oriented towards any number of different therapies. Further, each person providing the therapy uses their own individualized style - many claim to be *eclectic* in their approach, meaning "I will do what pleases me at any given time and if forced to justify it I will respond 'I only want to do what is best for kids' ".

⁶¹ The usual answer is, of course, that will never happen. Is this a self-fulfilling prophecy?

As a manager, you have a responsibility to seek *standardization* of staff performance. This is of course contrary to conventional wisdom in that we expect *individualized* services. However, the individualization is based upon the goals and preferences of the client and the standardization is focused on the delivery of the service. At the same time, one does not want to standardize the process as in command and control management. A dilemma arises. How do we standardize without controlling process through command and control. We do so through standardization of staff belief systems, and we standardize these belief systems through the angst of a philosophical consensus on *summon bonum*. We standardize through a 'theory of change'. "The manner in which the overall intervention is thought to be related to particular outcomes for a particular population is considered a 'theory of change' [Lourie, Stroul, & Friedman 1998].

Without a theory of change, we have no assurance that we are 'doing the right things' or that we are 'doing things right'. As performance managers we are constantly on the look out for *incoherence* by what staff say and how they act. And, we address these exceptions without controlling the aggregate. When a staff person refers to client's resistance and/or compliance, we know we have a need to intervene. If you believe that people can hide their real beliefs, read Bernard J. Barr - *A Cognitive Theory of Consciousness*.

Once a theory of change is articulated that offers interventions to produce the desired outcomes in the designated population, the next challenge that researchers and evaluators have is to determine intervention integrity: that is, if the intervention has been appropriately implemented. Such a determination can be made only if the intervention is operationally defined and described in adequate detail. It is not possible, for example, to determine if interventions are well coordinated, culturally competent, or family-focused unless an adequate description is provided of the practices that constitute adequate coordination, cultural competence, and family focus [Lourie, Stroul, & Friedman, 1998].

It is also essential that the theory of change indicate the types of outcomes that particular interventions are intended to effect. The main challenges in the children's services is describing the theorized linkages between provider interventions and child-level outcomes, and finding ways to test the accuracy of these theorized linkages. Without a theory of change, it is even difficult to know what questions to ask. Anyone who has spent serious time doing research knows that the most difficult aspect is to decide on the question to ask. Without a proper question, no amount of methodological skill will provide appropriate answers. If the purpose of collecting data is to answer questions to enable continuous quality improvement, we need to be sure as to what questions we are really asking. What is best for kids?

Once interventions are adequately described, regardless of the level or levels of focus, the next task is to assess the adequacy of implementation of the interventions (often called assessing the 'fidelity' of the intervention) [Lourie, Stroul, & Friedman, 1998]. If a planned intervention was not carried out because of a shortage of adequately trained staff or insufficient supervision, there is no ability to answer a question posed by the theory of change. Performance managers in the children's field, not only need to have clearer theories of change and descriptions of intervention, but also must deal with the difficulty in changing individual staff practice at the level of the child and family.

It should be noted that the task of assessing the fidelity of implementation of the intervention becomes increasingly more difficult as the interventions become more complex [Lourie, Stroul, & Friedman, 1998]. Despite the difficulty of assessing the fidelity of interventions, the task is essential and must be done in order to ensure that evaluation results are not the result of inadequate implementation.

Finally, it is essential that the theory be clear about the population to be served. This enables researchers to determine if the intended population, for whom the intervention was developed, is the population that actually has been served. Only if the intervention is affecting the intended population can the appropriateness of the theory of change and intervention be assessed for that particular population [Lourie, Stroul, & Friedman, 1998].

When measuring results of interventions, it is important to look at *trends* and not just aggregate counts. *Continuous quality improvement* is a process of always moving towards quality expectations. As we move, we will find that it gets harder for two reasons: first, the quality standards are raised. As we achieve, we expect more, and therefore the bar is raised. Second, we cannot ever reach perfection. This is the same as in cutting a line in half, sequentially halving the remainder, yet we never get to nothing; we always have half a line. So too with quality. We can get ever closer, but we cannot attain perfection. Perfection is infinite. These concepts address the issue of 'the field' that we are not advanced enough to define outcome: your responsibility is relative, not absolute. As you set standards and indicators and measure them, you improve the 'field's' conception of appropriate outcomes by identifying trends and trying to explain them, while continuing to improve them.

Cost

Developing costs is another interesting dilemma. There are at least three levels of cost to the delivery of services. First, there is the direct cost that would include the direct service staff and their peripherals [occupancy, travel, etc.]. Second, is the program administration, which would include the supervision and direction of the program, and third, is the administrative

overhead. Each public relations cost contributes to the cost of the delivery of services. Allocation of each of these costs has considerable leeway, but should be standardized within your own organization. There are often other marginal costs such as the cost of the space in the home or school where we provide services, the cost of natural support volunteers who attend planning and review meetings, etc., but these require more sophisticated cost analysis which may not be important.

It is not clear, however, that these 'cost per service delivered' represent the best measure of efficiency. Unless we compare these costs to all other forms of service over time, we may find that we are not inexpensive. More importantly perhaps, if we find we are the lower cost, we may find that we are not inexpensive or efficient but *cheap*. The difference in the two terms is, of course, connected with the quality of the service, in this case as measured by substantive impact. If we were to spend more money per hour than any other service, but had a quicker and more long lasting impact our program would be expensive, but efficient.

Thus efficiency is connected to effectiveness because what happens as the result of the services, comparison to what happens in competing services, and the *substantive nature* of the impact are important criteria in determining the actual *cost* of the service as opposed to the *price* of the service to the funding source and taxpayers. The impact of a service cannot be construed without elements of substantive impact on quality of life *over time*. The service intervention may be very helpful in the immediate, but provide no inoculation or immunity to future circumstance. If this is so, we can expect a fair amount of recidivism since life is full of little traumas. Thus, if we feed the client fish we may reduce or eliminate hunger for now; but if we teach him to fish, we may eliminate hunger for good. Without such inoculation can we really call a service *efficient*?

Return on investment is likewise influenced by the ability of the client to learn a competence that will enable him/her to cope more successfully and appropriately with the problems in living that are sure to occur throughout life. If they carry these skills into the future, they impact on their own children and the people to whom they relate; having, perhaps an exponential outcome. Too often human service managers look at short-term outcomes and ignore such long-term outcomes.

Outcome cannot just be elimination of the symptoms of problems in living; outcome must reflect skills in addressing future problems. Problems in living always occur. Psychologically fit people tend to handle these problems reasonably well. Other people do not. Just as a cardiac specialist might teach a person how to avoid future heart attacks, through exercise, diet and observing the sensations in their own body; so too, the changeworker trains the client to understand and identify cognitive errors, sets up continuous exercise regimens of relaxation or self-instruction and focuses the client on

stopping and analyzing automatic thoughts and identifying the frequency and intensity of emotion.

Eliza Doolittle in Shaw's *Pygmalion* explains that "the difference between a lady and a flower girl is not how she behaves, but how she is treated."

Performance management requires that we understand the nuances of how we impact people's lives. It is not how the child behaves, but how we treat the child that is significant. Peter Senge suggests that another of the difficulties in developing appropriate human services can be identified as a 'shifting the burden' problem. "Beware of the symptomatic solution". Solutions that address only the symptom of a problem, not fundamental causes, tend to have short-term benefits at best. In the long term, the problem resurfaces and there is increased pressure for symptomatic response. Meanwhile the capability for fundamental solution can atrophy." "Insidiously, the shifting the burden structure, if not interrupted, generates forces that are all-too-familiar in contemporary society. These are the dynamics of avoidance, the result of which is increasing dependency, and ultimately addiction" [Senge - 1990].

Performance management requires an understanding of the *fundamental causes* of the problems in living and these are rarely apparent, nor in the record. The fundamental causes are the *thoughts* that promote the behaviors that lead to problems in living. Eliminating symptoms does not eliminate the problem, but merely shifts the burden. The point of this is that outcome measures cannot be seen simply as a reduction of problem behavior.

A practical approach to performance outcome measurement

As we indicated earlier, there are certain terms that are used in developing a system of outcome measurements that are significant to the design. Often these terms are used inaccurately and cause confusion. In working with staff to determine what outcome system should be used, it is important that you specify this language and concepts and for that reason, we will reiterate and expand upon our original discussion.

Inputs are resources dedicated to or consumed by, a program in order to achieve program objectives. These would include, for example, staff, volunteers, facilities, equipment, curricula, service delivery technology, and funds.

Inputs also include *constraints* on the program, such as laws, regulation, and requirements for receipt of funding. A program uses *inputs* to support *activities*.

But most importantly the inputs include clients. One of the ideal ways of improving the quality of outcome is to improve the quality of the inputs. If we can identify children as having problems in living who really have few or no problems in living, we are likely to be very effective in meeting an outcome expectation of 'no problems in living' - unless paradoxically, of course, our labeling has a negative impact. One of the vital characteristics of a quality system is the ability to define and measure *baseline* measures of the inputs. Thus a starting point in concern about inputs is a clear definition of the baseline performance of the various clients within certain specified tolerances. As opposed to widget makers, a human service should be seeking the most flawed client inputs possible in terms of performance in living, rather than the best inputs possible. This baseline data is vital to understanding the outcome. One of the greatest problems to outcome performance management is known as 'creaming'; e.g., trying to find and serve those who least need the services is the best way to have positive outcomes.

Establishing baseline data is not a trivial thing. To begin with, what is the baseline measuring? Should we be identifying and measuring symptoms? If so, we would probably tend to seek those aspects of a child's behavior that is disturbing or disruptive to others. Yet this process is one that is fraught with concern. Many children *act* in disruptive ways for a variety of reasons, only some of which indicate an underlying problem in living. Other children *act* [meaning both behavior and pretense] perfectly normal, when inside they are churning with despair. What we really are concerned about are a child's thoughts as represented by beliefs, attitudes and mental contexts.

This will require that people who provide natural supports be sensitized to and attuned to the child's thoughts - to know how to probe appropriately for the 'inner logic'. Thus before we can even begin to define *baseline performance*, we must ascertain what performance we are going to measure.

Activities are what a program does with its inputs - the services it provides - to fulfill its mission. Examples are sheltering the homeless, educating children, or counseling. Program *activities* result in *outputs*. Do these activities have *intentionality*; are they connected to a theory of change, and is change measured.

But there are activities and there are activities. Group workers, for example, often play sports with their clients. However, there is a completely different intent to the activity than a recreation worker might have. Most group leaders who play [or teach] sports to a group of kids are seeking to provide

recreation [a good time] or *increase athletic prowess*. Group workers use the activity to create certain life experiences that can then be used to benefit the *personal* and *social* performance of the individual. The differences can be hard for the lay person to see. One thing to look for is the handling of a disruptive child. The recreational or athletic focus tends to expel the child for the benefit of the group; the group worker tends to use the group to help the disruptive child.

So the question is not just what is the activity, but what is the intent of the activity. Is the shelter simply to provide shelter? Or is there an intent to 'screen' people's problems in living. Is it a 'bait' to bring people to a training or clinical program? What is the purpose of an education program - is it for academic training? Or are child development issues important? And what are you counseling about. Are you advising a child as to how to adapt to the demands of life; even if the life is of unacceptable quality? Or are you training a child to develop skills to overcome life's problems?

Without a *summon bonum*, how do you know?

Outputs are products of a program's activities and are usually measured in terms of the volume of the work accomplished, such as the number of meals provided, classes taught, brochures distributed or participants served. Another term for outputs is 'units of service'. Program like to show an increase in 'units of service' to demonstrate increased organizational performance. 'Units of service' only indicate the amount of activity, although they may demonstrate a level of *efficiency* [if we can provide more 'units of service' at less cost than other organizations]. However, these outputs have little inherent value in themselves. They show only a 'custodial' measure and have no impact on the effectiveness of the organization. It is possible that an organization increases its 'units of service' each year and lower cost each year and yet not help a single client achieve an enhanced quality of performance in living. There is no underlying notion such as the measuring of the *intent* of the activity; and, it is the intent and its impact that are important. It is the impact of intent that determines outcomes.

Outcomes are benefits received by participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition or status. For any particular program there may be 'levels' of outcomes, with initial outcomes leading to longer term outcomes. For example, a youth in a mentoring program may attend school more regularly, which can lead to getting better grades, which can lead to graduation, which can lead to employment, which can lead to self sufficiency, etc. These things can, of course, occur without any educational intent at all.

Often, the problem of defining outcomes is not one of too few variables, but too many. Where on the scale of outcomes above is the *outcome target* for

the program and is this target the same as the target of the client; and which target should we select as our outcome expectation? Getting our arms around this problem is one that will require discussion and decision.

First, we must recognize that the organization will probably need to operate at two levels: and to understand both *individualized outcome expectation* and an *organizational outcome expectation*. Organizations continue to try to meet the 'dead man test'. This is a test formulated on the premise that if the people with problems in living would perform like 'dead men', everything would be fine. Since 'dead men' do not perform at all, this requires a total elimination of symptoms. Most clients do not consider this to have met their own outcome expectations that are usually concerned with such things as success, happiness, power over their own lives, etc. Just because a child no longer punches other kids, does not mean that s/he now will have friends. This harkens to the 'shifting the burden' concerns of Senge.

In fact, the percentage of individual outcome expectations that conflict with the organizational outcome expectations should send a message to the organization that they are out of step with their own definitions of organizational performance. Quality is essentially a measurement against a standard. The problem is whose standard and to what is it applied? TQM says that it is the *customer's standard* that counts.

Further, the standards that measure organizational standards must *not* be standards of performance meaning *process*, but standards of *outcome*. Organizational standards of process performance are epitomized by the regulatory standards now in place. They define specifically who is to do and what they shall do, without reference to what is expected as outcome. Developing standards of process duplicates those regulatory standards regarding *means*. This does not deny that there is a need to have certain guidelines about means in public organizations. But the construct that Deming, at least, is trying to help us understand is that, within specific constraints, the staff are capable of designing the *means*, providing they are very, very clear on what *ends* are expected.

Nonetheless, the staff may design means that are contrary to the philosophical, ethical, moral and legal expectations of the performance manager and the field. There are constraints to means; one does not develop slavery as a response to unemployment. The constraints to process, however, are defined within the established 'theory of change'. If we theorize that people change only when confronted by fear, comforting behavior would be unacceptable. It is the conceptual philosophy that provides the constraints of process.

It is an inherent failure of the human service endeavor that we focus on problems and not solutions. In this context, it is suggested that in defining your organizational outcome expectations you focus not on the reduction of

defect, but on the increment of competence. Competence can best be defined as *capacity equal to expectations*. Almost everything we do involves either interacting with other persons or inhibiting interactions with other persons. If we fail to follow the often unspoken rules about these interactions, the consequences will be clear: others will judge us to be socially incompetent [Peter, etal 1998].

Social competence has a major impact on the ability to form trust relationships that are fundamental to living. Thus, social competence, and the resultant social affiliation, has both an individual and a collective social impact. Most clients will define their outcome expectations in terms that can be thought of as an aspect of social competence: 'success' in relating to others; 'happiness' in mutually satisfying and gratifying relationships; 'power' to make competent decision about one's own life. Thus it is likely that *organizational outcome expectations* and *individual client outcome expectations* will be better matched if the focus is on competence instead of defect. If the percentage of variance *between organizational and individual outcome expectations* is of concern to your leadership, this is an area to explore; perhaps your organizational expectations need to change.

Once the organizational outcomes have been determined, you will want to recognize that individual client outcomes will need to be determined. This is a difficult and time consuming exercise, to a large extent because most of the people you will serve have been trained in the extreme to not have opinions or operationalize opinions on *outcomes*. Developing individual outcome expectations will require that you ask. Then probe. Then recast your question. Then probe. Then reframe the answer and ask for confirmation. If you cannot determine what the individual client expects to get out of your program, it is unlikely that you can be helpful. You are not to try to shape the client's outcome expectations to match those of the organization. To do so, will only diminish your hope of meeting either outcome.

There is a question - 'How far can the client deviate from the expectations of the program and still benefit by participation?'. You may determine that your program is not prepared to help the client reach his/her outcome expectations, but you should have sufficient information to make an appropriate referral. It is not the intent here to detail the process of developing client expectation, but only to indicate the two separate levels that you, as the manager, must make compatible.

Measuring outcomes will require additional dimensions.

Outcome indicators are the specific criterion that will be applied to determine whether the outcome expectation has been met. It should be obvious that the criterion of the organization and the criterion of the client may differ, but hopefully they are not incompatible. If you accept the client

and expect to meet his/her outcome expectations, you must be prepared to use his/her criterion. It helps if you and the client have made this criterion clear and conscious at the beginning of the relationship.

The indicator describes the criterion in observable, measurable, characteristics or changes that represent achievement of an outcome. The number and percent of program participants who demonstrate organizational criterion is an indicator of how well the program [or staff] are doing. As we indicated earlier, however, there may be levels of outcomes. In order to be clear with both client and staff, it is important to sort out the levels of expectation. If you provide counseling and the client's outcome expectation is employment, you cannot meet that expectation. However, you can define specific behavioral acts that would support getting a job.

Outcome targets are numerical objectives for a program's level of achievement on its organizational outcomes. After a program has had experiences with measuring outcomes, it can use its findings to set targets for the number and percent of participants expected to achieve desired outcomes in the next reporting period. It can also be used to determine staff performance in regard to comparison of client participation with staff and approximation of target performance. For example, a school may target that 85% of all students will go on to college. Organizational success or failure is determined by this outcome standard, even though any given individual student may have no desire to attend college. Thus, you agree on outcomes that will support the client's goals.

Outcome targets are also the specific outcome expectations of an individual client. S/he will need to address the level of competence necessary to believe that the program has successfully met or failed to meet his/her needs. Thus, while a client may determine that competence in academics is a specific goal, s/he may define the outcome target as meeting grade level in all subjects, getting A's & B's, or getting accepted to college. Goal attainment scaling is a good method of determining the percentage of achievement that the client has attained.

Benchmarks are performance data that are used for comparative purposes. A program can use its own baseline [present performance] and outcome target as the field, while establishing points that should be met within those two performance points. It may use data from another program as a 'benchmark' to be reached within a certain period of time [*time cycle*].

Time Cycles are the specific amounts of time [duration] projected to meet a specific benchmark or target. If either an organization or a client wants to improve their performance over time, a time cycle should be used to indicate progress. If for example, an organization has a baseline performance of 60% of students who participate go to college and a target of 85%, it may want

to set incremental periods of one year to go to 65%, a second year to get to 70%, etc.

Time cycles have various uses. Like budgets, they are usually experimental the first time. However, as we experience the use of a time line, we can often determine how to improve. Without time lines, we often end up with the equivalent of Freudian analysis, which seems to measure success through the length of time allotted.

"One of the more common illusions of Freudian orthodoxy is that the durability of results corresponds to the length of therapy" [Gutheil].

The other factor of time lines is that human beings tend to gather themselves only when the time line is about to run out. If one seeks the involvement and motivation of a client in a manner of participation which involves energy, a time line may cause it to happen. Note how many students do 'their best work' only the night before the paper is due. Setting a time line which demarcates the end of services can equally cause a gathering of effort.

The dimensions of *indicators, targets, benchmarks, and cycles* must be an *explicit* part of the outcome expectations that are articulated for organizational or client purposes. It is only with these dimensions that collection, analysis and use of data for continuous quality improvement can be accomplished.

Data collection & Analysis

The process of data collection and analysis demands four categories of managerial involvement:

Rigorous examination of the intentions and beliefs [values & principles] of the policy makers and the development of plausible hypothesis of how these factors influence the activities of the organization. This leads to the development of a *philosophical* position upon which social policy [mission] is based and includes the articulation and debate of such social policy.

The development of *standards*. If quality is a comparison, the organization must establish the point of comparison. It is important that in the present world view, **two sets** be considered: organizational standards, and organizational standards that ensure the potential of individual standards.

Not only must standards be developed, but they must be articulated to *all* concerned parties as the basis for evaluation. Thus they must not only be clear, they must be understood by all of the major managers of the

organization. Organizations must not only state explicitly what is intended in terms of outcome, but in complex organizations, must be prioritized along value lines so that when staff make independent decisions regarding individual outcomes, they do so along the parameters of organizational values, not personal ones. Individual performance [actions] must be coherent to the organizational belief system and intentions. This may require not only clarification of terms, but a negotiation of managerial values, prioritization, orientation, and reinforcement.

These processes are *lifetime* projects. Just as individuals are always growing and developing, so too must organizations grow and develop. To *assume* that this will take place, with managers who are concerned with operations and/or technical aspects of the organization, is to expect too much.

Information capability must be in place. The dimensions of the information must be *formative*, *summative* and *cumulative*. In addition, the information must review organizational performance, individual staff performance, and individual client performance, using the term performance to indicate both the activities *and* the outcome of those activities; means and ends.

"...quality is different in different settings ...for different people." [Lakin, Prouty, & Smith - 1993] Individualized services require individualized quality measures. "Quality is thereby manifested in the achievement of *desired* outcomes" [Lakin, Prouty & Smith - 1993] [emphasis added]. It is the personalization of services, quality outcome expectations, data collection of formative and summative individual focus, and the responsiveness to the changes in the client's expectations as achievements are attained that will contribute to the quality organization.

It is the *cumulative* data of many clients across time that will be the ultimate *organizational performance standard*. "Our shared goal is to develop processes and concepts useful for reconceptualizing and redesigning services that honor the distinctive contributions of people with disabilities, their family members and friends, service workers, and other community members." This action learning approach contributes to organizations learning by creating time and space for reflection and creative problem solving" [O'Brian & O'Brian - 1993]. It also helps to set up a learning process in which the learning entity [client or organization] can begin the process of learning over time how to define quality and measure results through experience.

Little value is gained by attempting a measurement with inadequate tools. Without specific data with which to assess discrepancies between the standards and the performance, we are left to speculative opinion and are unable to objectively implement reward, remedial or corrective action to support and reinforce the organizational intent. It is important therefore to recognize that the ability to articulate measurable effective process is not

only limited by our ability to articulate measurable and agreed upon objectives, but equally by our inability to collect data upon which to assess performance and outcome. Lacking a sophisticated system for collecting all of the data we need, we are better off measuring only that which we can *effectively* articulate and measure, rather than try to exaggerate our capacity and create a system that will be distorted by those that it is intended to reinforce.

Response systems must be in place. It is one thing to articulate standards and collect data for measuring them; it is another to use it effectively. Too often day-to-day pressures from the environment cause us to negate that which is available to effectively implement actions that can *alter* the way we do business. In order for the process to be effective, people within the operational system must feel the *impact* of the data collection results. Thus when no discrepancy exists between our expectations and outcomes, or when the discrepancy is to the positive side [we have done better than expected] *reward* responses including praise, recognition, promotion and compensation must be implemented to reinforce these positive behaviors.

On the other hand, if there is an identification of inconsistencies which are not beneficial and indicate an inconsistency in performance, "two behaviors would ideally occur before any corrective action is taken. The first is hypotheses generation, in which managers identify possible explanations of inconsistency" [Pauley, Chobin & Yarbrough - 1982]. Were there extenuating circumstances: poor expectation, judgements which led to inappropriate standards, data collection disruptions which led to negative discrepancy, etc.? Hypotheses generation is ideally followed by hypothesis confirmation. When the hypotheses are unable to be confirmed, the manager must take remedial action that could include training, increased supervision, or disciplinary action to remedy the situation and get it back on track. Each of these three response actions: reward, remedial and corrective, must take place on a consistent basis if the operational evaluation process is to have an impact on the organization's functioning. The failure of human services systems to terminate the employment of people who do not believe in what they are trying to do; who continually fail to meet outcome standards; and who are often disruptive to the process of human caring is an abomination. We are not in the business of providing help to our staff; but to our clients.

The design of the data collection and response facilitation is imperative to a learning organization. Too many agencies collect too much data which is neither analyzed nor responded to. The data collected must be reported in such a way that the information contained is readily apparent and there must be common knowledge that the information will cause a response. We have suggested that three levels of response are possible: we can change the manner of providing services to clients in order to improve the likelihood of positive outcome; we can train, retrain or remove staff who do not produce the same levels of outcome as other staff; and we can reorganize

our organizational expectations. The last provides for verification of the integrity and efficacy of the organization to both the potential users and funders.

For example, in a program to counsel families on financial management, outputs - what the service produces - include the number of financial planning sessions and the number of families seen. The desired outcomes - the changes sought in participants' behavior or status - can include their developing and living within a budget, making monthly additions to a savings account, and having increased financial stability.

In another example, outputs of a neighborhood cleanup campaign can be the number of organizing meetings held and the number of weekends dedicated to the cleanup effort. Outcomes - benefits to the target population - might include reduced exposure to safety hazards and increased feelings of neighborhood pride.

As the reader is probably aware by now, I find something that I like and then change many of the words to suit my own needs. I have included in Appendix A., an outline of a manual for developing performance measures. The format, many of the words and samples are from the United Way of America manual Measuring Performance Outcomes: A Practical Approach, 1996. - which was developed with support from grants by the Ewing Marion Kauffman Foundation and the W.K. Kellogg Foundation. Of course, I have altered much to serve my own purposes, and take responsibility for these changes. However, either the version in the Appendix or the original may be a useful tool for the human service manager in developing outcomes. For his/her program.

COMPONENT # 4: **QUALITY ASSURANCE**

INTRODUCTION

The profusion of public and private agencies that carry out their own goal setting, planning and service delivery has created a set of discrete local programs characterized by differences and contradictions. In the delineation of family problems, narrowly focused solutions, problems that are ignored because they fall under 'someone else's' purview and clashes in philosophy and approach among deliveries. Families feel isolated from systems of support.

Reuban Hill's family stress theory sets forward acute stressors (meaning sudden onset) which when accumulated could lead to family crises, including physical, emotional, or relational crises. The research on stress suggests that the significant facts about the stressors to keep in mind are:

- changes in daily routines,
- the number of changes in daily routines,

- the length of time since there were changes in daily routines,

However, not all families with multiple stresses have crises. The impact of these changes can be muted, or buffered with protective factors that help families to survive multiple contextual stressors, and to continue to competently parent. These protective factors buffer the impact of the stressors. Hill theorized that these buffers includes *social relationships* and *perceptions*. He further distinguished social relationships as being within family variables, e.g. attachment, positive family bonds, effective communication, as well as across family variables: i.e. social isolation vs. informal and formal social support networks. Perceptions include the range in cognitions and attitudes between hope and personal effectiveness vs. despair, and helplessness. These two complex factors relate together with the acute stressors and ongoing social context of chronic stressors, to predict family crises.

Hundreds of studies have documented the positive relationship between illness and stress. Individuals who experience too many stressors at one time, i.e., too many changes in their daily routines and circumstances, are at increased risk within one year for having an accident, for becoming physically ill for having an impaired immune system, for becoming violent, or for relapsing. Not only individuals, but families that experience too many stressors at one time are at increased risk for experiencing aggravated family crises. The Home, School & Community Council concept is planned as a process of regenerating community and connecting it directly with families in stress.

The creation of a Home, School and Community Council that will be made available in each school district emphasizes the use of families and communities as the focus for change. It provides a process that can begin to bridge the isolation of families with problems in living and communities which isolate them.

- *to encourage and support families in becoming more active in decision making and care giving for their children.*

Society has often generated a psychological abyss between the family nurture and the nurture of the community. Only through the encouragement and enhancement of the family involvement with the child's activities outside the home in school, work and community can reintegration of the family's power to influence be maintained.

- *to develop and strengthen community supports for the child with problems in living and their families.*

Children are not helped by a process of labeling and removal from home, family and community. Rather they are helped through the family and natural supports from their neighbors. The Home, School and Community

Council, as a catalyst for family and community congruence provides a way for healing to begin.

- *to address problems shared by families of children with special needs.*

Families with problems in living cannot remain stigmatized and isolated from the community which supports them. They need the support of their neighbors both for succor and for positive expectation for change. The Home, School and Community Council can provide the beginning of a *regeneration of community*, and the regenerated community is the source of nurture to the family with problems in living.

Such a transformation will require that a different *frame of reference* be used to address the reality of the issues before us. These frames of reference are based on one's perception of reality and dictate how a person selects what to perceive and how it is interpreted. The frame of reference allows a person to understand what is happening in his/her life and what to expect in the future. By being able to predict and plan the future, a person's feelings of uncertainty are reduced and a sense of control is achieved. The discrepancy between the frame of reference of major community institutions that provide health, education and welfare supports and the people for whom those supports are presumably designed is clear and powerful. While such institutions continue in good faith to design new system innovations, they are doomed to failure without the insight into and understanding of the frame of reference of the client.

Despite the best of intentions, children and families often fail to find the means to effectively utilize the services that are being offered, increasing their frustration and anger at the institutions that design them. Offering more of the same is unlikely to change this experience. Unfortunately, human service professionals tend to blame the clients. They are resistive, hard core, etc.

The transformation required to achieve relevant, accessible and utilized services comes first in altering the health, education and welfare system's frame of reference regarding the design of such service delivery. The initial phase of this for social planners to recognize the community in which people with problems in living participate as a vital, energetic and able sociocultural entity which has a frame of reference of its own, which is responding to the designs of the institutional entities in it. We must narrow the division between professionals and the lay community perspective through *reflective inquiry*. We must ask, listen and reflect accordingly.

Services to children and their families are always enhanced when there is full community support. Development of such support can only occur when professionals from child serving agencies and people who inhabit the child's environment and provide natural supports are able to identify goals and

work collaborative to solve problems before eligibility thresholds for service have been met. Children must be enabled as much as possible to develop and maintain social roles and community status, which is often disrupted by attempts to help. Such discontinuity often exacerbates the very problems which were to be addressed.

Families are the first and usually the best providers for their children's health and welfare. This is an important and critical point. Children are unlikely to prosper unless their families do. And just as families are the best providers for their children, communities are the essential support system for families - not schools or social agencies; not professional experts; but the very entities which we tend to see as uncaring - communities - that is, the communities of faith, civic associations, cultural organizations, neighbors and friends that surround families as they live their lives - provide the opportunities and resources that families need.

This *frame of reference* takes a broader view of the meaning of *support and services*.

- It emphasizes the need to strengthen the informal supports that most families turn to before they seek help from formal sources. If the informal networks are strong, families have less need for more formal services. This substitution of *natural* supports for formal supports is inherently suggestive of a healthy community.
- It requires communities to provide assistance to families in more responsible, accessible, acceptable and useful ways. This suggests embedding services in neighborhoods, schools and workplaces, where families in need are more likely to turn. The construct of providing formal services in *valued* settings without labels or separation from *everyday* lives is a critical change in the way of doing business.
- It envisions adult family members as the visionaries in the design and delivery of essential supports for their children. These are the critical decision makers; professional experts are the *enablers* who will provide the information necessary to make critical decision in an *informed* and successful manner. In this context, the responsibility for growth and development is inherently with the child and family, not the professional.

Taken together, these assumptions suggest a community that supports *all families*, rather than focusing exclusively on specialized or remedial services that are triggered when families fall apart or children get into deep trouble. Prevention has always been a difficult service to provide and fund under the categorical requirements of child serving agencies. Yet it is only by early intervention, which teaches the child and the people providing natural supports more effective ways of interacting that we can hope to overcome the problems faced by children with atypical behaviors. The Home, School

and Community Councils are developed as an attempt to intervene with children who were unable to be served by traditional supports and to find ways to maintain children in home, school and community as much as possible. Over years of Home, School and Community Council activity, several issues have become clear.

- there are many interagency teams which seem to be fragmented and uncoordinated.
- despite gains in collaboration, there are still too many children removed from home, school and community.
- the earlier and more intensely we are able to intervene with both the child and the child's supportive environment in home, school and community, the more likely we are to meet with success.

The following is an attempt to develop a series of steps to place the Home, School and Community Council within the parameters of community, seeking early identification and prevention as a means of avoiding the need for more expensive professional services. Through the understanding and more effective use of natural supports in home, school and community we hope to build capacity for self help, while at the same time making professional services more accessible when they are needed.

I. PURPOSE

The MISSION of the Home, School and Community Council is to enable the community to manage the care of its own children and for families to regain responsibility for ensuring that their children acquire the skills to develop mutually satisfying and gratifying relationships with peers and adults.

The primary values include:

Self-determination: The idea that a person can be served without their sanction is one that has become increasingly problematic. Various child serving agencies and the government social policy statements have suggested that the individual client must participate in, be a partner in, the determination of services and supports. It seems that these statements are tending towards a recognition that child/family preferences are the driving force in the development of effective services. The recognition is not unlike the constructs of total quality management that sees that the customer defines quality. Truly effective helping services recognize that the client must determine what quality is through a definition of expected outcomes; a sanction of helpers to help; a confirmation of service and support processes; and a role in monitoring and evaluating outcome. To believe otherwise is to misunderstand noncompliance, resistance, incorrigibility and recidivism. The child/family will consciously or unconsciously *control* the participation and the outcome. If they do not consciously believe that it is in their best interest, it is probably doomed to failure.

Full community membership: Every focus of service is oriented towards serving people in *valued* settings where the child/family would be if they had no problems in living. A “factory” structure, in which children are removed from social roles and valued settings, is a *failing* of the system in meeting this value. *Stigma* is a result of this variable. Not only must child/family be served *in situ*, they *and* the environment must be helped to understand and relate to the solutions at hand. Protecting people from the real world makes them need protection; both making them incompetent to perform in those environments and in making other people in those environments wary of their incompetence.

Competence: The capacity to perform in valued settings requires both a skill repertoire and the confidence to act. People are not *empowered* simply by being given authority to act, they must have the skills to act as well. Teaching social and cognitive skills is part of the empowerment process and inoculates people against future problems in living.

The intention of the Home, School and Community Council is to assure coordinated services to the child/family in a manner that is both efficient and effective.

Efficiency is measured by the reduction of complexity and cost in providing services. Effectiveness is measured by outcomes that provide the opportunity for the child to participate fully and satisfactorily in home, school and community without continued problems in living.

The goal is always to provide opportunities and supports for the child/family to maintain them in appropriate roles within the family and community. Highly appropriate interventions would:

- occur in valued settings [home, school and community] and maintain the social role and status of the child.
- be provided by natural participants who may be trained and/or supervised by professions.
- provide the child/family with skills which will allow them to improve functioning in the future.

Professional interventions are to be avoided through a planned process of addressing needs at the prevention and development level. Therefore, the Council has two basic functions:

- to identify children who are displaying behaviors which are not adequate to make and maintain mutually satisfying and gratifying relationships, and

- to increase the capacity of society to successfully provide services to children with such behaviors in a manner which reduces the likelihood of the need for professional services.

Since all children must attend school, it becomes an the ideal context for developing preventative action for children. School Districts all have a formal or informal processes for early identification of children with atypical behaviors which interfere with mutually satisfying relations with peers and adults. Such children are usually referred to Instructional Support or Student Assistance Teams within the school and are often evaluated for special education services. However, children with atypical behaviors may be isolated or social, academically sufficient or failing, or pleasant or irascible. The startling news of the perfect child who commits suicide is the exemplar. Parents and teachers are usually excellent assessors of atypical behavior and responses need to be designed to be immediate and effective. While most child serving agencies have an eligibility threshold which prevents direct intervention at a prevention level; all have skills to offer to prevention and developmental interventions. The Home, School and Community Council is devised to bring that skill and knowledge to the table at the earliest point to provide advice and support to providers of natural supports as to how to best help the child acquire and use behaviors which will enhance their ability to form mutually satisfying and gratifying relationships.

While the primary intervention is to enhance and improve natural supports to avoid professional involvement, the Council must also deal with recommendation and referral to the Child Serving Agencies. Psychiatric hospitalizations, arrests, dependency and the like cause the need for professional intervention. At such times an enhanced Home, School and Community Council will include experts from the appropriate services. In this way, the community is informed and involved with the family in following the progress of the child and to enhancing the re-entry back to appropriate social roles and status in home, school and community.

II. STRUCTURE

A. Participants/Roles

Each School District in a County will have a Home, School and Community Council that will be composed of:

County Coordinator: This staff person should be assigned by the Executive Direction and supported by funds from all sub-systems. S/he is a permanent member of every Council and is responsible for the coordination and direction of the collaborative process. The Coordinator shall chair meetings as requested by the School District Liaison or other child serving agencies, and follow the meeting protocol. The Coordinator shall ensure that an

agreement of attendance and confidentiality is signed by each participating member, and that copies of that list are available to the family, school and other participants as they request.

School District Liaison: This staff person designated by the individual School District is a permanent member of that School District's Council and is responsible for coordinating the educational participation. While each individual District shall have its own process for identifying and recommending students who should participate in interagency meetings, all Districts will follow the referral protocol. The School District Liaison is responsible for scheduling children and their families for meetings on regularly scheduled dates. The School District Liaison coordinates the referrals, schedules families; organizes family and educational participation and makes relevant material available to the Council members.

Children, Youth & Families School Liaison: This staff person assigned by the County Department of Children, Youth & Families is a permanent member of every District Council and is responsible for providing to the Council relevant information regarding the opportunities and constraints of services from this child serving agency. The Liaison is responsible for supplying a replacement at any meeting s/he cannot attend if the situation requires a C.Y. & F. representation.

MH Child Specialist: This staff person assigned by the County Mental Health Agency who is a permanent member of every District Council. This position is funded by the Office of Mental Health Programs of the County and is responsible for representing mental health and for providing relevant information regarding the opportunities and constraints of mental health services which are available through the county office of mental health programs and the contracted Medicaid managed care organization [if one exist], and the contracted provider agencies. The Child Specialist is responsible for supplying a replacement at any meeting s/he cannot attend if the situation requires an OMHP representation.

D&A Liaison: This staff person assigned by the County Office of Drug & Alcohol Abuse who is a permanent member of each District Council. This position is funded by the County Office of Drug & Alcohol Abuse Programs and is responsible for representing COODAP and for providing relevant information regarding the opportunities and constraints of substance abuse services through the County Office of Drug & Alcohol Programs and the contracted Medicaid managed care organization [if one exists], and the contracted provider agencies. The Liaison is responsible for a replacement at any meeting s/he cannot attend if the situation requires a COODAP representation.

CIU Behavior Management Consultant: This is an employee of the County Intermediate Unit, who is charged with the responsibility of providing consultation to School Districts regarding the development of Functional Cognitive Behavior Analysis and Cognitive Behavior Plans within the school, and with training teachers and other school personnel in carrying out these functions. The BMC is responsible for leading the HSCC through an Initial Inquiry and developing hypotheses for student behavior when requested.

Child/Family members: For each specific situation, a child/family will be represented to provide information about the functioning and performance of the child/family in regard to the identified concerns in the referral and to direct the Council towards preferred alternative solutions.

In addition, other participants may be invited to attend:

- A child &/or a family **advocate**. Families should be advised of the right to have such advocates and directed to advocate organizations if the family desires an advocate, but has no one available. A family advocate may be a family member or a friend of the family.
- Persons who provide direct service to either the child or the family from any of the child serving entities who may contribute to the process. These **direct service teachers or clinicians** are responsible for providing information to the Home, School and Community Council about the child/family and circumstance which may contribute to alternate solutions. This category may include a **Juvenile Probation Officer** if the child is on juvenile parole.
- A **liaison** from the County Office of Mental Retardation if the child is mentally challenged.
- A **counselor** from the Office of Vocational Rehabilitation if the child is fourteen or older.

B. **Enhanced Home, School and Community Council**

1. An **Enhanced Council** concerned with *mental health* and/or *substance abuse* will be formed 1) when a family with or without the support of the Home, School and Community Council has made referral for a comprehensive evaluation and a prescriber [psychiatrist or licensed psychologist] has identified a medical necessity and recommended services are prescribed, or 2) when a mental health provider is recommending increased levels of care. The Enhanced Council will follow the policy and procedure identified by the appropriate regulatory agency. The Enhanced Home, School and Community Council meeting must be held within fifteen [15] days of the receipt of the comprehensive evaluation report. Three participants will be added may include, but not be limited to:

- The Children & Adolescent Service System Program [CASSP] Coordinator. This is an employee from the Office of Mental Health Programs responsible for oversight of mental health services for children.
- A **Service Manager** from the contracted Medicaid managed care organization, if one exists.
- The **prescriber**: a psychiatrist or clinical psychologist, who has done the evaluation and made a recommendation **of** medically necessary services. This person should be connected to the CAPS component.

The role of the **Enhanced Council** is to gather additional information and to consider:

- all possible options to meet the identified needs
- diversion from professional services when possible
- increased access to services when necessary
- assurance that services are offered in a manner which is least intrusive on full community membership and social roles.
- provides training for persons who provide natural support as a means of 1) maintaining social status, or 2) providing a re-entry to social roles.

The Enhanced Council provides an opportunity to avoid disruptions in the child/family life through concern with both entry into and exit from professional services. If the Council has participated with the child/family in the past, they should be familiar with all life domains, natural supports available and lacking, and other child related services which can support or interrupt continuing services. The Enhanced Council, therefore should be able to provide information to the prescriber and provider which can shorten professional input and diminish the interruption of full community membership.

The Enhanced Council is not a clinical team. The Council is required to determine whether a clinical team should be convened or whether other options exist which might adequately serve the needs of the child/family. The intent is not to restrict the availability of professional services which may be medically prescribed, but rather to ensure that other options are considered and that full natural supports are available to support the child through difficult times. While emergency situations may exist which require that a Council cannot be involved, it is important that the County Child Serving System find ways to diminish such emergencies and deal instead with children and families at a more preventative level. When such emergencies do occur it is important that the Council have a meeting in order to plan for the child's re-entry into home, school and community at an optimal level. If the Enhanced Council agrees that enhanced services are required:

- a Comprehensive Plan of Change will be completed and submitted which includes services and supports in all life domains as necessary;
- if not already identified, a provider of service will be recommended;
- the provider of service will be furnished with the Comprehensive Evaluation and the Comprehensive Plan of Change which identifies specific outcomes expectations with time schedules and be asked to develop a plan specially designed to meet the outcomes in the expected time;

- if circumstances require, the Council will provide an interim Plan of Change which the provider will implement until a formal plan is developed; and
- the child/family will be provided with information in writing of their rights in regard to refusal of services on their part or on the part of the managed care organization.
- a plan for reentry into home, school and/or community will be developed.

2. An **Enhanced Council** concerned with adjudicated child *protective services* or with *juvenile justice* will be convened when the child is declared by a court of law to be dependent or delinquent. This Council might include:

- **Juvenile Probation Officer:** if the child has been adjudicated delinquent.
- **Case Manager** from Protective Agency: if the child has been adjudicated dependent.
- **Police Officer:** if the child has been arrested, but not adjudicated.
- Other persons who may be able to contribute to the rehabilitation of the child/family.

The council may decide to utilize the community conferencing aspect of restorative justice for children who have been detained or arrested by the police for the first time or for other offenders as necessary.

C. Schedule

Each District will be scheduled for one Council day and time per month during the year. No more than three [03] child/families will be scheduled at any single meeting and no meeting will exceed three [03] hours. District Liaison Staff should be aware in scheduling child/family meetings that initial meeting are likely to take the full three hours, revisions, forty-five minutes to an hour, and updates, fifteen minutes. Additional meetings can be convened on an as needed basis.

D. Referral

Each District will have its own manner of identifying children whose behavior is sufficiently atypical to require an Home, School and Community Council meeting. Because there is a standard protocol required by state and federal regulation for addressing atypical behavior in education, it is expected that the child who is referred will have experienced some of the following interventions without success.

- Instructional Support
- Student Assistance Program
- counseling through the guidance department

- home/school visitor
- parent contacts/conferences
- multidisciplinary evaluation
- Individual Education Plan Team
- 504 behavioral plan

A referral should include, along with demographic information an identification of the strategies used and a contact person of each involvement. Either through contact participation in the meeting or in written form, a short explanation of what was done and why it is believed the tactic failed should be available.

Additionally, any information regarding child/family involvement with other child related agencies in the past or present should be included.

NOTE: No child shall be referred to the Home, School and Community Council without a signed permission to share information that includes identification of the expected participants of the meeting.

E. Initial Meeting Agenda

The issues represented by a child having problems in living and learning are *strategic* problems which tend to be long-term. Their time frame for detection, analysis and solution is extended ranging from two to seven or more years. Strategic problems are problems between relating social elements and do not develop within one isolated, closed system. Therefore, it is not just the child, but the related systems of home, school and community and the *child serving agencies* which must be addressed if one is to find satisfactory solutions. Related systems here refers to the nature and the interaction of people within the child's life and the degree of freedom and/or constraint caused by their 'public' situation. Thus a teacher may have a particularly set of beliefs and actions [personality] which is natural to him/her, but which is enhanced for diminished by the policies, procedures and situation in which s/he acts.

To believe that such strategic problems in living can be solved in a single meeting of one to three hours even without the added burden of the involvement of a cadre of people with differing values and needs, is ludicrous. It takes persistence, interactivity, socially constructive events and systemic change. The discussion is not just about a child, but about a child in context of others, including the selves who are pursuing the question. It is not just the development of a normative plan which defines what *ought* to be done; it includes a Pygmalion plan of what the participants *believes* can be done. This demands a review of values and expectations.

All is not lost, however, despite the complexity of the undertaking. For the participants can, and do 'create the future' when sufficient, coherent belief

within the participant group occurs. John Shaar made clear earlier. *The future is not a result of choices among alternative paths offered by the present, but a place that is created - created first in mind and will, created next in activity. The future is not some place we are going to, but one we are creating. The paths to it are not found but made, and the activity of making them changes both the maker and the destination.* The question for the participants, then, is what future to create.

In order to select an appropriate future, the Home, School and Community Council must seek to reach accord on at least five issues in the following order:

child/family vision for the future: it is vital that helping professionals understand the dreams of the child and family as a basis for deciding what future to create. Child, family and others must specify the conditions to be met in order for the child to achieve a preferred life. Human beings always act in ways that they perceive to be in their best interest. We can presently identify four methods of decision making about what is their best interest - people decide what is in their best interest based on:

- *rationality*; a systematic, logical mental schema.
- *authoritative direction*.
- perceived or actual *reward*.
- perceived or actual *punishment*

Since we seek to help children and families make decision only on the first method, the development of a *vision statement* which articulates their best hope for the future [recognizing that dreams change as achievements are made] will require some support [See Service Facilitation Management]. Discussion can then be about 'pulling reality towards the dream'.

Once this *vision statement* has been established, the Council members can begin to identify the *competencies* that are necessary to meet that goal. As a 'decision support' mechanism, the Council might address the following elements:

- educational competencies
- cognitive competencies
- social competencies
 - peer relations
 - authoritative relations
 - familial relations
- utilitarian competencies
 - daily living skills
 - employment skills

Each competency expectation should be written in *one* [01] sentences with subordinate descriptors included separately if they clarify the expectancy. The child/family must agree that the expectations are acceptable and significant.

- review and assess natural supports: The Council must recognize and avow that the use of natural supports in a planned and formalized way enhances the capacity of the child, family and the community. The appropriate future is nestled within the context of the present. Any discussion with persons who provide natural supports will invariably turn into a discussion about the role of consequences in managing inappropriate behavior. "What do I do when 'Johnny' does ...?" Shifting away from reliance on negative consequences in addressing problem behavior is difficult. On a broad level it requires ongoing examination of well-established practices. On a personal level it requires individual reflection on personal thoughts and emotions. People providing natural supports, in considering how to use consequences more effectively must:
 - determine consequences by individual goals and situation;
 - consider whether consistent responses may prove problematic when they don't meet the function of the behavior at any given moment;
 - consider whether the consequence is instructive or only suppressive;
 - learn to ignore the problem behavior while establishing future instructional situations to teach alternative behaviors;
 - stop assuming that ineffective consequences will become effective if used long enough or strengthened; and
 - learn to shift the focus to prevention and instruction and reduce the need for consequences which serve as punishment.

What is perhaps more important is that for many children repeated use of negative consequences quickly lose effectiveness as the child becomes immune to their use and for others, such consequences simply serve to heighten anxiety levels when the child is doing what is logical to him or her. Finally, the use of consequences that are applied continuously and for long periods of time, even when ineffective provides a model of frustrated and often angry behavior to the child. Thus, having people who provide supports in natural settings able to understand and use effective individually designed consequences for purposes of reinforcing positive behaviors instead of as punishment, can have major impact on the growth and development of skills across all domains.

The Council will invite participants including the child/family to identify people who provide natural supports and/or might provide natural supports that might help the child reach the competency expectations and examine

whether professional training of these people, including parents, might be effective.

- initial inquiry of cognitive/behavioral functions: using the initial line of inquiry of the functional assessment process as enhanced with cognitive inquiry and the CAST focus, the Council will explore the development of beginning hypotheses as to what function the behavior has for the child and how these purposes might be better addressed. In the process of this inquiry, the Council will also document the antecedent and consequent behaviors of the people providing support and recommend the need for enhancement. This inquiry information may be given to a cognitive behavior management specialist for advice, or may lead to a recommendation for a Comprehensive Functional Assessment that includes elicitation, observation and testing.
- review of the child's social roles: A child with serious problems in living is diminished in social role playing through an interactive quality of their involvements with others. Most people assume that such people cannot work, lead, serve, or play *until* the problems in living are solved. The contrary notion is that the process of taking responsibility in working, leading or serving, and the joy of play are factors in solving problems in living, and need to precede change, not follow it. A child with problems in living does not need to *earn* social roles, but must assume social roles in order to become social. Thus the Council will be particularly concerned with productive, social, recreational and leisure time, and altruistic components. If a child does not have a positive social role in any of these domains, the Council will seek to include a step in the planning to ensure such a role development.
- development of a plan of action: with the above information, the Council should be able to:
 - identify the focus and specifications for professional intervention
 - identify the function and context of attitudes and behaviors
 - identify the interaction between the child and his/her environment.

All goal development requires an implementation plan, and this is no exception. Without an implementation plan and a clear understand on the part of each participant. Including the child and adult family members, no dream can be reached.

An Action Plan/Responsibility Chart which at minimum identifies the steps to be taken, who is responsible for the steps and the time schedule will be developed and given to the school and the child/family after each meeting. At its ideal, the Action Plan should identify short and long term expectations. The Action Plan will include a schedule of review and adjustment. No changes in this Plan are acceptable without the consent of the child/family.

A *Service Facilitation Manager* should be identified [someone who has a close and continued contact with the child/family], who will take the responsibility to monitor the Action Plan and reconvene the Council if required.

If this agenda is not covered in the initial meeting, it will be continued in the next scheduled meeting or, if circumstances demand, in a special meeting called for that purpose. An Initial Meeting may also be continued to another day if a substantial number of natural support people of significance are not in attendance and other circumstances allow.

F. Additional Meeting Agenda: Meetings will be scheduled at appropriate times to keep the Home, School and Community Council members current on the achievements of the Plan. In order to minimize the family's need to attend the meetings the School District will determine whether a child/family participation is required, based upon whether it is a simple update, or whether there is a need for expected revision or enhancement of the plan. The child/family must always have the option to attend if they so choose.

1. Update: The persons responsible for the individual steps of the Plan will report upon the achievements and comment.
2. Revise: The persons responsible for the individual steps and the child/parents will try to indicate why steps have not been taken or why they have not been successful. The Council will determine whether to continue the attempt, enhance the Plan or take alternate actions.

FUNCTIONAL ASSESSMENT

SECTION 1: Critical Components Of Functional Cognitive Behavioral Assessment

The process of coming to an understanding of why a student engages in challenging behavior and how behavior relates to internal [mental] and external [environmental] contexts is referred to as functional assessment. The purpose of the functional assessment is to gather broad and specific information in order to better understand the specific *goals* of the student's behavior, which can only be determined in relation to the 'inner logic' of each student. Since each person's 'inner logic' is created from personal interpretation of experience in the 'real' and imagined world, the manipulation of the external environment [both verbal and nonverbal] can provide significant opportunities for optional interpretations and therefore responses.

A basic assumption of the approach is that all people act in what they believe is their own best interest to reach their goals and that most people's goals are quite similar [e.g., to be successful, to be happy, to gain some level of power over their own lives]. While it should be obvious that there

are an infinite variation of inner logic types and that groupings can only be for purposes of generalization, several groupings of can be identified.

- some people have sufficient maladjustment in their inner logic to suggest actions which are considered outlandish or bizarre by most other people.
- some people have skewed inner logic which results in behaviors which are unacceptable to others, but actually enable the person to reach some goal satisfaction.
- some people have an inner logic which responds rather readily to the responses of others.
- some people have inner logic which makes them fearful and anxious resulting in behaviors which are not offensive, but isolates them from others.

The inner logic produces personal attitudes and actions. Such attitudes and actions generate a reaction or nonreaction [which is to the individual a reaction], and the response, shaped by the original behaviors and the ecosystem participant's own beliefs about motivation evoke consequent behaviors may reinforce the very behaviors which we would like to change. Unless we understand the context in which the initial action occurred and how it is justified, we have little justification to change our own responses, and a smaller yet chance of finding a response which will help to shape new attitudes and actions. Ergo, if I believe that other people hate me and are out to do me harm, I am likely to act in a manner which demonstrates this attitude, which is likely to strike other people as negative and irritating at the least, which is likely to generate a response from these others which ignores, shuns, or actively chases me away - thereby, justifying my original beliefs that they hate me.

A functional assessment process can be used to deduce the person's inner logic. While most of the inner logic is unconscious and therefore hidden even from the person; inferences can come from the external behaviors that are generated by unconscious processors. Just as a person's ability to walk across the room gives us many clues as to the unconscious processes that must occur to support that action; the verbal and nonverbal behavior can provide clues to the inner logic.

Four specific areas are of particular importance, 1) thoughts about self and self in relation to others; 2) thoughts about others [and projections about others thoughts about oneself], 3) thoughts about future prospects; and 4) causal attributions about success and failure. For the last, we are concerned about personal forces [e.g., skill and effort] and external forces [e.g., luck and circumstances] and the stability of such attributions. If I attribute my failure to my level of skill, but believe that I can change that level, that is very different than if I believe that I will always have the same poor level of

skill. Verbal and nonverbal cues are given on a regular basis about how we think in these areas, if we are listening.

The functional assessment can use teams of community people aided by an assessment specialist from CAPS [component #2] to facilitate the process of collecting information that will provide useful insight into 1) why a child engages in apparently impeding behavior, 2) when the child is most likely to engage in the behavior of concern, and 3) under what conditions the child is less likely to engage in the behavior. The Team can then develop hypothesis statements as a result of the assessment process. Hypothesis statements serve a number of purposes including 1) to summarize assessment results [and get concordance of perspective from informants, including the student], 2) to offer explanations for the behavior, and 3) to guide the development of a cognitive behavioral intervention plan.

There are two common approaches to collecting functional assessment information. The first is known as 'informant methods' that involve talking with the person who presents the impeding behavior and those people who have direct contact with and knowledge about the person. This is best done in a group so that information sharing and comparing can help lead to consensus about the information preceding the hypothesis statement. The second approach is 'direct observation' which requires systematic observation of the person within typical routines across settings.

In addition to these two approaches, there is a third less frequently used method known as 'experimental analysis' in which systematic manipulation of specific cognitive and behavioral variables that are hypothesized as being related to the occurrence or non-occurrence of the student's impeding behavior takes place. This methodology can also be used to 'test' potential interventions to determine those that hold the greatest potential for effective outcome.

Use of the Council for the 'initial inquiry' or informant part of the process presents an opportunity for persons from all aspects of the child's ecosystem to gather together and share perspectives with the child and with each other. While the focus traditionally has been on gathering data which enables one to infer the child's inner logic, it is important to also recognize and gather data on the 'inner logic' of people providing natural supports. If the teacher has been so harassed by the child's difficult behavior that s/he believes that the child can never behave properly, a serious barrier is placed between the child, the Council and its goals. As long as this belief remains with the teacher, s/he will be unable to help the child change: since s/he doesn't believe that change is possible. A determination must be made as to whether to help the teacher change his/her beliefs, or to replace the teacher.

This dilemma is even more profound when it is found that the parents are the ones who hold the belief that the child will never change; or in fact,

support the child's 'inner logic' that has proven so unuseful. It is not easy, nor generally advised to remove the child's parents. Yet it is not within the purview of the traditional system to see that work with the parent's beliefs is an acceptable child service - that is another category entirely. Yet unless work is done to help the parent arrive at a new belief system; you are unlikely to create a new future for the child.

The first stage of a functional assessment is to gather broad information about the child's skills, abilities, interests, preferences, general health and well-being. This information is essential to design effective intervention plans that will assist the child to achieve outcomes that positively influence his or her quality of life as well as reduce the problems behavior. This type of information typically is gathered through review of existent documentation and evaluation data. However, this type of documentation is often outdated and prejudicial. There is nothing so odd as to read the 'horror' stories in the record and then to meet the child and find a real person.

Two factors contribute to this anomaly. First, the written word is always harsher than the spoken word. When I tell you about something I can, by my inflection and demeanor, modify my words. Additionally, it is easier to add verbal modifiers as I go along, which would be tedious if I were writing. Second, is the purpose of putting these perspectives on paper in the first place. Usually one of two things is happening at this time: 1) you are trying to get services for the child. Obviously, you don't want to talk about strengths or put a lot of qualifiers into the narrative since these might convince the service provider that the child really doesn't need help. 2) you want to get the child out of your environment where the same limitation on strengths and qualifiers holds true. Also, you may have a perspective of anger towards the child and couch the negatives in the most harsh terms.

In order to assure that the information being used is current, the Council will seek as much verbal input as possible, starting with the assignment of a person to interview the child/family in regard to the 'vision of the future', the relevant 'natural supports', the relevant relationships and roles. The vision statement in particular will define the context of services and supports since it will identify the goals, intentions and motivations that the child/family want to achieve and set the stage to see how the Council can help them to effectively achieve their preferential goals.

Since a primary purpose of the Home, School and Community Council is to diminish the need for professional supports, it is important as well to understand what natural support exist or could exist, how these natural supports can be enhanced, and what roles are available to the child and how these roles can be expanded. Finally, each student with problems in living should have an on-going personal support network or 'circle of friends' to whom s/he can turn when things are not going well. It is amazing the this

factor is so often ignored. It is the nature of problems in living, regardless of the nature of the problems, that the circle of friends diminishes. For children with antisocial behaviors, the problems is critical. Yet rarely do you see planning which addresses such an issue. Each of these aspects should be included in the final service plan.

In the second stage of a functional assessment, the Council gathers contextual information that pinpoints the circumstances/situations that are regularly associated with the occurrence of problem behavior and the function of that behavior. Six basic questions are answered during this stage:

1. When is the child most likely to engage in the behavior which causes problem?
2. What specific thoughts, events or factors appear to be contributing to the child's problem behavior?
3. What function(s) does the problem behavior serve for the child; what is the *internal logic*?
4. What might the child be communicating through the problem behavior?
5. When is the child most successful, and therefore less likely to engage in the problem behavior?
6. What other factors might be contributing to the child's problem behavior?

As a result of conducting a functional assessment, the Council can then develop an hypotheses that summarize assessment results by offering logical explanations for the problem behavior and guide the development of the Plan of Change. Two types of hypotheses are recommended to guide the identification and selection of appropriate interventions and strategies: specific and global.

A specific hypothesis pulls together the specific information gathered during the assessment and helps to explain why problem behavior occurs by describing both fast and slow triggers (e.g., antecedents and setting events) for the problem behavior and the possible functions of the behavior. A framework for developing a specific hypothesis statement is presented below.

A Format for Writing Specific Hypotheses	
When this occurs:	A description of fast and slow triggers associated with the child's problem behavior.
The child does:	A description of the problem behavior.
In order to:	A description of the possible function.
A few examples include:	When Karen is not engaged with others or activities for fifteen minutes or longer

	(especially during lunch or free time), or when she did not get to sleep before 11:00 p.m. The previous evening or does not feel well, she screams, slaps her face, and pulls her hair to gain access to teacher attention.
	When David is presented with academic work in large or small group settings requiring writing, multiple worksheets, or work that he perceives to be too difficult, he will mumble derogatory comments about the teacher, refuse to complete his work, destroy his assignment sheet, and/or push/kick his desk or chair over in order to escape academic failure in front of his peers.

While specific hypotheses are essential for building effective intervention plans, they alone cannot provide a comprehensive understanding of the child nor of the complexity of conditions that might be negatively influencing behavior. Therefore, the Council should next develop a global hypothesis statement. A global hypothesis attends to broad influences in the child's life in and outside of school such as the child's skills, health, preferences, daily routines, relationships and general quality of life. This type of statement provides a description of the Council's understanding about the child and his or her quality of life as it relates to the student's problems in living. The global hypotheses must include a statement about the child's cognitive profile [self, others, prospects & causal attributions] and its impact upon behavior.

Critical Components of FCBA	Home, School and Community Council Activities
Problem Identification <ul style="list-style-type: none"> all appropriate people participate all relevant information is considered the problem behavior is defined environmentally the inner logic is defined 	01. Child/family create a 'vision statement' which indicates the context, intention and direction of supportive expectations. 02. Council identifies natural supports which exist or could exist. 03. Council recruits additional participants for the Initial Inquiry
Theory Building <ul style="list-style-type: none"> the multi-method, multi-informant process results in the development of plausible hypotheses regarding: <ol style="list-style-type: none"> the child's 'inner logic' the function of the child's behavior The circumstances and factors that are associated with both the occurrence and non-occurrence of the problem behavior. 	

<ul style="list-style-type: none"> • after discussion, the team, including the child/family writes specific & global hypothesis 	
<p>Plan Development</p> <p>An intervention plan is written that:</p> <ul style="list-style-type: none"> • is goal directed and focused on measurable objectives; • is based on the results of the assessment; • identifies who will do what, when and how; • contains specific methodologies for monitoring the effectiveness of the interventions; • contains all specific forms, documents and personnel support that will be required for implementation; • fits the resources, values, and skills of the people in the environment. • meets the intentions and goals of the student/family 	<p>07. The Council 'brainstorms' possible forms of support and interventions in light of the stated hypotheses and the preferred intentions of the student/family</p> <p>08. The Council selects (based on contextual factors) the supports and interventions to be used across domains.</p> <p>09. The Council prioritizes interventions</p> <p>10. The Council effectively collaborates to design an integrated cognitive behavior intervention plan.</p> <p>11. The Council identifies resources that are available or need to become available to support the plan.</p> <p>12. The Council identifies the need for additional support or expertise to design, implement and evaluate the intervention.</p> <p>13. The Council operationalizes and discusses child performance and adult action in clear and measurable terms.</p> <p>14. The Council uses effective problem solving techniques that result in an integrated support plan that reflects respect for all involved.</p> <p>15. The Council gets informed consent, in writing from the child/family.</p> <p>16. The Council prepares for change and monitors the child's development and progress over time.</p>

Critical Components of FCBA	Home, School and Community Council Activities
<p>Monitor Progress & Evaluate Outcome</p> <ul style="list-style-type: none"> • Child's progress is monitored frequently and repeatedly across time. • Trends in performance are used to gauge the effectiveness of the supports and interventions • Ineffective interventions plans are changed in a timely and documented manner (change orders) • Intervention plans are modified to addressing emerging goals. 	<p>17. The Council conducts routine and timely progress reviews with the child/family</p> <p>18. The Council modifies the plan as warranted through a change order process which is signed by the child/family</p> <p>19. The Council builds into the support plan strategies that result in the maintenance and generalization of goal-oriented behaviors.</p>

SECTION 2: Functional Cognitive Behavior Assessment and Home, School and Community Council [HSCC] decision-making

The focal and culminating feature of the HSCC decision-making process is the development of a Comprehensive Service Plan [CSP] or plan of change. The CSP summarizes the child's current social and academic performance and the need for supports including, but not limited to: a) specially designed academic instruction; b) specially designed social instruction; c) special social learning interventions in home, school and/or community; or d) cognitive restructuring. In addition, the CSP sets goals for improvement, articulates the specially designed services instruction and related services that the child will need to meet these goals and describes how progress will be measured. The CSP articulates the child/family goals and objectives and includes natural and professional services that have been devised to help the child/family reach those goals. The CSP focuses the varied supports toward helping the child/family reach their articulated goals and is only revised with the permission of the child/family.

This section describes how information from the functional assessment can be used in the community decision-making process. The Table below provides a decision-making framework that is recommended for all Home, School and Community Councils.

Decision Making Framework for Home, School and Community Councils

Initial indication of concern
Screening and intervention in general education
Referral to HSCC
Vision statement review
Natural support review
Role review
Functional Assessment
HSCC recommendation
Submission of plan components
Comprehensive Service Plan
Plan management assignment
Progress monitoring & modification

Intervention for children who display behavior problems typically begins early. Each District will need to develop its own *initial indication of concern* process, but this will usually be something like the following:

A child is recognized by the parents or the first social integration entity [e.g.; day care service, pre-school, or group baby sitter] as sticking out like a 'sore thumb' when comparing their ability to relate to others. Both parents and substitute caretakers will identify that they are *too* something: TOO loud, TOO quiet, TOO aggressive; TOO passive; TOO active, etc. These children should be referred to early intervention services for assessment if they are not already in school. The suggested use of Functional Assessment throughout the education decision making process reflects the notion that this tool is best used on an ongoing, dynamic basis with children who display challenging behaviors. In this way the response of the student to the interventions developed can be used to inform various aspects of the process.

Initial Indication of Concern

Once in school, student behavior and discipline problems are a frequent source of teacher requests for assistance and referrals to special education or other specialized child services. Behaviors that are disturbing to the teaching-learning environment are often cited by teachers as inhibitors of student achievement and challenges to their own job satisfaction [Billingsley, 1933; Elam, Rose & Gallup, 1992]. Nonetheless, not every school behavior problem is an indication of an underlying disability. Some children with behavior that appears to be severe and intractable can learn new socially acceptable alternatives through systematic approaches outside of special education. The task of the special education decision-making process is to distinguish those behaviors that are indicators of a need for individually designed instruction to overcome a disability and those that are remediable within general education programs and services.

To comprehensively address growing concerns about student problem behavior, it is important to consider programming that involves concurrent levels of behavioral intervention to establish what has been described by Walter et al. [1996] as an ecology of support. A comprehensive approach to behavior support is comprised of

1. Sociocultural Rituals: each social unit [e.g., family, school, classroom] has its own accepted way to manage the interpersonal relations that occur within its purview. Often these responses, based upon reward or punishment develop into 'intimate dances' that invariably lead to the worst possible outcomes. Rituals that emphasize personal responsibility are far more effective in helping children gain satisfaction and feelings of power while being reinforced for good personal choices.
2. Setting Specific Systems: when it has been identified that there are specific events which trigger problem behaviors, a specific and individualized response ritual can be designed to help the student avoid difficulty. The

design can include self-monitoring and instruction along with consequent responses.

3. Individualized Social Skill Building Systems:

Part of the FA will be an assessment of the child's social skills and the development of individually designed instruction to address these deficits. These skills may range from emotional identification, control and expression to interpersonal cognitive problem solving.

4. Individualized Cognitive Systems:

In addition to reorganizing the external world through ritual and reinforcement and teaching specific social skills, a child may need assistance in reorganizing his/her personal perspective of the world. This may be minor or major. While the process is similar, the intensity of cognitive rehabilitation may require clinical input.

Some children require a greater degree of individualization and intensity of services than others. Since parents, peers and school personnel are major enablers of either prosocial or antisocial behaviors, it may be required that each of these will need services and supports in order to change their own behavior on behalf of the child. Thus, the various child serving agencies will be required to provide these supports in proactive ways in order to support the child's development. Service providers may also need to provide clinical services to those family members whose behavior establishes the basis of the child's behavior. At the very least intense remedial services will require a person whose primary responsibility is focused clinically and is not also concerned with academic education.

Table 4

Criteria for Consideration of Referral to Home, School and Community Council

1. The child's challenging behavior persists despite consistently implemented school interventions.
2. The child's behavior places the child or others at risk of 1) harm or injury, and/or exclusion and devaluation [e.g., suspension/expulsion].
3. School personnel are considering more intrusive and restrictive procedures and /or a more restrictive placement for the child.
4. Adult caretakers are indicating an inability or weariness in dealing with the child's problem behaviors and are considering seeking professional help.

5. The community responds to the behavior in the form of potential police action.

When classroom and school wide support programs are not successful for individual students, teachers typically access student service personnel or school-wide teams [e.g., instructional support teams, student support teams, etc.] to consult on the student in question. The step of seeking formal consultation on these issues may be considered as the initiation of the screening process. The essential feature of this process is that personnel who support the instructional program assist the teacher in assessing the problem, designing an intervention plan, and implementing the program. It is when problem behaviors are not readily rectified through such procedures that more intensive approaches are required.

Five [05] specific requirements exist for effective referral to the Home, School and Community Council:

1. the school completes a referral form;
2. the school meets with the child/family to develop a 'vision statement' [including outcome expectations]⁶²;
3. the school/family is able to indicate the natural supports in use or potentially available;
4. the school/family is able to indicate the role taking of the student.
5. the school is able to articulate the interventions used to date, and surmise why they failed.

The use of an initial line of inquiry for a FCBA at the initial Council meeting provides an opportunity for an in-depth examination of the whole child as s/he participates across various life domains. Additionally, it brings experts in various fields across health, education and welfare agencies to help develop working hypotheses and recommend potential responses. The line of inquiry serves as a practical starting point for the Council to determine systematically the function of child's problem behavior and various contributing factors [e.g.; fast and slow triggers related to the student's problem behavior). It also helps to coordinate the services that are or may be provided by the ability to identifying how the various participants offer support and reinforcement. The process helps the Council members link interaction patterns with additional environmental influences on the child's behavior [classroom and child management of parents and teachers] and intervention designs across settings. Use of this problem solving framework supports the Council in linking interventions and support to the particular child's goals and to the specific environmental and lifestyle variables

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There may be options that can be used to achieve this function. The Service Facilitation Manager of the council may be available to develop the vision statement or a clinical person already assigned may achieve this purpose, since no help is likely to occur unless and until such a goal statement is developed.

Referral for Full and Individual Evaluation

The decision as to whether a child should be referred for a full and individual evaluation depends on the child's response to a systematically designed and implemented positive intervention during the screening stages. Since the HSCC's initial role is to avoid professional services through the development of *enhanced* and *coordinated natural supports*, the initial impetus is to provide training and/or supports to enable teachers, parents, peers and others with natural connections to the child to coordinate their efforts in a comprehensive manner. Further, this coordination of effort is used to support the goals and intentions of the child/family *vision* statement, thus seeking motivational support from the child to attain successful change. Finally, the Council will seek to enhance relationships and roles [productive, altruistic, leisure, social and citizenship] wherever possible. It has been demonstrated that children with the proper natural supports can succeed in regular education and other valued settings.

Conversely, children who fail to respond appropriately to positive supports may need interventions that exceed what can be reasonably be expected of general education and may be referred to the Comprehensive Assessment & Planning System [CAPS] for a full and individual evaluation. To base this important decision⁶³ on the results of a general intervention such as the enhancement of natural supports requires that the interventions be monitored precisely. Use of frequently collected data through the Service Facilitation Manager is recommended to assure decision making at this point.

Providing a full and individual evaluation is a complex process. By the end of the process the Comprehensive Evaluation Report to the HSCC must by law address the following issues:

1. Whether the student's problems are a result of the lack of instruction [§614(b)(5)];
2. Whether the student's problems are a result of limited English proficiency [§614(b)(5); and if not, assure that the CAPS uses evaluation procedures that are not discriminatory based on race or culture and are provided in the student's native language or mode of communication [§614(b)(5);
3. Whether the student has a disability⁶⁴ [614(b)(5); and if so, whether that disability needs specialized interventions beyond the capacity of natural and school supports;

⁶³ It needs to be understood that at this point, the child is potentially capable of receiving a *label* that can have important impact on self appraisal and future lifestyle.

⁶⁴ For disabilities defined as *serious emotional disturbance* unless generated by a documentable *physical* condition, shall be considered to be a cognitive maladaptation that requires the use of cognitive and behavioral interventions of clinical intensity. The CAPS will provide information on the nature of the cognitive maladaptation and/or errors as well as recommendation of the level of intervention [e.g., cognitive

4. Information about how the disability affects the student's progress in the general curriculum §614(b)(2)(A) and in performance in other valued activities.
5. The extent to which the student requires specially designed instruction [proposed regulation §300.7(a)] or other specially designed interventions.

Functional cognitive behavior assessment serves as a viable assessment process in light of these requirements for children whose behavior impedes his or her own learning or the learning of others. The first provision, new to IDEA '97, regarding lack of instruction is particularly important. The IDEA Committee Report clearly conveyed that the intention of this provision was not merely to factor out school absence as a cause of school failure. In describing the over identification of learning disabilities, the committee indicated that "there are substantial numbers of children who are likely to identified as disabled because they have not previously received proper academic support. Such a child often is identified as learning disabled, because the child has not been taught, in an *appropriate* or *effective* manner for the child" [emphasis added]. As a consequence, regardless of whether the child displays academic or behavioral problems, one of the most fundamental duties of the initial evaluation is to ascertain whether effective instruction has been in place. For children with behavior problems, effective instruction includes not only appropriate academic teaching at the instructional level [Gickling & Thompson, 1985], but also the provision of appropriately designed positive cognitive behavioral interventions. In essence, the initial evaluation team must appraise the extent to which a comprehensive program was in place and whether it was used effectively with the particular student. The initial investigation might appraise whether appropriate curriculum instruction and cognitive behavioral supports were in place in home, school and community and used with the child. Thus, the initiation of an full and individual evaluation should document that the HSCC did indeed maximize natural supports and that they were effectively implemented. Lacking evidence that a systematic program has been in place, the CAPS should refer the child back to the Council for such implementation.

In addition to informing the eligibility process for specialized child services, the CAPS provides critical information for educational and social programming.

restructure, cognitive development, cognitive enhancement]. Other disabilities include neurological impairment [brain damage], physical disability, speech and language impairments, specific learning disabilities [e.g.; oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematics calculation, mathematics reasoning] multihandicaps and other health impairments [conditions in which limited strength, vitality or alertness due to chronic or acute health problems are exhibited].

Intervention Planning

If the child is determined to be eligible for specialized child services including protective and/or dependency services, the Council will meet with the CAPS staff to determine what specific service providers need to be involved. An enhanced Council meeting may be called to address special educational, dependency, delinquency or medically necessary services and will include specific additional participants as required by regulation or necessity.

The role of the *core* Council members will continue to be advocacy for natural rather than professional supports, avoidance of labeling and resistance to removal from valued settings. This may require a 'devil's advocate' position that disputes the need for intrusive actions. The Council will use a process of justification for each intervention, which is seen as disjunctive of typical social roles. The Council will promote the use of increased services to *secondary clients* which will be defined as persons who provide natural supports whose own problems in living can be defined as inhibiting the performance of the child [e.g.; a mother who is depressed cannot be expected to effectively monitor and manage her child's care without direct service to her own issues].

The design of specialized services starts with the Comprehensive Service Plan and particularly with the cognitive interventions. This Plan would consider whether the child's behavior: a) interferes with learning (the student's or others), b) is the result of cognitive maladjustment, c) persists despite documented interventions, d) is a risk to safety (the child's or others), e) results in repeated disciplinary actions in home, school and/or community, or f) may result in incarceration or other restrictive placement.

The identification of possible supportive interventions and the selection and packaging of the best matched strategies to address the child's needs are accomplished in relation to specific and global hypotheses, articulated vision, roles and relationships. The hypotheses provide a foundation from which the Council can logically link interventions that address a) short term prevention of problematic situations, b) the teaching of alternative skills, c) responses to problem behaviors [including crisis management], and long term prevention and development.

Effective intervention plans consist of multiple intervention components and support strategies. Multiple components are needed because it is highly unlikely that any single intervention can address the comprehensive, long-term goals for children who present complex cognitive behavioral concerns. Additionally, because the reason for and function of problem behaviors may vary across situations, multiple strategies may be needed to address each unique situation.

An effective intervention component of an CSP is a) hypothesis driven [i.e.; it addresses the functions of the challenging behavior, b) child-centered [i.e., it respects personal preferences, interests and goals, and c) uniquely tailored to the individual child's daily, home, school and community routines. Although the Council may take a consistent approach for designing Comprehensive Service Plans, each Individual Plan would be personalized according to each child/family's unique strengths, preferences and life circumstances.

A CSP includes a description of the problem behavior, global and specific hypotheses, and specific intervention strategies derived from each of the four major intervention components. The four are: Sociocultural Rituals and Setting Specific Systems addressing antecedent and setting events, Individualized Social Skill Building Systems, and Individualized Cognitive Systems focusing on long term prevention. The child is always seen as an interactive component of a system network that reinforces thought and behavior. The CSP will specifically address the enhancement of roles and relationships and supports and services offered to others within the child/family system that contribute to or maintain behaviors. Also, within the context of designing the intervention component of the CSP, the Council formally discusses and documents the supports that Council members will need in order to implement the plan as it emerges.

The Council will recognize that it is now an integral component of the child's network system and weigh its actions accordingly. Genuine collaboration among team members throughout the process and especially in the design phase can be a powerful vehicle for success. Working together during stressful times may require families, education and other service providers to adopt new ways of thinking about the team process. The child/family is the leading partner in the planning and implementation process since they set the direction of progress, sanction the providers of service and authorize the interventions. [See Emancipation and Qualification in the Child/Family System Volume II page 14: Planning].

The Council will plan with a wholistic approach, recognizing four related constructs which indicate a way of looking at a person's quality of life.

- **community presence** is the experience of sharing the ordinary places that define community life.
- **choice** is the experience of growing autonomy. Personal choice defines and expresses individual identity.
- **respect** is the experience of having a valued place among a network of people and valued roles in community life.
- **community membership** is the experience of being part of a growing network of personal relationships which includes close friends.

Increasing positive experiences in a person's life means organizing three kinds of change: change in the person, change in the supports, and change in the opportunities. While the Home, School and Community Council has wide influence in changing the supports and opportunities, only the person can decide to change himself.

The HSCC uses a unified approach not only for compliance reasons, but also because it provides a support framework for all people who interact with the child on a regular basis. As a child's situation becomes more complex, it becomes increasingly important that the Council include both sources of natural support [e.g., people from the community] and formal or professional supports [e.g., staff from other child serving agencies]. Working with parents to assure that all support systems that are involved with the child have an active role in the child's program is desirable to achieve this goal.

Progress Monitoring And Program Modification

Interventions are effective when they produce meaningful improved outcomes and have substantive impact on the child/family quality of life. As problem behaviors can adversely affect the child's quality of life [e.g., relationships, access to preferred activities, inclusion], effectiveness must be evaluated in terms of personally meaningful results. It is important that the Council evaluate progress to:

1. determine if new skills are being learned [See Social Competence Skill Requirements];
2. assess whether or not new skills are used across different situations;
3. determine if the problem behavior is decreasing at an acceptable rate;
4. determine if barriers to learning are decreasing and academic performance improving;
5. determine if the child's peer relations are improving;
6. determine if the child's adult relations are improving;
7. determine if enhanced role taking has progressed;
8. determine if the CSP has been effective;
9. assess child, family and teacher satisfaction with the plan and its outcomes; and
10. adapt and modify the plan as needed.

When evaluating the effectiveness of the interventions, four important questions will be considered. First, what type of information is needed to evaluate specific intervention components? Second, how will the Council collect this information? Third, how will the Council use the information to make decisions? Four, how will the Council communicate those decisions, to whom and in what time frame?

There are many kinds of information that the Council will need to consider and collect and there are many ways to collect it. Decisions about what to measure are guided by the CSP outcome expectations. Councils may wish to monitor these outcomes across time and across different situations wherever applicable. Quality of life measures may reflect lifestyle targets such as increased participation in typical school and community activities, increased opportunities for choice and control, improved relationships with others and increased social networks.

The primary responsibility for monitoring the outcomes and satisfactions with implementation of the CSP lies with the Service Facilitation Manager who is the 'keeper of the vision' and as such cannot be connected with a provider of services. As an advocate for the child/family the Service Facilitation Manager is in constant contact both with providers of services and supports and the child/family. It is the responsibility of the Service Facilitation Manager to determine the need for reconvening the HSCC for adaption or modification of the Plan. The Service Facilitation Manager may also recommend other data collection processes. It is the primary responsibility of the county coordinator to assure that the Service Facilitation Manager is acting in an appropriate and efficient manner.

While reaching agreement on what type of information to collect and how to collect it is important, it is most critical that the summarized data be used in a formative manner for affecting day to day modifications based on the child's response to the interventions and the people providing them. The Comprehensive Service Plan is a dynamic process that reflects ongoing changes in the child's environment and the individual's response to those changes. IDEA '97 also requires the student's progress on all the IEP goals [a component of some CSPs] are reported to the parents at least as frequently as progress is reported for typical students [§614(d)(1)(A)(viii)]. The accumulated data on the child's progress will also be a major source of information that will be used when the IEP is revised (annually) and when programmatic re-evaluations are held [i.e., every three years]. At these and other scheduled check points, the Council will need to determine whether change is required in the various components of the plan, strengthen support strategies, expand beyond the current scope, or reduce or end the involvement.

When progress is not evident, it may be that the Council's hypotheses are inaccurate or that the plan does not adequately address the influences or functions of the individual's problem behaviors or that the program does not adequately address the influences [contexts] of that behavior. It could also be that the plan has been implemented inappropriately. Finally, it may be that the interventions are not clearly linked to the personal goals of the child and therefore are not seen as helpful.

Of course, the viability of the CSP can only be judged if in fact it is being implemented. The Council will appraise the implementation plan by interviewing the teaching and clinical support personnel, the child/family and comparing what was planned to what was occurring on a daily basis. It is not uncommon to find that planned interventions were not implemented in a consistent manner across people and settings. For example, in one study, Flugman & Reschly [1994] found that the reason many intervention plans did not work was because they were not implemented as planned. The Service Facilitation Manager's role is vital in determining the inconsistency of implementation both through observation and interaction with the child/family. The Council is also concerned with the need for reasonable adaptations to the original plan based on the person's response and assures that adaptations are coordinated through the Service Facilitation Manager and a 'change order' process; all changes must be sanctioned by the child/parent and authorized by the Council.

The final aspect of determination is assessing whether the child understands the consequences of his/her participation and demonstrates a commitment towards change. If the child can articulate the consequences and understands the importance of self-management, and has displayed in various situations the ability to not engage in the problem behavior, it can be concluded that the child needs only the desire to succeed.

SECTION 3: Policy Implications

Section three will discuss policy issues for Districts in light of the definitional discussions of section one and the contextual discussions in section two.

Analysis of Statutory Requirements

An initial issue policy makers will encounter is related to how the Home, School and Community Council will be integrated into the overall child serving systems. The concept of interagency collaboration had its first major impact on Pennsylvania schools from the federal Cordero Court Order issued by Judge Rambo on January 27, 1993, which stated:

A.2.b In light of the fact that relevant programs and resources are distributed among Commonwealth agencies, Defendants [Pennsylvania Department of Education and the Commonwealth of Pennsylvania] must pursue an interagency approach to the remedy in this case. For some children, an appropriate public education must include services and/or placements currently associated with systems such as the mental health, mental retardation, and Children and Youth systems that are operated and supervised at the Commonwealth level by the Department of Public Welfare; in these instances, moreover, such services or placement must be provided at no cost to the family.

The idea was then promoted by the Children and Adolescent Service System Program, which is supported by the Departments of Education, Health, Labor & Industry, Public Welfare and the Juvenile Court Judges' Commission. This was furthered by the Office of Medical Assistance Regulations that required a multi-disciplinary team meeting in order to implement Early & Periodic Screening, Diagnostic & Treatment [EPSDT] medically necessary Medicaid services.

Finally, Public Law 105-17 Amendments to the Individuals with Disabilities Education Act has made such collaboration Federal Law on Page 111 Stat. 65 says in part.

{To} ensure that an interagency agreement or other mechanism for interagency coordination is in effect between each public agency ... And the State education agency, in order to ensure that all services ...that are needed to ensure a free appropriate public education are provided, including the provision of such services during the pendency of any dispute Such agreement ... Shall include the following:

- (i) AGENCY OF FINANCIAL RESPONSIBILITY - An identification of, or a method for defining, the financial responsibility of each agency for providing services.... ...Including the State Medicaid agency and other public insurers shall precede (emphasis added) the financial responsibility of the local education agency....*
- (ii) CONDITIONS AND TERMS OF REIMBURSEMENT - procedures under which a local educational agency shall be reimbursed by other agencies.*
- (iii) INTERAGENCY DISPUTES - Procedures for resolving disputes*
- (iv) COORDINATION OF SERVICES PROCEDURES - Policies and procedures for agencies to determine and identify the interagency coordination responsibilities.*

These Orders and Regulations clearly mandate that interagency collaboration in some form is required. Unfortunately, such mandates do not make the interagency collaboration process effective. While there has certainly been some gain in cooperation among child serving agencies, such gains have not substantively reduced the problem of gaining timely and effective services. A second area of policy concern is that described as Least Restrict Environments [LRE]

The incidence of interagency collaboration does not obviate the need for providing services to the student in valued settings. Although child serving agencies other than education often do not often acknowledge or recognize it, they have the same legal responsibilities as the school district to provide the least restrictive and intrusive services. The LRE principle has been incorporated into federal and state policy and it is generally recognized that government has a responsibility to carry out its duties in a manner that is least disruptive in the life of those it seeks to serve. Unfortunately the traditional implementation of this construct has led to *more* restrictive

environments. Seven specific pitfalls have been identified by Steven J. Taylor, who suggests that the LRE principle:

- *legitimizes restrictive environments.;*
- *confuses segregation and integration on the one hand with intensity of services on the other;*
- *is based on a 'readiness' model;*
- *supports the primacy of professional decision making;*
- *sanctions infringements on people's rights;*
- *implies that people must move as they develop and change; and*
- *directs attention to physical settings rather than services and supports people need to be integrated into the community.*

These 'pitfalls' raise serious question not with the *intent* of the construct, but with how we implement it. In order to implement the least restrictive environment intent, we need to demand that the child be served in the class and school s/he would be attending if s/he did not have a disability; continue to live with their family and have full community membership. This opens up the serious question of what would be necessary to do that.

Several difficulties occur when we attempt to do 'whatever it takes'. Some are rather mundane issues of 'whose ox is gored' either because I can't get rid of a pain in the neck; or I need to expend funds that I don't have; or that we can't get the family involved; or we can't get the family 'off our back'. Despite the impact of these issues, the greatest difficulty seems to be lack of skill. Even when we do get everyone involved and have all the money we need; we often fail.

An additional policy issue relates to how Functional Cognitive Behavior Assessment will be integrated into the overall education decision-making process. Should FCBA be defined and used only when discipline proceedings become necessary or should FCBA be defined more broadly? Strictly and literally speaking, FCBA is *required* only when students with disabilities become the subject of school discipline proceedings. Section §615(k)(1)(B)(I) of the statute states:

Either before or not later than 10 days after taking a disciplinary action described in subparagraph (A)...if the local educational agency did not conduct a functional behavioral assessment and implement a behavioral intervention plan for a child before the behavior that resulted in suspension described in subparagraph (A), the agency shall convene an IEP meeting to develop an assessment plan to address that behavior.

Hence, in a strict sense, policy could be crafted for FCBA only in these narrow circumstances. This position is perhaps the simplest solution to the FCBA issue, and given a narrow reading of the statute, it could possibly meet the procedural letter of the law. This position, however, has a series of

shortcomings given a broader reading of the statute. These liabilities could become problematic for implementers, depending on how the statutory language is untimely interpreted administratively and judicially. We would argue further that it is in the best interest of the school district, the child/family and the community to address issues of atypical behavior proactively and that the FCBA and the cognitive behavioral interventions it predicts can reduce substantially the problems of child violence and suicide if used preventatively.

It should not surprise educators that the vast majority of court cases, which impinge upon their ability to function are concerned with children who have behavioral problems. While Cordero is the most visible Court demand, the Duane B. Class action suit involving the Chester Upland School District and the Pennsylvania Department of Education is perhaps the most telling. The class is represented by "All students in the ...District, who...have been determined by the district to have emotional or behavioral handicaps, all District students who may be so identified in the future; and the parents of such students."

Policy makers will note the predictive quality of class membership that implies that the District should have known that students who have consistent disciplinary actions **will** be defined as SED. While the District argued that the students who were not so defined merely were behaving in a manner to avoid schooling; the court found no merit in this argument. The District was not effective in serving children with behavior problems whether they were identified as exceptional or not. Once having found themselves under the court order, the inability to serve these children better than the normal school district became a deteriorating force.

Arguments of 'All Systems Failure' fell on deaf ears despite the documentation by the National Mental Health Association and the Federation of Families for Children's Mental Health that "It is unrealistic to expect schools alone, or even schools working with mental health agencies, to solve all of the problems many of these young people face".

Over the past thirty years, numerous reports have chronicled the lack of appropriate services to meet the needs of children and adolescents with serious emotional disturbance. The Joint Commission on the Mental Health of Children [1969], the President's Commission on Mental Health [1978], the Office of Technology Assessment [1986], the Institute of Medicine [1989] and the House Select Committee on Children, Youth and Families [1990] all concur that there are too few resources and that too many of the services that do exist are *uncoordinated, inefficient and ultimately ineffective* [emphasis added].

With the identification that both interagency collaboration and the present offering of services are not working, even under the auspices of a federal

master and the federal court, one must determine that we need to make the system one which can act preventatively and provide a method for continuous quality improvement. While a rationale can be built on IDEA '97 statutory language for implementing FCBA throughout the educational decision making process, we suggest that it is moot. Good educational practice needs to find the means to reduce antisocial behavior, violence and suicide by our children. By embedding the interagency process within a systematic child serving *community* process, and through the use of documented cognitive and behavioral intervention technologies which bridge the gap between education and mental health services; we believe that the process is beneficial on its own merit.

While the term 'functional analysis' is coming into common usage, particular though the emphasis within IDEA '97, there is no common definition. We have articulated our definition in the prior material and through a training package. Our use of the process is somewhat enhanced over the state of Pennsylvania's version as we have added a cognitive aspect. Cognitive interventions grew out of Bandura's Social Learning Theory and are essentially behavioral in context. Unlike classic behavioral approaches which viewed mental events as taboo; current theory recognizes that thought [cognitive behavior] drives active [physical] behavior. Our own actions seem perfectly logical to us, yet often we lack the ability to see the logic in other's actions. Because logic is based upon context and mental context are hidden from us; we decide whether the behavior is appropriate or bizarre based on our own interpretation of the external context as filtered through our own internal logic. Unfortunately, this makes others who don't agree with us seem odd, abnormal or even insane [not rational]. Yet if we were able to enter into their inner logic, we may find their behavior perfectly reasonable. The cognitive aspects of the inquiry offer an opportunity to identify what the child says about himself, others, future prospects and how s/he attributes success and failure. Once having this information, we are better able to hypothesize how these internal contexts influence behavioral choices. We can, in fact, even offer opportunities for the child to change his or her internal context; although we cannot force them to do so. Since we understand that people do the things they do as a result of internal and external influencing factors; we seek to define what their personal goals are. From this we can hopefully define a personal commitment to the idea that they are in control and they are the only ones who can increase their skills and abilities. Individual attitudes and values are interactive with the sociocultural units they inhabit. Thus, we seek to

- build a supportive environment with positive expectations
- use exercises and activities that focus on the positive character traits of participants
- help participants distinguish between themselves as individual and their behavior
- teach participants to forgive their past and move forward.

Since the practice of cognitive behavior management is social learning oriented, the process is instructional. Lay people who provide natural supports can carry many of the interventions out. Educators thus are especially competent professionals to carry out these interventions unless the need for service intensity surpasses the requirements of academic functions. At that point, clinical staff will be required.

SECTION 4: Professional Development

As noted in section one, FCBA and the design and delivery of positive cognitive behavioral interventions are inextricably connected. In light of this relationship and the special considerations that the Home, School and Community Council must address before developing a Comprehensive Service Plan, it is recommended that staff development for FCBA be fused with positive approaches.

Support plans are effective when they produce meaningful outcomes. Meaningful outcomes exist when the child/family feel that their goals are being met and their quality of life is *substantively* improved.

Effective support plans are data or hypothesis driven. They address the issues of:

- *what is the problem?* Is there a clear problem statement that indicates correlative and causal relationship, antecedents, contexts and consequences?

- *whose problem is it?* In looking at correlations or causes, we need to understand who performs the behavior that is stated in the problem, who is disrupted by the behavior, who cares about change, and who has the power to eliminate the problem.

- *what would indicate that the problem is eliminated?* It is not sufficient to extinguish one behavior, if the person(s) disturbed by the problem are more concerned with the attitudes, motivation or circumstances surrounding the behavior.

What unfortunately often occurs is that we find that the child's problem behavior is a logical, though inappropriate, response to inappropriate behavior by an adult. Sometimes we attempt to ignore the adult role in those cases because we do not feel that we have the responsibility or authority to deal with the adults. It should be clear, however, that in such cases it is unlikely that we can eliminate the problem. By ignoring the situation we are merely attempting to train a child to adapt to inappropriate behavior.

Effective support plans are person-centered in that they respect personal preferences and goals and are tailored to the student's typical daily routines at school, home and community.

Effective support plans consist of multiple interventions or support strategies. This is sometimes referred to as a multi-component plan, which is a technical way of saying that the Council is going to do a number of different things within a close time proximity in an agreed-upon manner. This includes prevention, development and remedial intervention activities.

All of these interventions levels use the same basic social learning theory elements although they vary in intensity. There are two basic social learning interventions: *cognitive rehabilitation* [which includes *cognitive error correction* and *cognitive restructuring*] and *skill building*. However there is also a process of *prosocial culture restructuring*, which can be both preventative and supportive. Prevention occurs when the prosocial culture offers an opportunity for the person to learn the basics of social competence *in vivo* and doesn't require that a *faux pas* occur that is so severe that it identifies one as abnormal and makes them eligible for counseling or skill building. Support occurs because the environment is '*seeded*' with prosocial rituals and responses which reinforce not only the appropriate behavior of the student with problems in living, but structures the behavior of others in the environment as well.

The process followed in developing a prosocial culture [e.g., a culture which emphasizes positive reinforcement of prosocial behaviors rather than punishment of antisocial behaviors] has elements which are quite different than the developmental and remedial interventions since the intervention itself is with a socio-cultural entity [school, family], rather than with an individual or the members of a group. The word culture has in it roots a concept of 'inhabiting a place' - however, perhaps the best way to understand culture and its influence is to understand it in terms of *fields* and *force*. Just as a magnetic field exerts a force; so to do certain relationships in the human behavior stream. As a social unit the family probably has a stronger force on the child than the school [and perhaps peers have a stronger pull than either]; but all have a force to which the child responds.

While the methodologies are quite different, it is interesting to note that the culture is '*seeded*' with the cognitive variables as shown on the chart below. The variables are a process of cognitive rehabilitation. Additionally, the *in situ* use provides the opportunity for social skill building direction.

Process Comparison

Prosocial	Cognitive
Stop & Think	Awareness /Attendance

Good Choice - Bad Choice	Analysis
Steps/Choices	Alternative Solutions/Consequences
Just Do It!	Adapt -Choose
How did I do?	Adapt - Reinforcement

Outside of the action aspect to step four, the steps are identical to the cognitive restructuring phases used in counseling. However, for the person in the culture who is reinforcing the prosocial culture by raising the 'stop and think' question, the process is often one of *skill building*. The helping person may need to model the behavior, allow a behavior rehearsal, offer feedback and reinforce. So the prosocial culture is providing both a cognitive restructuring and skill-building environment.

The change to a prosocial culture places a positive high *expectation*, which in turn becomes a 'self fulfilling prophecy' or 'self expectancy' and that is very important. These *interpersonal expectancy effects* demonstrate how much individual human beings are interrelated. The process of building a prosocial culture subtly creates a different belief system in the members through the implanting of the 'seeds' of memes [language/concepts] and providing them with actions which support the likelihood of occurrence.

The development of a Comprehensive Service Plan then is a process of

- identifying all of the people in the ecosystem; extended family, school personnel and classmates, friends and acquaintances - to identify those major influences on the child's attitudes and behaviors;
- identifying behaviors of these influences which support and maintain the attitudes and behaviors which the child/family and the Council wish to change;
- developing prevention, developmental and remedial positive interventions for the student and other influences.

This is an extensive requirement. It is incumbent on the staff development processes to create a professional curriculum so that instructional and clinical staff can collectively expand their capacity to address child disorders in this coherent and comprehensive manner. Use of the CSP in this way will increase the likelihood of children gaining access to general educational curriculum and settings to the maximum extent possible as required under IDEA '97.

The specific types of training and technical assistance that are likely to be effective for FCBA and positive intervention skills are widely diverse. While the staff development structures and process will in all likelihood vary across situations, there must be a core curriculum that planners of staff development programs might incorporate into their respective professional development programs.

The central theme in an integrated and comprehensive training curriculum is that challenging behaviors serve as messages that communicate unmet goals. The basic tenets of both FCBA and positive interventions are that 1) a student's impeding behavior serves a function and 2) that behaviors are context [internal & external] related. These two tenets coupled with treating the student and his or her family in a respectful manner and emphasizing inclusion within typical school and community settings serve as the cornerstones in the training curriculum.

SYSTEMIC APPLICATIONS: MOVING BEYOND ONE CHILD AT A TIME

INTRODUCTION

This section provides an overview of practical tools that may be used by the Home, School and Community Council to facilitate strategic planning for comprehensive applications of positive supports in home, school and community. The use of such applications represents a logical evolution in practice as schools continue to enhance their capacity to conduct functional cognitive behavior assessments and provide effective support of individual children who present problem behaviors.

The use of the term *problem* behavior is in itself a term that needs discussion. A *problem* is etymological something 'thrown forward'. Things that are thrown forward project and can get in the way; hindering someone. Thus *problem* came to be used for an 'obstacle'. Therefore, when we speak of problem behavior we mean a behavior that hinders someone or creates an obstacle. One usually thinks of such terms as destructive or disruptive, when thinking of problem behavior, although often minor behaviors which are habitual and irritating become major obstacles to relationships.

We can quickly assure, that a *problem* behavior has two components - someone who is instigating the behavior and someone who perceives the behavior as an obstacle or hindrance. This should naturally lead us to a secondary question: 'whose problem is it?' One significant reason for exploring this question is the fact that most problem behavior, at least that which is continued over time, prompts a reaction. The most typical reaction is an attempt to stop the behavior and this is most often done by attempting to *control* the other person. From our understanding of the root of the word problem, it should become quickly apparent that the attempt to control a person is a *problem* behavior. It clearly is a hindrance and an obstacle to that person who is being controlled. Problem behavior therefore often solicits problem behavior. One could easily slip into a 'chicken or egg' discussion about children whose exceptionality *is* problem behavior as to whether they are responding to the problem behavior of others or initiating a problem behavior that is gaining a problem behavior response.

A digression may be important: the whole context of positive behavior supports changes when we shift from the child who is severely disabled [e.g., autism or mental retardation] *and* displays problem behavior to the child whose disability *is* problem behavior. The most obvious result of such a shift is that most of the observers of the former child will have some compassion for the behaviors since they are able to project their own frustration at being so disabled onto the other person. Imagine how angry you might become if you woke up tomorrow and were a paraplegic or suffered from a stroke and were unable to speak! The frustration of the obstacles placed on you can easily be seen to make you quite touchy.

For a child who is to all appearances *normal* to behave in such a manner is quite another manner. Most observers harbor a certain amount of anger and frustration against such children for 'causing trouble' for *me*! Such responses, while quite normal, are not helpful as these thoughts and feelings not only tend to result in responses that reinforce the reasons for the behavior, but they *model* the very behaviors which we hope to extinguish. While the disruptive child tries to control the behavior of adults, the adults keep bringing in reinforcements in the form of experts and authorities to control the behavior of the child. Such cycles of negative reinforcement have been referred to as an 'intimate dance' as both parties tend to know where this is leading, but cannot seem to stop it.

On the part of professionals, it is quite apparent from the data regarding how we address such behavioral issues that 'compliance' and 'restrictive settings' are major points of service offerings and part of the failure of traditional approaches. When the teenager says that clinicians *always* side with her parents - s/he is probably right. The parents bring in the professionals to control the behavior that the parents are unable to control.

Another reason for the failure may be attributable to the application of positive behavioral supports that have been designed from a perspective of children with severe disabilities *and* problem behavior, interacting with the professional and social notion that we must 'control' or 'punish' such behaviors in otherwise *normal* kids because somehow they 'are deliberately provoking us'. Obviously these feelings of control are contrary to the essence of positive behavioral supports and need to be addressed before such applications can be successfully implemented with the target population of the Home, School and Community Council.

When we return to the question then of 'Who's problem is it?', we often discover that the problem is both grounded and maintained in the adult models which abound for children today in both real and virtual, media enhanced, contact. In order to address the issues of problem behavior on a *systemic* basis, one is encouraged to look at all of the system components not just the individual child. These systems and their sub-System components include:

- Classroom based systems
- Building-wide systems
- District-wide systems
- Family Systems
- Community Systems

The function of the Home, School and Community Council in meeting its MISSION “*to enable families to regain responsibility for assuring that their children acquire the skills to develop mutually satisfying and gratifying relationships with peers and adults*” has a responsibility for identifying where problem behavior lies and in correcting it. In order to do so effectively, the HSCC may use the Functional Cognitive Behavior Assessment process across all systems.

TARGET POPULATIONS

There are essentially two broad clusters of childhood disorders: 1. the *over-controlled* or *internalizers* - a group which contains children with social anxieties and withdrawal, and 2. the *under-controlled* or *externalizers* - a group which contains children who are identified as having a conduct disorders, oppositional defiant disorder or attention-deficit hyperactivity disorder. The under-controlled child is said to lack or have insufficient control over behavior that is expected in a given setting.

It is the second population that generally occupies the attention of schools and is predominantly referred to Home, School and Community Council. Whether identified as delinquent or metaphorically as mentally ‘ill’, these children require attention. In order to effectively meet the challenge of children whose behavior is described as *undercontrolled* or *externalizing*, there is need to focus on the interactive relationships of that child and a variety of contextual factors.

We have defined social competence as *capacity to expectation*. Thus it is important to know both the child’s behavioral repertoire *and* the social expectations in order to determine the level of social competence that is available. However, a third alternative exists, which is that the child has the requisite behaviors and understands the social expectations, but because of his/her inner logic, choose not to perform the behaviors as expected, choosing instead to deal with the consequences. Because the behavior of externalizers are so critical to schools, our focus is on those children whose thoughts, feelings and/or behaviors are not socially competent and interfere, hinder or present obstacles to mutually satisfactory relationships with adults and peers.

The distinction between problem behaviors and ‘behavior disorders’ in the mental health sense is one of definition and lies in the severity and extent of

such behavior. It is the degree of the disruption or destruction, the frequency of occurrence of the behaviors in more than one setting, and the persistence of these behaviors over time. When antisocial behavior endures for at least six months, causes impairment in home, social and school functioning and takes a form deemed more serious and intense than ordinary mischief, a child qualifies for a primary diagnosis of either conduct disorder or severe oppositional defiant disorder [Diagnostic and Statistical Manual]. Thus labeling a child as mentally 'ill' is to describe a difference in degree of behavior, and not type.

Kazdin [1987] has outlined several key facets of the syndrome differentiating it from other problems of childhood behaviors.

- *antisocial behavior* - as already stated, these children typically and persistently exhibit some combination of physical and verbal aggression, stealing, lying, and violation of social norms and the rights of others. Additionally, they are more likely to abuse substances including alcohol.
- *chronicity* - such children exhibit these serious disruptive behaviors over months and years and are often unresponsive to treatment.
- *impairment of functioning* - these children exhibit antisocial behavior in sufficient frequency and intensity to affect significantly their educational performance and interpersonal interactions.

One significant result of these characteristics is that markedly externalizing children often experience negative repercussions in the form of peer rejection as well as rejection of peers. Since peer relations are a most significant socializing system, such separation is of marked importance.

Estimates of the prevalence of conduct disorder as a mental health diagnosis in the general population range from about 3% to 7% and it is the most prevalent form of childhood disorder. As a result, such children represent the most common type of referral for children's mental health services making up from 33% to 75% of clinical referrals. Whereas *internalizing disorders* may respond to treatment or ameliorate spontaneously over time, some aspects of conduct disorder, under traditional treatment strategies, may persist in relatively constant form and thus the prognosis is relatively poor.

Personal characteristics associated with subsequent disruptive disorder often appear in preschool years, sometimes as early as age two. Such characteristics may include resistance to discipline, irritability, developmental cognitive and language difficulties and early aggressive behaviors.

Unaddressed by traditional systems, cognitive factors play an important and well-documented role in antisocial behaviors and disruptive disorders. Antisocial children often exhibit a cognitive response bias in which they interpret ambiguous interpersonal stimuli as being hostile. This cognitive bias may result in and justify aggressive responses to the misperceived hostile stimulus.

Common themes of antisocial thinking include the belief and mind-set that they are being victimized. According to Bush & Bilodeau [1993] many adult offenders are accustomed to feeling unfairly treated and have learned a defiant, hostile attitude as part of their basic orientation toward life and other people. They think they are entitled to a kind of absolute freedom in the way they conduct their lives. From this point of view, any restriction of their freedom is resented as an unjust intrusion.

For these disruptive personalities, relationships with other people are dominated by a struggle for power. Win-lose ('us and them') is the dominant form of personal relationship and winning is defined as forcing someone else to lose. They picture themselves as the victim and righteous anger displaces the feelings of loss and failure. The inner logic creates a vicious cycle. Whether they win or lose, the underlying cognitive structure is reinforced. Thus in an ecological approach the exploration of the context of *internal thought* as well as external context of classroom, school, family and community is required for effective practice.

In addition, such children may also be deficient in problem solving skills, particularly in generation of multiple and/or prosocial alternative solutions which results in rigidity of aggressive responses. Thus creative thinking strategies and interpersonal cognitive problem solving are essential components for improving prognosis.

ECOLOGICAL ASPECTS

The hardening of such cognitive attitudes over time suggests that early intervention; despite its limited success in the past is a prerequisite to effective outcomes. The goal of primary prevention and of the Home, School and Community Council is to lower the incidence rather than to remedy the problem (secondary prevention) or its aftermath (tertiary prevention). School based prevention efforts such as the creation of prosocial cultures and discipline may be more effective, productive and economical activities than traditional placement or exclusion strategies. Effective service delivery may need to move from short-term, unidimensional strategies to include comprehensive approaches. This may be particularly true when interventions are not implemented until behaviors occur that are serious enough to call attention to the child.

Children with externalizing behaviors are frequently moved back and forth among schools and other agencies [protective, corrective, or clinical] with no agency or profession accepting responsibility for them. They often have participated in a cycle of uncoordinated assessment and referral from agency to agency yielding frustration for parents and ineffective, inefficient services for their children [Knitzer, 1984]. As a result, the metasystem through school personnel or otherwise may need to become more involved in service activities occurring beyond the school grounds and outside of school hours. These might include parent training, family interventions, community coordination and group work with peers in addition to more traditional education activities.

Parents traditionally have been relatively passive consumers of educational services and often have had only sporadic contact with school personnel. Although educators are usually aware of family and community influences on student behavior, relatively little emphasis has been placed on interventions for improving and/or using these influences to remediate educational and behavioral problems. Given the critical role that parents apparently play in the development and maintenance as well as the remediation of disruptive disorders, schools must develop mechanisms for involving and empowering parents in educational activities with and for their children emphasizing interventions that improve parenting competencies and management practices.

In a comprehensive review of treatment research for childhood aggressive and antisocial behavior, Kazdin [1987] identified *structured family intervention based on behavioral social learning* principles as the most promising intervention tested.

The central assumption behind this approach is that problem behavior is acquired and maintained primarily through a social learning processes in the family. However an ecological approach goes beyond intrafamilial or intraindividual factors and views maladjustment as a problem across entire ecosystems. The aim is to change transactions within and between all pertinent environmental systems that serve to maintain, or to be maintained by, a child's deviant behaviors. Intervention is directed at four ecological domains:

- *individual adjustment* factors,
- *interactions in the family, in the classroom or in the peer group* [**microsystems**],
- *extrafamilial* systems [**mesosystem** - connections among micro systems, such as home, school and neighborhood, and
- *cultural community* systems [**macrosystem** - includes values, policies, laws and customs] [Miller & Prinz, 1990].

A child develops within a complex system of relationships affected by multiple levels of the surrounding environment. Further, it is clear that these various influences have differing levels of force at different points of the child's development. While the family has the earliest and a most profound effect on the emerging person, there are really several interrelated affectional systems, which influence [shape] and maintain [reinforce] behavior. These include the mother-infant affectional system that is sustained or terminated in varying degrees and include the onset of father affection and the age group or peer affectional system that concludes with the heterosexual affectional system.

It might also be noted, that when concerned with the child with severe disabilities who also displays problem behavior, there is a general consensus that one needs to develop access to peer groups; while from the perspective of many, the child whose disability *is* behavior is responsible for the peer rejection and therefore is required to *earn* this social role. In regard to peer relationships, three subtypes of disruptive children have been defined.

- *undersocialized -aggressive* or solitary aggressive is characterized by difficulty in interpersonal areas and has been associated with peer rejection and poor social skills.
- *socialized-aggressive* or group aggressive is identified with delinquent behaviors carried out in a group context.
- *undifferentiated*.

Social relationships are always interactive. Probably the most pervading and important of all the affectional systems in terms of long-range personal-social adjustment is the peer group [Harlow - 1974]. Rejection by or rejection of the *typical* peer group not only deprives a child of such learning experiences, but often leaves the child only negative [deviant] peer groups within which to grow and learn social affiliation. Since children with antisocial behaviors are the most often removed from valued settings and placed in special settings with other children with similar problems in living, this process is formalized by the helping systems⁶⁵.

The Home, School and Community Council may seek to work with the typical peer group [all of whom are likely to be in school] to help this significant group learn how to accept and socialize the antisocial child while at the same time helping the child deal with the need to belong and the changes in personal behavior that are required to achieve that goal. Work with the group resulting from rejection or deviant group can also be provided to help

⁶⁵ One might also point out that our society typically believes that atypical kids are more influential than typical kids and therefore do not allow the two to get together because of fear of contamination. A different meme would be to suggest that typical kids can help atypical kids become more socialized.

all members learn appropriate social interactions and identify their own underlying value systems. Where the child is rejecting peers and acting as a solitary aggressive, the needs for cognitive restructuring may need to precede development of a significant peer relationship.

Finally, in looking at wholistic ecological factors, we should not overlook the concern with academics. While Tremblay and his colleagues [1992] found poor academic achievement to be a significant variable in a causal path between early disruptive behavior and later delinquent personality, such causal relationships in the sense of which is the cause and which the effect, remains unclear. Regardless, of the nature of the causal relationship associated with achievement and conduct disorder, their connection is well demonstrated and has important implications.

Typically children in our target group are poor readers and have low participation in school. Reading skills are critical to all other school achievement and the low participation may be directly related to the inability to function successfully. Any comprehensive effort at ameliorating disruptive behaviors must be concerned with a focus on this vital skill.

ESTABLISHING AN ECOLOGY OF SUPPORT

Internal: District

Management of problem behavior has long been expressed as a concern across schools as a growing number of educators become increasingly perplexed and/or frustrated by all systems failure. In order to establish an ecology of behavior support that is conducive to facilitating growth and development by all, educators in partnerships with local child serving agencies must focus on the interactive relationship between student behavior and contextual factors. A comprehensive approach to behavior support in school, family and community is required.

While most, if not all, school systems have district wide policies concerning student conduct, it is not unusual to find a lack of clarity in the given school policy coupled with an inconsistent level of understanding of the policy by staff and students within the district. Perhaps even more important than such understanding however, is the need to change our thinking about discipline from external to internal controls. Peter Drucker, the country's dean of business management, has said that people fail because of what they won't give up. We cling to what has always worked -- even after it has clearly stopped working. The question for the Home, School and Community Council is "Are we, in this district, clinging to a way of managing students that no longer works". Society and the nature of young people today has changed, but we often still think that external controls are the way to make people change.

The Scribner dictionary furnishes six definitions for discipline: 1) training that molds, corrects or perfects, 2) orderly, obedient, or restrained conduct; self control; self-restraint, 3) acceptance of or submission to authority and control order, 4) punishment given to train or correct; chastisement., 5) branch of instruction or knowledge; field of study, and 6) a set or system of rules for conduct.

In each of these definitions a sense of 'control' is apparent, What is significant, however, is that the *locus* of control changes depending on whether one uses discipline as a noun or a verb. The most obvious contrast, perhaps is the fourth definition which seem to indicate that one is providing control for another, which means I will *discipline* you [a verb] and number one which seems to indicate the use of training as the process of helping persons gain *discipline* [a noun].

Some might argue that punishment as suggested by number four is really a method of training. But both the intention and the outcome would be flawed if this were indeed the case. Beneficence is one of the three basic ethical goals of The National Commission for the Protection of Human Subjects. The others are *respect for person* and *justice*.

Persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm. But also by making efforts to secure their well being. The term 'beneficence' is often understood to cover acts of kindness or charity that go beyond strict obligation. In this document, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent action in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms.

When using punishment for purposes of discipline, two basic questions must be answered: 1. Is it effective? And, 2. Is it ethical? The literature on punishment suggests that it not only does not work, but that it *leads to increasing violence*. Kauffman (1993) for example states that, "The punishment of children by adults may result in aggression when it causes pain, when there are no positive alternatives to the punished behavior, when punishment is delayed or inconsistent, or when punishment provides a model of aggressive behavior."

Even if effective; can punishment be ethical? Where is the beneficence? Punishment can only be considered to be an ethical method when it can be demonstrated that there is a beneficial effect; when it is respectful of the individual being punished, and when it is fair and equitable. Parents and school personnel often ignore the issues of benefit and respect for person and discuss only the last of these prerequisites. In those discussions they often fail to understand that fairness is more connected to equitability than to equality. Punishment of all participants of an act equally is often unfair.

However, it is easier to defend, than punishment that is meted according to guilt, since the degree of guilt is often difficult to measure. Punishment may have the desired effect of reducing unacceptable behavior and may even provide a basis for the person to learn to control his/her behavior. However, such an outcome based on *fear* is likely to be ephemeral.

To suggest that the traditional methods of discipline in home, school and community are inadequate is to understate the problem. "Aggressive and violent behaviors are increasing among children and youth in America's schools. Although many children and adolescents occasionally exhibit aggressive and sometimes antisocial behaviors in the course of development, an alarming increase is taking place in the significant number of youth who confront their parents, teachers and schools with persistent threatening and destructive behaviors" [Rutherford & Nelson - 1995].

Such concerns it seems, are supported by teachers and principals everywhere. Yet we seem to be unable to 'control' our children; and that may be the problem. To control another person is qualitatively quite different than teaching that person how to control themselves. This locus of control is the significant factor in selecting different approaches to managing aggressive and violent behavior in the schools. This does not imply the avoidance of using authority in holding offenders accountable. Limits and accountability are essential ingredients in motivating offender change. But one must use authority constructively, not punitively. This requires a clear definition of limits and expectations as well as an articulation of progressive disciplinary action. "The offender is then challenged to make a conscious and deliberate choice: to accept these limits and conditions and participate, or reject them and not participate. The key is to place the responsibility and the power for making a choice on the offender...." [Bush & Bidlieu].

Such dramatic changes in focus are not likely to occur without data to establish the occurrence of problem behavior. In school districts where there is a history of significant student problem behavior resulting in repeated behavioral referrals, suspensions, adjudications, and/or expulsion, the leadership may be more oriented to implementing dramatic positive policy solutions. Likewise the documentation of baseline data in school buildings within the district and classrooms within the school help to focus both the motivational and implementations processes. Monitoring the number of antisocial and violent incidents helps the District to understand their school's social education needs. Such baseline data collection systems should include:

- A comprehensive list of incidents;
- Clear definitions of incidents;
- Data used by multiple levels of education system [state, district & school];

- Data used by multiple child serving public systems [juvenile justice, mental health, drug & alcohol, protective services, etc.];
- Accurate tracking of data; and
- Staff training on data entry and use.

The U.S. Department of Education has launched a major initiative to improve data collection and reporting. The Quality Enhancement Component #5 will review the most current recommendations and develop a model with School Districts which addresses the following issues:

- What incidents should be included in the reporting system?
- How to define incidents.
- How to classify incidents that occur outside of classrooms or even schools.
- How to define and classify the people involved in an incident.
- How to monitor special situations such as gang-related incidents, alcohol and drug incidents, and hate crimes.

The development of systematic information and baseline data will help the District, community and the HSCC monitor trends and progress in regard to effectiveness of prevention and developmental educational interventions.

In addition, to such base data, school districts can help to identify the potential risk of students individually and collectively. Systematic screening procedures have been developed that reliably identify students who are at risk. One of these procedures, developed by Walker and Severson, is called Systematic Screening for Behavior Disorders [SSBD]. This multiple gateing procedure begins with the classroom teacher nominating up to ten [10] students who are at risk for externalizing &/or internalizing behavior disorders and then rank ordering them according to their degree of acting out or anxiety behavior. The second gate involves the teacher completing two brief rating scales for the three highest ranked students. Those students who exceed local norms are advanced to the next gate, in which trained observers make two sets of controlled, fifteen minute observations of the student in structured academic activities and unstructured play activities. Students who exceed age and sex appropriate norms may be referred to the HSCC.

The cumulative data provided by such a process allows the school district and building principal to grasp the nature of the problem universe and the pockets of concern, in planning individual and classroom supports. Once patterns are identified, the HSCC members are in a better position to develop strategies of logical interventions to support students and reduce problem behavior [e.g., if a pattern of assaultive behavior is noted during transition periods on school grounds at the start and finish of the school day,

the events associated with the transition of students can be addressed in new ways to positively influence this type/form of setting event].

In order to make district wide policy tangible for staff and students, and in an effort to move beyond setting specific systems in given buildings, schools within districts need to move towards adoption of a consistent model of classroom management which occurs within the context of a clearly understood district wide community policy and setting specific systems where warranted. While it may also be important to have continuity between buildings concerning the classroom based system of choice; it is vital for classrooms within each given building to be implementing the same model. Staff in the District must be engaged in a reflective process to identify and implement a method which best fits their building taking into account contextual variables of the existent knowledge base and biases of staff, student and community demographics, local politics and legal/policy matters. The key point is that the staff who will be expected to reliably implement the discipline system both in the building general and the classroom should be involved in the selection process of the model. Further, the design of subsequent training and technical assistance related to the model should be built into the local comprehensive system of professional development.

Internal: School

Districts that have in place continuity in management procedures among classroom in each building increase the likelihood of preventing persistent student problem behavior. However, this is contingent upon two major factors: 1) that there be a *telos* in regard to discipline and classroom management, and 2) that there are baseline and benchmark data to establish the effectiveness of choice. The construct of *telos* means aim, end, or fulfillment. A *telos* is opposite to cause as we generally think of causes today. Causality asks, 'Who stated it?' It imagines events pushed from behind by the past. Teleology asks, 'What's the point? What's the purpose?' It conceives events aimed toward a goal. 'Teleology' is the term for this belief that events are pulled by a purpose toward a definite end.

A teleologic system would then be one that is pulled towards an end: a goal, an outcome expectation. Teleology gives a logic to life. The first and original meaning for *telos* (formulated by Aristotle) is: 'that for the sake of which'. The idea of *telos* gives value to what happens by regarding each occurrence as having purpose. *Telos* gives events value [Hillman - 1996]. If each disciplinary event is cast in a form of *teaching the child how to gain self control*, the actions of educational personnel would change dramatically.

Purpose does not usually appear as such a clearly framed goal, but more likely manifests as a troubling, unclear urge coupled with a sense of

indubitable importance. Thus, each person struggles to meet the control of regulatory input, while being unclear as to what is their personal intent. Many paddles in the water turned to their own interpretation of truth. But a teleologic system, drawn towards a specific outcome, well defined and sanctioned, not only directs the rowing, but provides clear indication when someone goes astray. 'Government must steer, not row' said Gaebler and Osbourne. Steering must come from a clear *summon bonum* or life's greatest good determination. Only after the district has identified its purposes in regard to the greatest good, can a coherent system be delineated and only when delineated can information be derived from data.

The Home, School and Community Council has a role to play in both the process of identifying the need for district wide, building wide and classroom continuity; but also in providing input based on experience as to greatest good. In addition, the HSCC has a responsibility to help Districts understand the need for baseline data as a starting point for determining the need for a functional behavioral assessment of classroom, school or district.

The functional assessment process is predicated first on the collection of data from key informants who know the child, classroom, school or district well. Just as the child/family are predominant in the individual system analysis, so the teacher/class, principle/faculty and superintendent/board are predominant at the other levels. With the HSCC as facilitator, in the functional assessment process the system can begin to address from local preference perspective the development of a strategic plan for changing problem behavior at all levels.

External: Community

The profusion of public and private health, education and welfare agencies that carry out their own goal setting, planning and service delivery has created a set of discrete local programs characterized by differences and contradictions in the delineation of family problems, narrowly focused solutions, problems that are ignored because they fall under 'someone else's' purview, and clashes in philosophy and approach among deliverers. Families feel isolated from systems of support.

If a vision of children achieving - even with problem in living - is to become reality, transformation will need to occur beyond the walls of the school building as well as the classroom. Common sense and research tell us that children who are unhealthy, hungry, abused, ill-housed, or ill-clothed will have difficulty achieving at high levels. The task of education is immeasurably more difficult if students come to school unprepared. Therefore, it is imperative that the school district becomes a catalyst for children and families to ensure that necessary services and supports are provided to reduce the impact of major barriers to learning. All must

recognize that barriers to accessing and receiving services are not merely a matter of co-location or interagency collaboration. If the problem were that simple, the solution would have already been found. Community infrastructure must change philosophically as well as organizationally if the vision of a coordinated system of supports to children and families is to be realized.

Transformation requires that a different frame of reference be used to address the reality of the issues before us. These frames of reference are based on one's perception of reality and dictate how a person selects what to perceive and how it is interpreted. They allow people to understand what is happening in their life and what to expect in the future. By being able to predict and plan the future, a person's feelings of uncertainty are reduced and a sense of control is achieved. The discrepancy between the frame of reference of the major community institutions which provide health, education and welfare supports and the people for whom those supports are presumably designed is clear and powerful. While such institutions continue in good faith to design new system innovations, they are doomed to failure without the insight into and understanding of the frame of reference of the consumer.

Most innovations do not resonate with the expectations of the children and families in need and often result in increasing stress, which can generate disabling consequences. Despite the best of intentions, the children and families fail to find the means to effectively utilize the services that are being offered, increasing their frustration and anger at the institutions that design them. Offering more of the same is unlikely to change this experience.

The transformation required to achieve relevant, accessible and utilized services comes first in altering the frame of reference regarding the design of such service delivery. The initial phase of this is to recognize the community in which we participate, not simply as a vile example of social pathology as demographic data for some areas might imply, but as a vital, energetic and able sociocultural entity which has a frame of reference of its own which is responding to the designs of the institutional entities in it. We must narrow the division between professionals and the lay community perspectives through reflective inquiry. We must ask, listen and reflect accordingly. It is perhaps not as important to understand the formal system of services and supports in the community as it is to understand the informal system. The patterns of human response to tragedy, disability and need of the neighborhood leadership are important aspects of how the people in this neighborhood view the reality of institutional intervention.

We must clear our own minds of professional jargon and theory and listen closely to what the people in these neighborhoods tell us. Listen with a beginner's mind, unencumbered by our own prejudices and stereotypes. This

demands that we exercise a belief that the people in these neighborhoods have something relevant to offer us. As professional helpers, health, education and welfare staff have dwelled too long on the obvious weakness in the fabric of such communities and continued to underestimate the creative strength that allows many people to not only live, but to thrive in circumstances that would defeat us.

We must recognize that such transformation will create a crisis in the professional ranks for if change results in old patterns of expectation becoming invalid, professionals will react with uncertainty, fear, disorientation, confusion, and loss of equilibrium. When change disrupts a person's frame of reference, s/he no longer knows what to expect from him/herself or others and this results in an attempt to regain control. Such 'controlling' responses, while they are to be expected, are not helpful.

In order to approach this difficulty with some hope of parrying the professional with the consumer goals and directives, it is the intention of the Home, School and Community Council to seek to invest itself with an understanding of the consumer perspective in regard to needs [personal goals], values, philosophies, dreams, hopes and expectations. In that regard, they will facilitate the helping professions to:

- identify the formal systems for providing health, education and welfare supports
- identify the informal systems used by the neighbors for health, education and welfare supports.
- identify the characteristics of the formal systems which make the informal systems necessary.

The HSCC needs at the appropriate point to recommend that the district develop key informants and focus groups from each neighborhood to address the issues of health, education and welfare services. Three specific concerns can be identified:

- 1) The System will need to have staff people available at untraditional hours [evenings & weekends] to make entry into the neighborhoods and homes.
- 2) The staff who are carrying out such efforts will need to have specific orientation to the need to pay attention to the neighborhood frame of reference with a beginner's mind.
- 3) The staff will need the sanction of the neighborhoods to being such involvements.

The first, and perhaps, second needs may require financial support; the third will require wisdom. There is potential to bridge the abyss between the school and the neighborhood through an empowerment of neighborhood informal leaders to carry out the functions of identifying the informal system as well as the characteristics of the formal system that make the informal systems necessary. Caution must be used even in this process, as often the established or formal representatives of the community are not those that the community would choose for itself. Since the school district needs to identify the underlayer of responsible community action, it must protect itself against using people who may be buffered from that layer by their very acceptance by the establishment. An adult family member who uses illicit substances may be considered inappropriate by the establishment, while playing a very useful role in the informal caring system of the neighborhood, despite this issue. An 'old head' gang member may be the source of infinite wisdom regarding the teens and their needs, hopes, dreams and fantasies, but not be accessible to the formal leadership even of the neighborhood.

Whether the System decides to employ local people with neighborhood investment or people with professional inquiry credentials, the orientation of such individuals requires a *beginner's mind* as part of their awareness. This awareness must be enhanced by a rigorous challenge of assumptions and holds the inquirer to the open mind status. The staff interviewers will need to be willing to meet with neighbors on their 'turf' and during hours of their convenience and avoid the need for the 'niceties' that the broader society might demand.

The goal is to create a community vision. As described by John McKnight [1987] this is a goal of 'recommunalization' of exiled and labeled individuals. It understands the community as the basic context for enabling people to contribute their gifts. It sees community associations as contexts to create and locate jobs, provide opportunities for recreation and multiple friendships, and to become the political defender of the right of labeled people to be free from exile. The community is the locus of *natural supports*.

This vision seeks to reject the 'sociology of exclusion' that concentrates on stigma and the labeling and rejection of people with negatively valued physical, mental, and behavioral differences [deviant, different, or atypical] and to replace it with 'sociology of acceptance'. No attribute of a person, no matter how atypical, precludes accepting relations providing there are people who can come to know them. People form accepting relations with convicted mass murders and child abusers, AIDS victims, chronic alcoholics, as well as the severely disabled [Bogdan & Taylor].

It was the desire for a community vision which led to the legal position of 'least restrictive environment', which has unfortunately been operationalized

in terms which have led us to serious conceptual flaws which result in the acceptance of restrictiveness as a construct which applies to people with problems in living [Taylor - 1981]. It is the recognition that people with problems in living, whether they are the result of disabilities or social issues can and do play valuable social roles within communities which if acknowledged and enhanced can begin to bring the strength and vitality of the neighborhoods to the forefront.

The very process of striving for a community vision empowers those with valued roles to greater levels of responsibility and 'seeds' the sociocultural environment with prosocial values and good choices. The process of enabling the community to salve the uncertainty and fear of the professionals changes the power relations and frees both the community member and the professional to provide according to their capacity, rather than their credentials.

External: Families

The Home, School and Community Council recognizes the family as the most important building block in our society. Nothing has a greater capacity to influence the growth and development of our children. Nothing more directly affects the success of our communities. It is this recognition which mandates that families of the neighborhoods be recognized and involved in the development of community responses to community needs.

The Home, School and Community Council must help the school district to pool the strengths of the family with the resources of the community for the maximum and mutual benefit of everyone involved. This represents a new way of doing business. School districts embody a commitment, a process and a place. The commitment is to community planning and governance. The process is one of planned integration that includes changing practices and sharing resources in new and different ways. The school district can also provide a recognized place in the community where families can come for information, support and services provided by many different agencies and organizations, serving as a catalyst for the provision of integrated, comprehensive services.

There are five key program objectives that all Home, School and Community Councils must meet.

- promotion of positive child development through effective parenting, cognitive prevention and early intervention as well as outreach services
- support and preservation of the family unit as a foundation of success for children

- assurance of health development and health care services for children
- provision of a seamless, comprehensive and easily accessed network of transformational services for families
- encouragement of economic self-sufficiency for families through adult education, training and employment

The purpose can best be articulated in three propositions:

- to encourage families to become more active in decision making and care giving for their children.

Society has often generated a psychological abyss between the family nurture and the nurture of the community. Only through the encouragement and enhancement of the family involvement with the child's activities outside the home in school, work and community can reintegration of the family's power to influence be maintained.

- to develop and strengthen natural community supports for children with problems in living and their families.

Children with problem behaviors are not helped through a process of labeling and removal from home, family and community. Rather they are helped through the family supports and natural supports from their neighbors. The Home, School and Community Council as a catalyst for family and community congruence, provides a way for healing to begin.

- to address problems in living shared by families of children and embed the solutions in the community which nurtures them .

Families and children with problems in living cannot remain stigmatized and isolated from the community that supports them. They need the support of their neighbors both for succor and for positive expectation for change. The HSCC/School District relationship can be the beginning of a regeneration of community, and the regenerated community is the source of nurture for the family with problems in living.

A critical factor is not simply to change the ways in which we behave, but to change the ways we think. One area of changing our thinking is in relationship of the part to the whole. For a long time scientist had thought about evolution in the Darwinian framework that tended to separate the microcosm [individual] and the macrocosm [community] from each other, viewing the environment as fixed and the survivability of a particular species as dependent on how it fared in competition with other species in this given

environment. Thought was rarely given to the idea that what was occurring at the level of the microcosm might influence and be influenced by the macrocosm as well. We now understand that there is a co-evolution and that changes in the individuals in an environment have influence on the environment, just as the environment has influence on the individual. The Home, School and Community Council, as a catalyst for transformation must therefore accept that changes in school behavior influence the behaviors of families and children, just as the changes in the behaviors of families and children will change the behaviors of the school.

Families are the first and usually the best providers for their children's health and welfare. This is an important and critical point. Children are unlikely to prosper unless their families do. And just as families are the best providers for their children, communities are the essential support system for families. Not schools or social agencies; not professional experts; but the very entities which we so often see as pathological. Communities -- that is, the communities of faith, civic associations, cultural organizations, neighbors and friends that surround families as they live their lives -- provide the opportunities and resources that families need.

This framework takes a broader view of the meaning of supports and services.

- It emphasizes the need to strengthen the informal natural supports that most families turn to before they seek help from formal resources. If these informal networks are strong, families have less need for more formal services. This substitution of natural supports for formal supports is inherently suggestive of a healthy community.
- It requires communities to provide assistance to families in more responsive, accessible, acceptable, and useful ways. This suggests embedding services in neighborhoods, schools and workplaces, where families in need are more likely to turn. The construct of providing formal services in valued settings without labels or separation from everyday lives is a critical change in the way of doing business.
- It envisions adult family members as the visionaries in the design and delivery of essential supports for their children. These are the critical decision makers; professional experts are the enablers who will provide the information necessary to make critical decisions in an informed and successful manner. In this context, the responsibility for growth and development is inherently with the family, not the professional.

Taken together, these assumptions suggest a community that supports all families, rather than focusing exclusively on specialized or remedial services

that are triggered when families fall apart or children get into deep trouble. In this vision, the health, education and welfare agencies are the catalysts to the community's development, nurturing the community as it strives to regain positive social expectations. Such a shift will require changes in philosophy, policy, practice and resource allocation.

One such transformational idea is to suggest that one method of helping the irresponsible is to give them responsibility. The advent of the client movement in mental health was that many people diagnosed with schizophrenia had to take leadership responsibility - and in this process became less psychotic and more responsible. The parent needs to be given the responsibility of raising their own children just as the psychotic must be given the responsibility of planning and carrying out the plans. One of the most powerful aspects of this construct is the **message** that is being sent - "by giving this responsibility to you and expecting [in the predictive sense - that you will be responsible, I am indicating my belief in you as a responsible person" - a prosocial and internal attribution that changes the character of those involved. This is very different than the usual message - "you are not responsible for your behavior, you are victim of the circumstances of your defects and nothing that you do can make it better". Of course, the responsibilities dispensed must be cogent to the person assuming them - for none of like to assume a responsibility in which we are not vested.

In fact, the assumption of responsibility is a major catalyst for progress in many of the system sectors. Command and control management divests local control. The transformational system seeks to place responsibility as close to the 'ground' as possible. It is not that hierarchies are problematic - networks naturally form hierarchies - it is the tendency to collect power at the top. Power, responsibility, decision making, etc. Must constantly be pushed down the hierarchy to the very bottom - to the client. The top of the hierarchy has the power information and influence, the bottom of the hierarchy must have the power to carry out its roles. This downward pressure empowers direct service workers as well as clients, for it frees them to relate, within very clear constraints and with very clear objectives, to the goals of the client and to be **creative** in the means of achievement.

Achieving such a transformational orientation will require that the Home, School and Community Council pursue a major principles:

A focus on outcomes related to the well being of children and families as the measures of service system performance; creating a 'climate of outcome accountability'.

Outcome accountability can replace - or at least diminish the need for - centralized bureaucratic micro-management and rigid rules. Effective services require a significant degree of both local variation and frontline

discretion, which cannot be maintained in the face of detailed regulations of program inputs that tie the hands of frontline professionals. Regulation by results [outcome accountability] is the best alternative to top down, centralized micro-management, which holds programs responsible for adhering to rules that are so detailed that they interfere with a program's ability to respond to a wide range of urgent needs.

It becomes easier for policy makers to desist from regulating and micro-managing processes and procedures if they have the capacity to hold programs, institutions and those who run them accountable for results. The use of outcome indicators helps to focus attention on mission rather than rules.

Outcomes can help to increase resources for effective services by assuring the people who provide the funds and the public at large that investments are producing results. Funders and the public are demanding information on which informed judgements can be made about whether institutions, programs and policies are in fact accomplishing their intended purposes.

Agreement on desired outcomes fosters greater attention to children and families and helps to minimize expenditures that don't contribute to improved outcomes. Because the current state of the art of outcome measures is primitive, many who support a shift to outcome accountability and evaluation would prefer to see widespread application postponed until further progress is made toward a more sophisticated technology and philosophy of outcome measurements. Despite the difficulties, the time has come to begin working with data that are currently readily available and around which it is relatively easy to reach agreement. Like any planning process, think of budgeting for example, improvements will be made over time as families define more and more specifically what their outcome expectations are.

It is further noted that the decentralization of care management to the community level will ensure that the issue of 'what is best for children' will be debated at a local level and that the development of coherent social policy based on substantive outcomes expected at the local level will result.

It is important and recognized that there are at least two levels of outcome measurement which must be considered. The first and most important has to do with outcome of the service intervention - the impact of the services on the quality of life of the receiver of those services. The outcome expectation or criterion for measurement here is defined by child/family preference and is articulated through their expectations. Since it is the consumer who defines quality, it is important the child/family be clear about what they would like to see as outcome: define what life would be like if the services are to be considered successful. In short, provide a definitive *vision*

of a reasonable future with reduced problems in living. This consumer sovereignty is an important factor in the change of style regarding how business is done. Self-determination becomes the predominant factor in service delivery. No longer will professionals describe the hoped for outcome of services and design supports to reach their outcome. Outcome [quality] must be defined by the client.

The decision to progress must come from within. It is impossible for one individual to assume direct responsibility for the growth of another. The process of decision making in regard to the acceptance of help is critical to the ability to benefit from that help. The process of acceptance of help is intrinsically tied to expectation of outcome. The professional desire to usurp the outcome expectation leads to coercive services and 'resistance' on the part of those whom we wish to help. The ability to enable the child/family to define outcome expectations in a relevant and measurable manner helps to make the services and supports acceptable and usable.

A second level of outcome is in regard to organizational performance. In this context, the organization must develop values and principles upon which its performance will be measured. In any given case, an individual client's preferences may be contrary to the goals of the organization, and in that difference, the individual goals predominate. For example, while inclusion is clearly a goal of educational entities due to the philosophy and principles articulated by policy, an individual child/family may choose not be 'included'. This self-determination desire must outweigh the desire of the organization to meet its goals.

The organization must also, however, make available to the individual the opportunity to develop. For an opportunity to be accepted, it must be in line with the individual's desires. As individual's grow and develop, they naturally enhance and expand their desires and goals based on their achievements. In this way, they control the process of growth to a levels that they can understand and accept.

When we talk about joint identification and agreement on goals, we understand that this is agreement on the organizational performance goals, which have built in consumer sovereignty as the basic tenet upon which the family network shift is built. We also understand that individual agencies develop these organizational performance goals through the aegis of their policy-making boards and management. Nonetheless, we believe that communities have the right [and responsibility] to inform these organizations about the nature of their local goals, desire and priorities and to be able to do so in a concerted form with dialogue among participants, which can only be helpful in developing the leadership for change.

Assuming the HSCC has a set of outcomes aimed at maximizing rates of positive result, they must then address the question of what is known about how these outcomes are most likely to be achieved and how they can utilize this knowledge to achieve the desired outcomes.

Because effective service are not presently the norm, the HSCC is likely to find that they need to modify, expand or create new services and supports, as well as to develop linkages among existing services. Some of the creative development of innovative approaches will be contingent upon a transformation of the frame of reference. Three shifts in perspective seem to be particularly necessary.

1) There must be a change in the locus of direction setting. Planning for child/family services must be predicated upon the vision of a preferred outcome as defined by the child/family. This vision must be developed through a full discussion of life domains and experiences and identification of areas of support that might be necessary to assure that the individual can function within their preferred life style. The predominant importance is to define a future that is without the stress and concerns of the present and past. But in addition, there is a shift away from the expectation that such services and supports will always be necessary and a recognition that the development of confidence, competence and natural supports will assure a reduction of formal services.

2) This is a perspective of services that changes the role of the professional from decision maker to enabler. The professional does not assess the child/family and make decisions about his or her future. The child/family make the decisions that define their outcome expectations and the experts are then required to provide the means to achieve these outcomes. The role change does not diminish the expertise of the professional, but does redirect it.

3) This is a shift in perspective towards maintenance of the child/family as valued members of the community. This demands a movement to "whatever it takes" to keep individuals out of programs which dislocate them from family, friends and community. Thus supports are to be delivered where the child is [or would be if they had no service needs] thus maintaining the child's role qualification in valued settings. In addition, the services and supports may be expanded to include natural community supports in place of, or in conjunction with professional supports as a further means of entrenching the child/family in the community.

It is likely that holding to these three perspectives will make many present service offerings unacceptable since traditional services tend to violate one or all of the principles. This will require the creative development of alternatives. As the HSCC works through these questions, they are likely to

find it useful to start with lists of services and supports which have been identified as helpful through experience and to compare these services to the principles above. By comparing the formal system of services and the informal system of services [those people that local families turn to in place of the formal system] the community may begin to identify the concerns with, and gaps in the formal system. They will then need to identify and take action needed to put missing services and supports in place, to make all services and supports maximally effective in improving outcomes, and to institutionalize change.

Program priorities should determine fiscal strategies, not the reverse. To ensure that this occurs, all child serving agencies will be urged to link their program and fiscal agendas through development of explicit 'joint program and fiscal strategy' that, with community direction, identifies priority program goals.

This framework is an attempt to garner a 'community as the client' agenda that alters the present method, which not only takes children out of the community, but takes the funds to serve those children as well. By focusing on a community agenda and fiscal strategy it is hoped that the local priorities will be elevated in agency status.

Redeployment strategies are essential elements of reform for two reasons. First, by its nature redeployment involves changing the distribution of funds and the shape of services and service delivery structure. It forces a process of substituting new practices for old, rather than just 'layering on' new service components. Second, redeployment helps ensure that current resources are well spent before new resource allocation decisions are made.

It is apparent that present systems often reward behaviors that are contrary to the perspective shifts already identified. In that way, agencies are often 'held harmless' by placing children out of the local community. Part of the reallocation strategies is to capture these funds for the local community. Therefore, if the state will pay extra money to place a child in an Approved Private School, the HSCC will try to help the district recapture some of those funds for the child in the local school. Thus, without increasing overall expenditures, there would be an increase in local funding.

Another area of reallocation is in regard to using natural community supports in place of professional supports with reduced costs. This division of labor is one that will demand close examination in regard to the most efficient methods of meeting community outcomes. The Home, School and Community Council must make every attempt to ensure that funds are used to strengthen children and family services and thus achieve defined outcomes.

The changes described will require skilled, motivated people to carry them out. Improving outcomes for children and their families can only be done through a well trained workforce, knowledgeable about their own responsibilities as well as how they fit within the broader service system.

For this reason training to ensure appropriate skills, attitudes, and commitment among frontline natural support populace is a must. The people involved in these activities will be those who relate directly with families and children in many different settings.

To ensure effectiveness and relevance of development and training efforts, community members should participate in defining and implementing a common approach to assisting children and their families. This approach must meet the three major shifts in perspective and will require quite different skills than those carried by present provider staff. Families and communities will be seeking specific remedies to situations and require 'mentors' to demonstrate through role play and modeling the way to act in certain situations. Competence [skill to perform] capacities will be the major focus as replacement to symptom reduction.

This will require quite different training than present systems operations. The curriculum incorporating this material must be developed collaboratively and interactively with staff from multiple systems, including front-line staff and agency administrators, so that it meets their needs. Helping frontline personnel acquire new skills is only useful if the agencies employing these staff support the new forms of practice that result.

We have already indicated the need to clarify professional roles and to delineate a division of labor that enhances the lay and paraprofessional involvements. The emerging cognitive & behavioral skill building technologies bode well for enhancing both outcome potentials as well as for the increase in local lay and paraprofessional roles. Such shifts could enhance the employment opportunities for local community members as well.

The real measure of whether a new staff development and training approach succeeds will be whether agencies continue to effectively use these new technologies, and broaden its aspects over time.

Over the long term, the real measure of progress for the community in the Home, School and Community Council effort is whether trends change in the direction of the desired individual, organizational and system outcomes. The bottom line is whether the situation for families and children improves.

Solid evaluation of system, organizational and individual outcomes will demand a different kind of data collection system. Traditional health,

education and welfare systems tend to collect custodial data, including how many units of service were offered, over what time period, at what cost. While this may have some value, it ignores the data regarding the outcome of the service intervention. We will need to know how many children and families achieve their preferred outcomes and what methods were employed to achieve these goals.

External: Families

The Home, School and Community Council recognizes the many components of family life which may require support. In order, to enhance the family's capacity to meet expectations, HSCC will support the development of social learning family intervention that will use a functional cognitive behavior assessment [CAST] process to provide comprehensive and multilevel approaches. A crucial aspect is the emphasis on promoting behavior change in the child's natural environment. Such change will occur through the creation of a child/family plan that identifies family interaction skills, child management skills, the personal development of parents and/or siblings and peer relationship skills.

The Council must act aggressively to involve all families, even the most resistive, in the social learning approach to child management that may include the following basic elements:

- pinpointing and accurately description of child behavior;
- refocusing from exclusive preoccupation with antisocial behavior to emphasis on prosocial goals, and the impact that specific behaviors have on movement toward or away from attainment of those goals;
- daily tracking of specific child behaviors and goal attainment;
- administering tangible and social reinforcement;
- using alternatives to physical punishment [e.g., differential attention, response/cost, time out];
- communicating effectively [e.g., clear directives, appropriate praise and the reasons for it]; and
- learning to anticipate and solve new problems.

These strategies will be taught to parents through a prescribed set of activities, which include interactive discussion, modeling, role-play, home practice and directive feedback.

A second level of intervention may be identified through the assessment process that would require individual and/or family clinical support. Parents are often assumed to have the capacity of demonstrating prerequisite skills for child management. However, deficiencies may arise because parental performance is derailed by interference from internal or external events and conditions. Personal factors such as low self-esteem, depression or other

mental disorders; marital discord and a disorganized style of handling daily-life demands consistently relate to child behavior problems.

Highly distressed families are not likely to use or consistently apply effective child-management skills. Personal and marital problems may interfere with a parent's ability to focus on their child or to assimilate new child-management patterns.

Brief marital intervention such as partner support training and/or individual therapy for parental psychopathology will be provided as an adjunct of social learning when indicated.

Parenting interactions are clearly the most well researched and most important proximal cause of conduct problems [Webster-Stratton, 1993]. Research has indicated that many of these parents lack certain fundamental parenting skills. For example, they may exhibit fewer positive behaviors; be more violent and critical in their use of discipline; be more permissive, erratic and inconsistent; be more likely to fail to monitor their children's behaviors; and/or be more likely to reinforce inappropriate behaviors and to ignore or punish prosocial behaviors [Griest, Forehand, Wells & McMahon, 1980; Patterson & Southmer-Loeber, 1984; Webster-Stratton, 1985; Webster-Stratton & Spitzer, 1991].

Based on a social learning model, Patterson developed the 'coercive hypothesis' which postulates that children learn to get their own way and escape (or avoid) parental criticism by escalating their negative behaviors, which in turn leads to increasingly aversive parent interactions.

Additionally, parent disorders place the child at considerable risk. Depression in the mother, alcoholism in the father, and antisocial behavior in either parent have been implicated. Maternal depression is associated with misperception of a child's behavior and often increases the number of commands and criticism.

Interpersonal conflict leading to and surrounding divorce are associated with, but are not strong predictors of disruptive disorders. This is perhaps because the child either responds to such threat with anger and/or sadness. This may account for the incidents of underlying depression so often occurring with our clients.

Since specific family characteristics have been found which contribute to the development and maintenance of child conduct disorders it is imperative to address these family issues directly.

Such family interventions are often least effective with those families who need it most. The Home, School and Community Council must be aware

that resistive families are often overly pragmatic in their expectations of services and supports and must often be helped to develop accurate expectations regarding the role of the helper and their own role. Further there is evidence that sociopsychological stressor variables are the most significant predictors of long-term parent performance outcomes. Multiply entrapped parents demonstrate strong inability to commit to and utilize help effectively. Stress influences parenting by narrowing the range of environment cues or events to which the parent can pay attention.

When the functional family assessment indicates one or more of these concerns, the Home, School and Community Council will identify methods of addressing it. When the identified areas express personal adjustment expectations clinical members of HSCC will work intensively with parents to enhance the necessary procedure.

The pervasive chronicity of disruptive behavior disorders is connected to the support and maintenance reinforcement supplied by families. The interventions provided to families therefore are expected to have a dual impact. First, they are expected to have a significant outcome in regard to the family client and treatment targeted; and second, they are expected to be reflected in the recidivism rate of the adolescent Client.

Clinical Concerns

Children with antisocial behaviors and particularly their families are often seen as *resistive* to help. Researchers have found a correlation between such resistance following specific therapist behaviors. Moreover, certain therapist behaviors have been shown to significantly affect the probability that a parent will respond with resistance [Alexander et al, 1976; Chamberlain & Baldwin, 1987; Chamberlain et al, 1984; Chamberlain & Ray, 1988]. Clinicians need to receive training in supporting and reframing interactional techniques.

When government becomes involved with families because of a child's disability, it is important that it be recognized as a *family enterprise*, in which the family is seen as the major component⁶⁶ of the interactive relationships and the major resource for problem resolution. This recognition is predicated upon the premise that the adult family members have the authority and responsibility to direct the growth and development of their

⁶⁶Unless or until a family is reported and found negligent or abusive, the family has the responsibility and the authority to act on behalf of the child and must be supported in doing so. If the family has difficulty finding appropriate solutions, the HSCC is responsible for helping the family work through this issue. The child plays an increasing self-determining role in the process. The HSCC must enable the child's position to be heard in the family/school decision-making process throughout, recognizing that the child does not have final determination. At age 14, the child has autonomy regarding mental health services and at 18 the child has autonomy for all else **unless they have been found incompetent in a court of law.**

child at least until either a) the child reaches his or her majority and is then considered autonomous or, b) the adult family members have been found by the courts to be either negligent or abusive and the responsibility for the growth and development of the child is removed by a court of law. Competence to provide for the child is therefore an *assumed* attitude unless and until legal action indicates otherwise. As a philosophy, the Home, School and Community Council endorses the child's right to a nurturing home and consistent relationship with significant adults.⁶⁷ This requires a focus on the responsibility of the parents to cope with family discord and *learn* the skills necessary to help the child grow and develop; and it creates an equally significant responsibility on the part of the intervening system to provide the training and support to allow the parents to achieve this purpose.

Services must be flexible, individualized and designed to meet the diverse needs of the child/family *as defined by them*. Natural supports, including extended family, friends, neighbors and community associations should be preferred over provider agency programs and professional services whenever possible. This is predicated upon the premise that the *community* has the potential to provide supports and acceptance to the child/family in a manner that is less intrusive to the intrinsic parental role than professional services can⁶⁸. The school district seeks to support and enhance existing social networks, strengthen natural sources of support and help build connections to existing community resources. When natural sources of support cannot meet the needs of the family, professional support services should be available to provide services *in valued settings*, maintaining the focus of family direction.

The projection of professional services into the family life should be viewed as an intrusion and therefore, all efforts should be made to limit the negative impact⁶⁹. As much as possible, the Home, School and Community Council seeks a seamless, comprehensive, and universal system which provides supports to parents to strengthen and sustain their roles as teachers and

⁶⁷This assumption of competence should create a tension within the clinical and school personnel to realize that unless they are prepared to report the parent as either negligent or abusive, they *a priori* accept that parent's right to decide. School personnel and other professional child serving agencies cannot continue to treat parents as incompetent without reporting them as so.

⁶⁸"These associations of community represent unique social tools that are unlike the social tool represented by managed institutions. For example, the structure of institutions is a design established to create *control* of people. On the other hand, the structure of associations is the result of people acting through *consent*. It is critical that we distinguish between these two motive forces because there are many goals that can only be fulfilled through consent, and these are often goals that will be impossible to achieve through a production system designed to control" [McKnight - "Regenerating Community", Social Policy, 1987].

⁶⁹This is not meant to be pejorative. It is a simple recognition of the difficulty for anyone to enter into a professional helping situation and the limitations of present institutional responses that are bound up in social policy that is conflicted between the growth and development of the person being served and the protection of society from people with problems in living. Since institutions supported by the government have as an inherent part of their initial formation a requirement of *common good*, the birth sets in motion the potential for conflict between the person being served and the institution providing the service.

role models for their children. This goal can be accomplished most effectively when parents feel empowered to act on behalf of their children. Empowerment is not only the delegation of authority to parents to exercise their parental role; it is the acquisition of both the skills and the confidence to assure that they can adequately perform this role.

Such confidence can only be built as a relational concept where parents are perceived as powerful and in control. The individual parent's performance outcomes are contingent on what others do and how they respond. Power rises when the relative power of others is mitigated by constructs of dignity. One may reject the choice, but never the chooser; nor may one diminish the right to choose, except in the most severe of situations whereupon the school district has other reporting responsibilities. This focus leads to a strategy that increases the power of less powerful parties and reduces the power of the more powerful. Thus, the power distance between the professional intruder and the parent must be diminished and, in the same manner, it may be necessary to help the parents diminish the power discrepancy between themselves and their growing children.

The purpose of the Home, School and Community Council is to empower families to empower their children and in that process develop a personal belief in self-efficacy. The Oxford English dictionary defines the verb *empower* as *to enable*. The process then is an enabling process in which the family is the primary focus and through which children achieve a nurturing environment of significant, empowered and effective adults.

There is no reason for families with problems in living to trust professionals. Many have had difficult experiences where such professional trust has been used inappropriately as we have "done things for their own good".

John Stuart Mill has probably said it best "The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him, because in the opinions of others, to do so would be wise, or even right." [On Liberty - 1859]

When we exercise our power to do things against a person's will, we generally negate trust. The Home, School and Community Council supports the rightful exercise of power by the child/family and expects to induce them to appropriate decision making through an increase in information. In Mental Disability Law: A Primer we are advised that, "The freedom to choose, to make one's own decisions, is fundamental to the American concept of liberty and democracy. Simply put, in earlier societies one's rights and privileges were determined by one's status in the group; today, under

American law, such rights and privileges normally are determined contractually by individual choice”

Trust is built on opportunities for individual choice empowered by increased information. It is further apparent, that we all in our most intimate have ‘secrets’ which we do not share easily. Families may have reason to ‘resist’ our intrusions that go beyond the obvious. The ability of clinicians to listen closely and to respect boundaries, seeking always to find alternative solutions that meet the preferences of the family will go a long way toward reducing resistance. In the final analysis families are more alike than different, they want to reduce conflict, pain and problems in living within a context of their own moral and cultural values.

External: Peers

This Home, School and Community Council assumes that childhood disruptive disorder exists within a broader social context and specifically adds peer and school domains to the child and within-family change.

From Harlow [19974] we know that the peer system is probably the most pervading and important of all the affectional systems in terms of long-range personal-social adjustment. This system develops through the transient social interactions among babies, crystallizes with the formation of social relationships among children, and then progressively expands during childhood, preadolescence, adolescence and adulthood.

The primary positive variable pervading peer relationships is that of play, which progresses from the asocial exploratory play characterizing early infancy to parallel play, and subsequently to the multifaceted forms of social, interactive play achieved by the child, the adolescent and the adult. Since one of the primary functions of peer play is the discovery and utilization of social and cultural patterns, children who are rejected by peers or reject peers miss an important natural support to growing up responsible.

One of the transitional or developmental mechanisms from mother to peers is the mutual acceptance of physical or bodily contact with members of the same species. When a child abrogates this contact through avoidance or overaggressiveness, it is difficult, if not impossible for them to benefit socially. Since this age mate system is of superordinate importance for normal social and sexual development, the rejected/rejecting child is likely to suffer continually from both causal and intimate relationship distress. Further since forms of play build one upon the other, the lack of creative play with age-mates may contribute to a lack of creative expression.

As previously indicated, children whose problem is behavior are often left with or placed in deviant peer groups or remain asocial isolates. Neither of

these options lend themselves effectively to the reciprocal social operations that are necessary for adult life. The HSCC therefore should be particularly interested in defining the child's relationships and active social roles as a means of remedy. Additionally, the Home, School and Community Council will seek to find methods to work with typical peers within the school in a manner that will encourage acceptance and participation as it supports the individual child. The school as both a mandated and valued setting for all children has the capacity to identify and group both present and preferred peers and to provide a platform to work with these children to enhance natural supports.

GAP ANALYSIS & CAPACITY BUILDING

Children as an Endangered Species - Building a Optimistically Nurturing⁷⁰ Community

Introduction

As the Home, School and Community Council moves in wider and wider circles of developing prevention services for the community's children, it will probably become obvious that building natural supports child by child, is more remedial than preventative. Prevention at the community level will need to find a way to offset the toxic culture that is primarily driven by the media. At this moment, there is an ecstatic flurry of media, images and mass communication crisscrossing our society and available to children of all ages. This flurry has given an avenue to a countless number of voices, each with a distinct point of view, each not concrete and enduring, but ephemeral, virtual and ever-changing. Because of this new media(o)cracy⁷¹ these voices have created, there is a distinct groundlessness in the world today, an absence of any viable consensus of authority that might be capable of prescribing the manner in which we should live, communicate, work and play. In the span of one generation, we have witnessed the death of virtually every external authority that might be described.

In the midst of such chaos, our children are becoming an endangered species; growing up too fast. Before they are able to gain the wisdom required for discriminate choices, they have vicarious or direct experiences with sex, drugs and violence. More and more child crimes are prosecuted in

⁷⁰ Funk & Wagnall's New Comprehensive International Dictionary of the English Language defines nurture as 1. The act of nourishing. 2. That which fosters education. 3. The aggregate of environmental conditions and influences acting on an organism subsequent to birth. Feeding toxic waste or providing conditions which influence a child to value sex, crime and violence would be very poor nurturing indeed. Little wonder our children have such problems in living. Martin E.P. Seligman states in the Optimistic Child when talking about children with problems in living- " It is our mission to develop a program that changes the trajectory of these kids lives...." We believe that mission must be expanded for all children.

⁷¹ A seemingly appropriate word coined by Plumb Design, along with additional language developed in the context of their mission statement.

adult court at a younger and younger age. Children are bombarded by anti-heroes who follow violent paths to justice; leading to a belief that might makes right. Our moral leadership is in crisis and we find people to blame for our 'victimhood'. The media insists on the right to say and show anything on the pretext of 'the right to know', without any responsibility for the 'need to know' or concern for the impact of what they say - particularly on vulnerable children. Each little step in the direction of portrayal of violence and smut is gradually escalated so that the public has become accustomed to marketing advertisements that mere years ago would have been considered pornographic. The representation of obscenity - 'I will know it when I see it', has been belied by attrition.

As individuals and as communities, we probably have no ability to quickly turn off the poisoning of our children. Some parents may be wise enough and skilled enough to provide a shield for their children, but most of us are learning as we go along. Communities can support families by finding ways to develop a protective immunity, through prosocial values and alternative activities. If any citizen takes the time to think about it, s/he could probably list a series of requisite opportunities that every child needs if they are to reject the toxic culture and be responsible adults. We would probably suggest the need for role models, for spiritual involvement, for the opportunity to be altruistic, to learn how to work, and to seek learning. While it is the child who is responsible for his/her growth and development; it is the requirement of a civilized society that it provide opportunities such as the ones listed above. But who in society should provide it? The federal or state government, the county or municipal government; or the people in the local community?

When citizens rely on government to determine what is the right thing to provide and then provides it; the trade offs are substantial. Flexibility and commitment are lost. Local people gain considerable sustenance from providing for their own community children the opportunities for growth and fulfillment and seeking support for their own ideals only as a last resort from others who make a living pleasing everyone. To paraphrase Lincoln, you can please some of the people all of the time, and all of the people some of the time, but you cannot please all of the people all of the time. People are too diverse and too tied to local norms to have people from afar make these personal and substantive decisions. As John McKnight in *Regenerating Community* [1987] stated, the people who make social policy have social maps upon which they base plans and design programs. Such social maps have lead to institutional, rather than personal responses to children with problems in living. It is the intent of the Home, School and Community Council to bring the responsibility and decision making home.

One final point should perhaps be addressed. This is the boundary of the community in which we are attempting to build capacity. The School District

may, in fact, cover several neighborhoods⁷² each of which sees itself as unconnected to the others. However, the children of these communities will at some point be thrust into a relationship with each other that may be tainted by the perspective of the adults. Either the School District boundaries need to be redrawn to cover only natural alliances, or new alliances must be built. Taking ownership for all of the children in the district may be difficult for various stakeholders, but such is the consequence of our system.

The purpose of this section is to provide guidelines to enable Home, School and Community Councils to conduct a Gap Analysis Project to identify the needed supports for children within their district communities and to build capacity where the needed support is unavailable, inaccessible or inappropriate. Gap Analysis is part of a strategic planning process that identifies the discrepancies between where we are now and where we want to be in the future, so that the 'gaps' can be addressed. Where we want to be in the future may vary with individual communities and therefore the development of a *vision* concerning the necessary requisites for providing and opportunity for growth and fulfillment is to great extent a local concern. The guidelines are therefore intended to be dynamic in that parts of it will be changed as improvements to the Gap Analysis process are made.

Gap Analysis

Gap analysis is a 'bottom-up' approach that allow for creativity and collaboration at the local level, where most child management decisions should be made. System standards are, however, of importance if we are to provide meaningful feedback information that is useful at the regional and state levels. Standards are imperative if our information is to be equivalent across the entire range of occurrence. Although gap analysis is coordinated by the comprehensive system for child/family support, its implementation is composed of collaborating organizations including human services organizations, private businesses, special interest groups, and universities, as well as state and local governments.

One of the objectives of the Gap Analysis Project is to generate a growing body of knowledge about associations and institutions which prosocially support child development opportunities and identify their distribution and accessibility to all children. A second is to track and evaluate the use of such opportunities and their impact on the potential for protection from future endangerment of children. Children are to be considered endangered when they are in need of rehabilitative, protective or corrective services. By necessity, the GAP effort is multidisciplinary, including human service

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We have made a rather arbitrary separation here of neighborhood as meaning people that you live near and may have opportunity for more face to face relationships with and community to mean a "community" formed around a special interest; such as the protection of our children. The desire of the HSCC is to make a common unity of all neighborhoods in the School District.

professionals, community political, business and spiritual leaders, parents, and others.

The intent of an Home, School and Community Council Gap Analysis Project is to provide focus and direction for proactive, rather than reactive, child rearing and child management activities at the community level. Both parents and their children are protected from endangerment when they are nestled within a community that provides a sense of belonging and opportunities for growth and development. We believe that gap analysis is one step in a comprehensive child management planning effort that transcends political boundaries.

The Gap Analysis Project seeks to identify prosocial types of activities that are not adequately represented in the current network of each HSCC area. These are the 'gaps' in the present-day overall mix of school and community activities that need to be addressed if all children are to have the opportunity for significant growth and development. If children and their families are to thrive in a neighborhood, they need to feel a sense of belonging and to have opportunities available to join in community activities. Too many parents are spending effort and time in acquiring the resources to provide for themselves and their children the 'good life', rather than living it. Such critical decision-making often leaves the children abandoned to the available and accessible resources of community support. If the local community fails to provide adequate prosocial opportunities, children, like 'water seeking its own level', will follow their natural instincts for learning by seeking new, and novel experiences wherever they are available. Children naturally take responsibility for their own learning, but if these new opportunities are unsavory or marginal experiences, they are often not mature enough to make discriminating decisions and become increasingly involved and endangered.

Gap analysis products have many different uses. One of the most important uses is to provide an overview of the distribution of accessible educational, cultural, character building, employment, spiritual, volunteer, recreational and other selected opportunities which are so necessary to children and their families. This information about 'gaps' is intended to be used by decision makers at the local district, county and state level for proactive child management planning which will hopefully lead to fewer children becoming threatened, and thus reduce the number of future conflicts regarding rehabilitative, protective and delinquency issues. It needs to be stressed, that gap analysis is intended to complement, not replace, the child-by-child approach to preserving community diversity that is so critical to the development of children in a toxic culture.

The main goal of gap analysis is to prevent additional children from becoming threatened or endangered.

The development of a Gap Analysis Project requires that the Home, School and Community Council identify through a strategic planning process:

- Vision - the future position and value of the community in preserving children and families.
- Mission - the community and its purpose
 - who we are,
 - who we serve,
 - what services do we offer,
 - how we make them available.

Whenever communities come to believe that their common knowledge is illegitimate, they lose their power and professionals and systems rapidly invade their social place. Our essential problem is weak communities. While we have reached the limits of institutional problems solving, we are only at the beginning of exploring the possibility of a new vision for community. It is a vision of regeneration [McKnight, 1987]. The development of a common unity to prepare children for life, to support families in their management of children, and to provide authentic relationships with natural people begins with a statement of community value and purpose.

Thus the strategic planning process give the community the opportunity to articulate its common values and attitudes, which may differ from those of others. The determination of a community 'driving force', or key decision determinant, may be the catalyst that defines the common purpose. The debate will not be whether or not to do what is right for children; but rather, what is right for children. Spare the rod and spoil the child; a biblical proverb or child abuse? What is the cultural milieu in which children are being raised and what are the associations that support that culture? Care is a special relationship characterized by consent rather than control. Therefore, its auspices are individual and associational. For those who need care, we must recognize the community as the appropriate tool [McKnight, 1987].

The driving force or key decision determinant is the only aspect that these guidelines mandate: finding ways in our community to improve the lives of our children. That is the driving force of the local HSCC in the Gap Analysis Project. Determination of how well it is done now, how we want it to be, how to get there, and how we will know when we arrive is a local decision. In the environmental assessment process, we have emphasized opportunities for children to experience growth fulfilling optimistic experiences, but there are other areas that can be examined as well if the community so chooses.

From this struggle for articulation of common knowledge, the community will state the standard opportunities, which they in their collective wisdom, believe are requisites for growth and development of their children. The

HSCC can then begin to determine through an environmental assessment, what opportunities that the community has determined should exist, do exist, and whether such existence is accessible and appropriate. They will then determine the strength and capacity of each resource, and identify the GAPS for both existence and quality. The HSCC community should list specifically at least the following resource opportunities as required standards:

- educational opportunities: e.g.; schools, day care programs, libraries, special interest groups and supervised internet access
- altruistic opportunities: e.g.; opportunities to volunteer, participate in helping others, etc.
- employment opportunities: e.g.; opportunities to apprentice with a career mentor, work part time, gain work training, etc.
- spiritual opportunities: e.g., church & Sunday school, church youth groups, etc.
- character building opportunities: 4H clubs, boy scouts, girl scouts, YM/WCA, etc.
- socializing opportunities: places where children and adolescents can gather and play without excessive adult supervision, e.g.; parks, playgrounds, outdoor basketball courts, baseball diamonds, swimming pools, etc.
- cultural opportunities: e.g., music and art lessons, reading clubs, political discussion groups, etc.

The HSCC community may prioritize these and other opportunities that they believe are most critical for their children's' growth and development in a formal report. This needs to be a unified report for each community, and therefore, it may be necessary for the HSCC to develop creative methods to gain opinions from a full cross section. The HSCC may choose to have a series of focus groups or an open 'town meeting' to explore the development of an expanded and prioritized list of requisite opportunities for the community's children and may consider a nominal group technique as a method of 'brainstorming' such a list. The HSCC may need to bring together political, business, and spiritual members from the various neighborhoods in order to create a common unity. School Boards should be a beginning method of identifying and unifying neighborhoods into a community.

The prioritized list which results from this process, is the STANDARD LIST of desired opportunities and resources. This should be compared with the AVAILABLE LIST of opportunities and resources developed from the environmental assessment. It is from this analysis the HSCC will identify GAPS.

After developing the list of AVAILABLE resources, the HSCC should analyze these from several different aspects, such as:

Structural:

1. Are the opportunities available as listed and prioritized on the STANDARD LIST?
2. Are the opportunities accessible to all children? Identify:
 - transportation limitations
 - cost limitations
 - time limitations
 - age limitations
 - culture/ethnic limitations

Qualitative:

- Are the resources well organized and implemented [e.g.; some character building opportunities may be more threatening than helpful, depending upon how well supervised they are.]
- Are the resources capable of range and depth [e.g.; music lessons that provide for beginners, intermediates and degrees of mastery].

The HSCC should then be able to identify on a standard format, each resource which is available and a profile of existing resources in terms of availability, accessibility and appropriateness. For example, the HSCC may decide that there are sufficient churches of varying denominations to meet the needs of community members, but that some of the churches are limited by availability [do not provide youth groups] or accessibility [some denominations are quite distant from areas that community members live and congregate].

Capacity Building

Once having identified the structural and qualitative GAPS, the HSCC is then prepared to enter into the capacity building phase. Capacity building requires direction, leadership, planning, problem solving and persistence. It is probable that the HSCC will need to identify an Ad Hoc Task Committee [AHTC] to develop the mechanism to pursue resources to fill GAPS.

Direction must come from the HSCC, usually in the form of a prioritized list of concerns, listing each GAP in order of priority with the qualitative or structural problem clearly identified.

The AHTC will first be required to develop a plan of addressing each GAP issue. Depending upon the plan, which should be submitted to the HSCC for review and approval. Once approved, the Plan of Action should be submitted for inclusion in a County Plan.

Once authorized to act, the AHTC may decide to create sub-committees to pursue various components of the Plan of Action. If so, they should always maintain a coordinating functions so that differing sub-committees do not compete for the same resources.

The Interagency Coordinator should be used as a consultant and clearing house, as s/he will be gathering information from across the county and may be unifying similar concerns as a means of increasing access to support.

Capacity building should involve all aspects of the community, not just political or governmental units. Business Councils, civic clubs, associations of trades or labor unions, may be very helpful in finding or developing problem solving solutions. Part of the idea of Capacity Building is to involve the whole community in defining the right actions and then carrying them out. "It is obvious that the essence of community is people working together. One of the characteristics of this community work is shared responsibility that requires many talents" [McKnight, 1993]. While the community [defined generally by the boundaries of the School District] may need to go outside of its boundaries for Capacity Building, it is probably more sound to build from the inside, using the resources of its citizenry to find a creative way to address their own needs.

Each effort and each participant increases the feeling of 'community' as a place of belonging, which is ultimately a critical element in making the local area a place of safety for children. GAP Analysis is a process of thinking; Capacity Building is a process of acting on behalf of one's neighbors.

SERVICE FACILITATION

In order to effectively pursue coherent approaches through the Home, School & Community Council, a 'Keeper of the Vision' is needed to guide and assist the child/family in gaining access to necessary medical, educational, [re]habilitative and social services while assuring that such supports are providing support to meet the personal goals of the child/family.

The purpose is to assure that all children with problems in living, regardless of severity, are served within their local schools, are with their families, and have enduring relationships with significant adults.

Implementation will demand both a shift in perspective as well as a feasible format for planning around the child's life domains and preferences. The child/family must be the driving force for change and planning must be oriented toward keeping children out of adult service systems.

Introduction

School Districts in the Commonwealth of Pennsylvania, along with all relevant child serving agencies, have an obligation through the Court in the *Cordero v. Commonwealth* remedial order to “*pursue an interagency approach*” to provide timely and appropriate educational services to children “*who would otherwise be referred for placement in restrictive and usually private facilities*”. The purpose of this interagency process is to develop plans which would enable the child to receive the supports necessary to “*remain in the public school*”⁷³.

“These options must therefore be based on the community and family of the student so that, to the maximum extent possible, supports are designed to maintain and support students in their home community and family setting.” The options must first determine how to provide educational services in his/her neighborhood school in a regular classroom. Best practices suggest the need to develop a balance between natural support systems such as family members and friends and the human service providing systems. And that this balance be weighed heavily towards natural supports as the child emerges into adulthood.

Our experience has identified two major barriers to successful execution of the Order. The first is the difficulty in developing a **Comprehensive Service Plan** [CSP] which can provide effective supports and services that will enable a child with severe behavioral difficulties to learn to function independently of child service providing systems. The second, is the failure to monitor the implementation of the plan to fruition.

Service Facilitation is designed to address those barriers through the development of a role & function responsible for the development and management of a comprehensive service plan. This person will be assigned to first work with the child and family to develop a *Vision Statement* to establish the personal preferences and values of the client in order to ensure the inertia of the child/family’s motivation toward change. The Service Facilitator will then work with the Home, School and Community Council [HSCC] and/or the Comprehensive Assessment & Planning System [CAPS] to assure that a comprehensive individualized service plan is developed. The Service Facilitator will then aid the child/family in selecting an appropriate vendor, monitor both the service delivery and the degree of child/family satisfaction, and sanction through HSCC a ‘change order’ process which ensures continued child/family support.

Unlike traditional case managers, this individual will carry a *serial*, rather than *cumulative* responsibility. That is, s/he will ensure the initiation of a plan development and initial implementation of the CSP, negotiate personal contracts for the child with providers of services and monitor those contracts over a six month period. During the process, the child's family [or at least the adult members] will be taught the skills to negotiate and monitor services on behalf of their child. Thus, one outcome expectation of the service facilitation function is that adult family members are able to demonstrate a capacity to carry out these functions.

The CSP is a plan for a quality life with quality defined by the child/family. It is a plan that is oriented toward the child/family's vision for the child's adult life and delineates both what the expectations for the adult life style are and defines specifically the competencies and supports that are necessary for the child to effectively achieve the ability to carry out those expectations. The intent is to enable the child to remove him/herself to the greatest extent possible from any professional supports through the increase in both personal competencies and in natural supports.

In Pennsylvania, the Office of Medical Assistance has provided an excellent outline of the purpose and functions of the position⁷⁴. "The purpose of the case management is to guide and assist individuals in gaining access to necessary medical, educational, habilitative/rehabilitative and social services."

The target population to be supported by Service Facilitators includes those children with "impairments severe enough to meet the disability standard under SSI" [Pa. Health Law Project] and who are at risk of placement outside the regular school, home and community. These students will normally comprise approximately one percent [1%] of the total school population and each of these children should be considered for the development and implementation of a CSP. Since the vast majority of the enhanced mental health services apply to our target population [e.g., children with disruptive disorders], the usage of Medicaid funding should be an appropriate resource.

Purpose

Goal: To assure that all children with emotional and behavioral disorders are served within their local school, are with their families, and have enduring relationships with significant adults.

Objectives:

- To provide the supports necessary to maintain children at home and in their local school.
- To build on existing social networks and natural sources of support.
- To maximize the family's control over the services and supports that they and their child receive.
- To provide support for the whole family.
- To encourage the integration of children with disabilities in the community.
- To focus out-of-home and/or school as a temporary arrangement with efforts directed at reuniting the child with family and local school.
- To assure that children who cannot be reunited with their family have every possibility at family and community permanency.

The process of achieving these goals and objectives is through the assurance of a procedure which is child/family directed and which entails a creative involvement of various community and institutional entities towards an implementation of supports which will enable a child with even severe and persistent problems in living to partake of "everyday life"⁷⁵.

Discussion:

As we stated earlier, when government becomes involved with families because of a child's disability, it is important that it be recognized as a *family enterprise*, in which the family is seen as the major component of the interactive relationships and the major resource for problem resolution. Adult family members have the authority and responsibility to direct the growth and development of their child. This requires a focus on the responsibility of the parents to cope with family discord and *learn* the skills necessary to help the child grow and develop; and it creates an equally significant responsibility on the part of the intervening system to provide the training and support to allow the parents to achieve this purpose. This requires an **attitude** towards parents who are less than adequate in child management and monitoring that believes they want to be the best parents they can be and that they can learn the skills necessary to achieve better results with their children.

Natural supports, including extended family, friends, neighbors and community associations should be a primary responsibility of the service facilitator who helps parents and others in the community of interest who help to manage the child learn skills of interactions which can produce positive outcomes. The *community* has the potential to provide supports and acceptance to the child/family in a manner that is less intrusive to the

⁷⁵*Everyday Lives* is a vision of the future developed by the Office of Mental Retardation in 1991 based on the John McKnight quote "Our goal should be clear. We are seeking nothing less than a life surrounded by the richness and diversity of community. A collective life. A common life. **An Everyday Life.** A powerful life that gains its joy from the creativity and connectedness that comes when we join in association as citizens to create and inclusive world."

intrinsic parental role than professional services can. The facilitator seeks to train, support and enhance existing social networks, strengthen natural sources of support and help build connections to other existing community fortune.

When, due to circumstances, children must leave their schools and/or families, efforts should be directed at encouraging and enabling the school/families to remain in touch with and be reunited with the child. School is a natural and valued setting y and *all things being equal*; involvement in the local school and the regular classroom is second only to maintenance of the family unit to the overall growth and development of the child. To enable school and family to reunite effectively will require substantial work with school personnel and family members to help each acquire the skills necessary to feel competent to deal with the child appropriately.

As much as possible, the Service Facilitator seeks a seamless, comprehensive, and universal system which provides supports to parents to strengthen and sustain their roles as teachers and role models for their children. This goal can be accomplished most effectively when parents feel confidently empowered to act on behalf of their children.

Confidence can only be built as a relational concept where parents are perceived as powerful and in control. The individual parent's performance outcomes are contingent on what other do and how they respond. Power rises for individual persons when the relative power of others is mitigated. Respect for persons incorporates the ethical conviction that individuals should be treated as autonomous agents. An autonomous person is an individual capable of deliberation about person goals and of acting under the direction of such deliberation. To respect autonomy is to give weight to autonomous persons' considered opinions and choices while refraining from obstructing their actions unless they are clearly detrimental to others. To show lack of respect for an autonomous agent is to repudiate that person's considered judgements, to deny an individual freedom to act on those considered judgements, or to withhold information necessary to make a considered judgement [The Belmont Report - 1979].

Respect for person then incorporates both information and options from which one may make choices. "The freedom to choose, to make one's own decisions, is fundamental to the American concept of liberty and democracy. Simply put, in earlier societies one's rights and privileges were determined by one's status in the group; today, under American law, such rights and privileges normally are determined contractually by individual choice" [Mental Disability Law: A Primer].

One may reject the choice, but never the chooser; nor may one diminish the right to choose, except in the most severe of situations whereupon the Service Facilitator has other responsibilities such as the protective service mandate for reporting neglect and/or abuse. This focus on empowerment must lead to a strategy that increases the power of less powerful parties and reduces the power of the more powerful. Thus, the power distance between the professional intruder and the parent must be diminished and, in the same manner, it may be necessary to help the parents diminish the power discrepancy between themselves and their growing children.

The purpose of Service Facilitation echoes that of the Home, School & community council: to empower families to empower their children and in that process develop a personal belief in self-efficacy. The Oxford English dictionary defines the verb *empower* as *to enable*. The process of Service Facilitation then is an enabling process in which the family is the primary focus and through which children achieve a nurturing environment of significant, empowered and effective adults.

"The basic "I/Thou concept establishes the world of relations. As a thou, I have no right to use the I before me as an object with which I may take liberties." "It is not for me to play with or manipulate. I am not to use it as a point of departure, or anything else. It is a voice of a person that needs me. I am there to help HIM speak." [Walter Kauffman introduction to Buber]

The Service Facilitator is assigned the responsibility to serve the child/family and to empower them to negotiate effectively with educators and other professionals. While advocates for parents and parent rights, they are not adversaries to those professionals who provide services and supports. The role is to help these professionals couch their own expertise in a manner that enables the parents to most effectively help their children. The Service Facilitator cannot usurp the responsibility of the parents to take action any more than the provider of services can. When the responsibility for the child is removed from the parents through professional intervention without court action, through the style and manner of providing service or support, the professional has assumed a responsibility that they have neither the authority nor the ability to fulfill. The only outcome of such intrusion is to weaken the parent's authority with the child. If the child/family are to remain a system of integrity, the professionals must provide supports to the growth and development of both the child and family and not attempt take on the responsibility of the parents. The **highest quality** service that can be offered to the child/family is the enhancement of their ability to self determine.

Guidelines For Implementation

In developing the guidelines for implementing such a program, Home, School and Community Councils should examine the need for service facilitation through a process of evaluation of children who meet the criteria for severe problems in living. Such children are probably in multiple systems, but often are in either mental health or juvenile justice. If the HSCC responses of enhancement of natural supports are not sufficient to reduce the disruptive behavioral and remedial services are required, the HSCC will recommend that the school district should refer the child to the Comprehensive Assessment and Planning System for the Development of a Comprehensive Evaluation Report and assign a Service Facilitator.

Districts do not need to employ full time personnel to carry out these functions. They can employ individuals to carry out these duties on a per hour or temporary basis; sub contract with private practitioners or provider agencies [as long as this entity will not be providing the direct services to the child/family which creates a conflict of interest], or other creative uses of personnel. However, each individual Service Facilitator must have specific support and supervision from the Home, School and Community Council and the District [which we remind you includes representatives of both the family and the community] and school(s) in whose behalf they function. They must be identified with the educational function and not as a 'outside' person. This relationship to the school that serves the child is second only to the relationship to the family as a requirement for quality performance.

School Districts may decide to start the program with temporary, part time staff rather than employing full time people. If so, the requirement that these individuals not be carrying out these duties while being paid by the school district is an important consideration. This does not mean that present school district employees cannot, either on a full time or part time basis, be placed in these positions. But in doing so, this function must be the only duties and responsibilities they hold for the time they are being paid through *Medicaid* funds. The concern is that a) *education employees not be 'double dipping' by getting paid through both educational payroll and medical assistance*, and b) *that the duties not be educational in nature, but paid for through medical assistance dollars*. The best method to avoid these two pitfalls, is to have a clear separation of duties and functions.

In order to implement a temporary staff, the following suggestions might be considered.

- Identify a cadre of people who meet the credential needs and are willing to be listed as available for **temporary part time** employment.
 - private practitioners

- consultants
 - people who have taken time off to raise a family and now are gradually ready to reenter the work force.
 - graduate level students
 - retired professionals
- Develop questionnaire to identify and document [computer] time availability, geography, preference as to child/family, and other factors relevant to availability.
 - Develop training module with particular attention to person centered futures planning.
 - Develop pay schedules
 - When sufficient numbers of people are available to implement a service facilitation process, identify a coordinator with responsibility to coordinate the activation and oversight of the process.
 - Implement.

For the development of a full time staff of medical assistance case managers, the school district should first identify needed capacity through an identification of students eligible for medical assistance and the district wide screening processes for risk. While all children whose problem in living *is* behavior would probably benefit from this process, the consideration of funding through medical assistance is applicable *only to medical necessity* and those children who *have impairments severe enough to meet the disability standard under SSI*. However, school districts can use this model for other students if educationally funded.

Duties & Responsibilities:

- Assessing client goals and preferences through development of a *Vision Statement*.
- Coordination of the development and implementation of a Comprehensive Service Plan.
- Identifying, linking and coordinating services
- Facilitating access to services
- Monitoring the effectiveness of services
- Reassessing service needs.

The Service Facilitator is responsible for:

- Ensuring that the recipient of service is an *active* participant in the development of a service coordination plan through a *person centered* planning model and a goal oriented focus.
- Documenting all facilitation services provided in a *service log*, which documents each plan through a *responsibility chart* and indicates the activities that have been initiated to assure the success of the plan.
- Recommending, scheduling and attendance at Home, School and Community Council meetings as an advocate for the child/family and a 'keeper of the vision'.
- Development of a *responsibility chart* that identifies the service agreed, who is to provide those services, what the time and outcome of the service is expected to be, and how changes or amendments to the plan are to be made.
- Providing liaison between the child/family and the service provider [natural or professional supports] through identification, negotiation and monitoring of providers and questioning, supporting and empowering the child/family.
- Establishing liaison with the county mental health, mental retardation, children and youth and other child serving agencies for those children who require their services.

Nature & Scope:

The Service Facilitator will provide the functions as listed below:

- Need Assessment:
 - *context observation:* the Service Facilitation Manager will observe the child/child managers in the context in which the child is having difficulty.
 - *inquiry* with significant people in the child's life including, but not limited to parents, teachers, peers, relatives, therapists, doctors, police, etc.
 - *vision development.* The Service Facilitation Manager will help the child/family to develop a vision for adult living assuring that the arrow of time points to the future.
- Planning:

- *team meetings* and follow-up procedures.
- *action plan/responsibility chart* development
- *development of a person centered /futures life plan*

➤ Access facilitation:

- *contact* with providers of service for the purpose of identification, linkage and evaluation of services.
- *negotiation & performance contracting* on behalf of the child/family based on the life plan.
- *contact* with policy agency/funding sources for the same purposes as above.

➤ Monitoring:

- *context observation*: time spent observing the child in the context of remedial program and supports for the purpose of evaluation.
- *client inquiry*: time spent inquiring of the child/family about satisfaction with the process and outcome of services.
- *action plan/responsibility chart review*: time spent with participants in the planned services to ensure that the plan is being carried out.

➤ Reevaluation:

- *contact* with the licensed psychologist for purposes of reassessment.
- *coordination* of activities between the licensed psychologist, CA/ST and the client/family for purposes of reassessment.
- *contact* with providers of service for purposes of reassessment
- *coordination* of activities between the provider of services and the client for the purposes of reassessment.

Caseload:

The caseload differs from other case management positions in that it is organized serially, rather than cumulatively. This is intended to mean that the Comprehensive Service Facilitation Manager is responsible for services to a series of child/family units over a specific, although flexible period of time, to cover basic functions which include, but are not limited to: engagement, vision development, collaborative plan development, action/responsibility charting, plan facilitation, service contracting & monitoring, training, evaluation & review.

- **Engagement:** is the process of developing a trust relationship and ultimately becoming significant to the child/family. The incumbent is not expected to develop this relationship as one of duration, but rather of intensity. It is expected that for a short period of time [six months to one year] the SFM will become a trusted ally of the child/family in pursuit of education and social growth and development. The process of this engagement is best begun by child/parent interviews of at least three [03] candidates and the engagement of a preferred candidate. The incumbent works at the behest of the child/family and can be terminated from their involvement through a due process procedure.
- **Vision Development:** The incumbent is a facilitator to the child/family to develop a clear vision statement to be considered by the HSCC in regard to the development of special supports for the child. The Vision Statement probably cannot be completed with less than three hours discussion with the child/family and other collateral contacts with adults who are significant to the child/family, and could take considerably longer. After three hours, however, a *working document* must be made available to the child/family and other planners.
- **Comprehensive Plan Development:** The incumbent is responsible, in conjunction with the child/family and the school district, for identifying the members of the planning team, soliciting their participation, and identifying a *meeting facilitator* who is trained in person centered futures planning and is not conflicted in their relationship to the participant members.
- **Action/Responsibility Chart:** At the end of each planning session in which specific plans have been developed, the incumbent will take responsibility for articulating the agreed action steps and the individual/agency responsible for the implementation of each and the specific time schedule for completion; gain confirmation from the group. After each occurrence, the incumbent will develop a written

Action/Responsibility Chart and disperse this to all participants for final concurrence.

- **Service Facilitation:** Once plan actions have been agreed, it is the responsibility of the incumbent to assure that those responsible carry out the steps in a timely and appropriate manner, providing support wherever possible. If, at any time, an action step is not or cannot be taken, the incumbent is to reconvene the Home, School and Community Council, which includes all child serving agencies including education, as well as parents and as appropriate the child, to address the issue. No change of plan can occur without the explicit consent of the child/family and changes without consent must be ratified through meeting, administrative action, or due process. The incumbent should report any plan default to the Home, School and Community Council.
- **Service Contracting:** Any plan ultimately ends in a contractual agreement between the child/parent and helping entity [provider of services] to perform certain duties towards certain ends. The incumbent is responsible for assuring the execution of a formal contract stating the performance expectation, time lines and outcome expectations agreed upon by each party.
- **Service Monitoring:** The primary monitor of any plan execution is the child/family. The incumbent, however, has the responsibility to assure that the child/family has the information and wherewithal to achieve such an objective, and to support their efforts in that concern. This effort will be particularly concerned with *change orders* since this has traditionally been a role of provider entities and is now the sole authority of the child/family through the HSCC process.
- **Training:** The facilitator is responsible for the training of the adult family members in each step of this process so that these adults can take over primary responsibility for the management of their child's services.

SUMMARY: The actual case allocation must be based on the needs of the child/family units and the application of time on their behalf. It must be noted that supervisory time, staff meetings and other related events will take part of the incumbent's time.

COMPONENT #5. QUALITY ENHANCEMENT COMPONENT

INTRODUCTION

No entity can become a *learning* organism without the time, energy and creative thinking required for collecting and rigorously analyzing data. While

one can optimistically suppose that this occurs naturally in the form of executive leadership in small organizations, no organization of any size and complexity can survive without a research and development capacity. Organizations, which are a network of systems, such as those of local public administration where government purchases service delivery from others is simply irresponsible if it functions without evaluative data.

More importantly, perhaps, we have postulated that *all* human service delivery should be treated as a *human experiment*. This is so, in part because of the complete failure of human services systems to effectively enhance the lives of their clients over the last forty years and in part because of the limited capacity of human service technology. Finally, it is because of the failure of human service system managers to actually demonstrate any coherent posture in regard to what happens with their clients, leaving to individual workers decisions of great magnitude regarding what interventions should be used. In that context, the development of evaluative tools which will enable the experiment to be assessed and improved, is a *mandatory* requirement of human services organizations.

Learning organizations require a clear *intentionality* rigorously studied for coherence. While multiple purposes are possible, they will tend to 'muddy' the thinking, and they certainly cannot be mutually exclusive. For human services, such exclusivity is built into a system that pretends to the common good *and* individual rights. While these constructs can exist in general, they are untenable in specific. The inability of policy makers to address this type of dilemma leads to the lack of trust that many people have for government. Who is the customer of local social policy as manifested in the delivery of human services? Rigorous analysis by an outside observer would probably decide that the true winners are staff, and that neither the society nor the individual with problems in living are well served. This may be offensive to people who have dedicated their lives to the delivery of human services often at less than market value compensation, but learning organizations search for truth and coherence, and it is unlikely that an objective analysis of the data could make a case otherwise.

It is from the intentionality of a *final cause* or outcome expectation, that the organization develops a coherent understanding of its own values and principles [belief system] and makes them *conscious*. Like individuals, these belief systems are often complex, overlapping and sometimes dichotomous. It is important that the Quality Enhancement Component be constantly alert for material fallacies of reasoning or cognitive errors of incoherence. This requires:

1. a clear articulation of the beliefs: values, principles and standards,
2. collection of data regarding inputs, processes, outputs *and* outcomes in regard to the values, beliefs and standards,

3. an ability to rigorously analyze such information and to *compare* performance consequences to preferred expectations, and
4. an ability to respond to these variances in corrective fashion through either a change in the belief system, or an enhancement of performance.

The functions then of the Quality Enhancement Component incorporates:

OPERATIONAL RESEARCH: this is a *management* function that provides a systematic way of data collection and analysis undertaken to determine the value of operational activity in relation to expectations as an aid to management in planning, staff training, public accountability and public relations. It includes six suggested dimensions:

STRATEGIC: concern with the etiology of social problems for long range planning.

This is concerned not only with basic research in regard to clients of the organization, literature search, and the like; but is equally connected to the world view of the organization, the development of intent and definition of customer. The Quality Enhancement Component become the *conscience* of the organizations constantly searching the environment for incoherence to present thinking and bringing such incidents to the awareness of the organization for rigorous analysis.

The responsibilities would also include continuous market assessment. This is a process of identifying the nature and extent of social problems that concern the organization within the market area and establishing priorities for the creation of service delivery, which can reduce or eliminate the social problem universe. This would also include assessment of utilization. If the universe is xy , but the utilization is only y - why is this so and what can/should be done about it? How much these issues are connected with:

- acceptability - [a predilection by people to use and continue to use the services],
- availability - [the amount of various types of services and supports an organization can provide at any given time],
- accessibility - [the ease of engaging services including the dimension of time, geography, cost, as well as psychological and cultural preference, and finally,
- awareness - [the knowledge about the existence, type, conditions and appropriateness of the organizations services and supports].

These factors are essential to planning. Any human service system that does not have a knowledge of the potential *universe* of need and have some plan for addressing it, is abdicating its responsibilities. A social policy that suggests that it should be implemented only partially is an unsound social policy. This is not to imply that the social policy itself cannot be limiting; most human service organizations limit the scope of the organization by age or social problem.

COMPLIANCE: indicates a concern with the monitoring of adherence to organizational intentions: coherence between intentions, activities and outcomes.

Rigorous examination of the intentions, beliefs [values & principles] of the policy makers and the development of plausible hypothesis of how these factors influence the activities of the organization. This leads to the development of a *philosophical* position, including value principles and constraints, upon which social policy [mission] is based and includes the articulation and debate of such social policy.

Development of standards. If quality is a comparison, the organization must establish the point of comparison. It is important that in the present worldview, *two sets* must be considered: organizational standards, and organizational standards that assure the potential of individual standards. Too often human service organizations have been evaluated without clear understanding of what they were to accomplish. The evaluations of regulatory and licensing bodies, are pursued from the perspective of inputs, and process document, with little regard to outcomes. The standards of measurement there are static ones having to do with credentialing and documentation with little regard to the intentions of the organization.

Not only must standards be developed, but they must be articulated to *all* concerned parties as the basis for evaluation. Thus they must not only be clear, they must be fully understood by all of the major managers of the organization. Organizations must not only state explicitly what is intended in terms of outcome, but in complex organizations, must be prioritized along value lines so that when staff make independent decisions regarding individual outcomes, they do so along the parameters of organizational values, not personal ones. Individual performance [actions] must be coherent to the organizational belief system and intentions. This may require not only clarification of terms, but a negotiation of managerial values, prioritization, orientation, and reinforcement.

These processes are *lifetime* projects. Just as individuals are always growing and developing, so too, must organizations grow and develop. To *assume* that this will take place with managers who are concerned with operations and/or technical aspects of the organization, is to expect too much.

Information capability must be in place. We have stated elsewhere that the dimensions of the information must be formative, summative and cumulative. In addition, the information must review organizational performance, individual staff performance, and individual client performance, using the term performance to indicate both the activities ***and*** the outcome of those activities; means and ends. These two dimensions placed in a matrix, with the type of data [formative, summative, and cumulative] down the side and the object of the data collection [organization, staff and client] across the top, provide a solid basis for reporting. And of course, the top can be expanded to include types of client, staff and organizations, while the type of data along the side is equally expandable to include goal development, goal attainment, commitment to the process, etc.

Little value is gained by attempting a measurement with inadequate tools. Without specific data with which to assess discrepancies between the standards and the performance, we are left to speculative opinion and are unable to objectively implement reward or take remedial or corrective action to support and reinforce the organizational intent. It is important therefore to recognize that the ability to articulate measurable effective process is not only limited by our ability to articulate measurable and agreed upon objectives, but equally by our inability to collect data upon which to assess performance and outcome. Lacking a sophisticated system for collecting all of the data we need, we are better off measuring only that which we can *effectively* articulate and measure, rather than try to exaggerate our capacity and create a system that will be distorted by those that it is intended to reinforce.

Facilitation systems must be in place. It is one thing to articulate standards and collect data for measuring them, it is another to use such data effectively. Too often day-to-day pressures from the environment cause us to negate that which is available and to effectively implement actions which can *alter* the way we do business. In order for the process to be effective, people within the operational system must feel the *impact* of the data collection results. Thus when no discrepancy exists between our expectations and outcome, or when the discrepancy is to the positive side [we have done better than expected] *reward* responses including praise, recognition, promotion and compensation must be implemented to reinforce these positive behaviors. On the other hand, if there is an identification of inconsistencies which are not beneficial and indicate an inconsistency in performance, "two behaviors would ideally occur before any corrective action is taken. The first is hypotheses generation in which managers identify possible explanations of inconsistency" [Pauley, Chobin & Yarbrough - 1982]. Were there extenuating circumstances: poor expectation judgements that led to inappropriate standards, data collection disruptions that led to negative discrepancy, etc.? Hypotheses generation is ideally followed by

hypothesis confirmation. When the hypotheses are unable to be confirmed, the manager must take remedial or disciplinary action that could include training, increased supervision, or termination to remedy the situation and get it back on track. Each of these three response actions: reward, discipline [as a noun] and correction, must take place on a consistent basis if the operational evaluation process is to have an impact on the organization's functioning.

More specifically perhaps, there are at least four distinct, though overlapping areas for accountability, all of which can be enhanced by operational research: dollars, services, clients, and staff. Their systems and accountability factors and needs tend to break down as follows:

Dollars: Control and appropriateness of receipts and payments.

Major system: Accounting. Sub-systems: Operational Research, data collection, personnel, purchasing, etc.

Need for procedural manuals for all systems and sub-systems; codifying and creation of tools. Communication of results.

Services: Cost/benefit ratio; effectiveness; impact; magnitude and scope.

Major system: Operational Research. Sub-systems: data collection, accounting, personnel.

Need major system design; flow-charting; content attribution; baseline, benchmarks & expectations; individuation; etc.

Clients: Movement, growth & development.

Major system: Operational Research. Sub-system: data collection, personnel, etc.

Need creative tools. Planning formats, facilitators, ethical guidelines, etc.

Staff: Fair Labor Standards, Affirmative Action, performance evaluation, training.

Major system: Personnel. Sub-systems: Finance, Operational Research.

Need: Personnel Manual, Ethical code, Quality and technology training, incentive development.

SERVICE DELIVERY DESIGN: concern with the measurability of the impact of the organizational activities and the potential for actions decision and recommendation regarding retooling.

The design of human service delivery has taken a dramatic change over the last twenty years from an industrial/standardized model to a temporary service/individualized model. Presently, very few human service organizations have been able to retool themselves to effectively function in this new capacity. Such transformation requires a look at staff, style, systems, strategy, skills, structure and superordinate goals. The superordinate goals [intentions] are often articulated without the dramatic changes necessary to retool. Local County Administrators, through a Quality Enhancement Component capacity are in an ideal position to help individual service delivery organizations retool. They can develop structural and style models that differ from the centralized industrial capacity of most traditional organizations and develop transformation strategies to help contracted providers deal with the issues of staff training, disposal of facilities, credit and cash flow concerns and the like that such retooling will demand.

In designing a *quality* system, managers must be aware of the need for *continuous quality improvement*. From this perspective, the design process is on-going. Initial steps include the development of flow charts of actual processes, including client contacts and interventions, which establish in the minds of all staff what *actually* takes place. The development of such flow charts should be the responsibility of staff from all disciplines, including front line staff in order to separate the formal procedure from the actual procedure. Staff who must deal with the process everyday are in a position to both be clear about what actually happens and to make suggestions for improvement. The process is one that seeks *coherence* between what ought to be and what is *fitting* in regard to the social policy expectations. Questions that should be considered would include:

- **decision points**: what are the decisions made in the process and who makes them?
- **intentions**: what is the purpose of the action and how will the outcome be measured?
- **rules**: what are the rules that are in force and do they help or hinder?
- **alternatives**: what ways might the process be changed?

Often, managers discover that the people on the front line need to break rules in order to meet intentions; that decisions are not made by the right people; and that there are substantial improvements that can be made. Policies will be developed regarding *oughts*, but freedom of staff to seek *fitness* in unique situations must be a part of the new design. If the front line staff find that they can contribute to the shaping of processes, it

provides a creative environment for change. Always, the changes must demonstrate effectiveness in reaching agreed upon outcomes.

A second major area of design consideration is in the area of content attributions. Each nuance of our activities carries with it a *force*, which calls forth an attribution. If the receptionist yawns a great deal when greeting clients, there may be sixty-three different reasons why, but clients may attribute this to her boredom and feel that s/he is not interested in them and their welfare. What the real reason for the yawn is, to some extent, irrelevant. The impact of the attribution causes a reaction by the recipient of this force and that reaction may not be helpful to the goals of the service delivery system. Clients may feel hopelessness reinforced, get angry and behave in inappropriate ways; or walk out. Of more magnitude, perhaps, are the attributions inherent in service delivery language and labels. Hospital is a powerful concept. You only go to the hospital if the situation is serious. What does it mean to be in a *partial hospital* program? Since the force of attribution is subtle [but often powerful], it will take rigorous exploration to identify and energy to correct.

Service delivery design also includes the development of 'cutting edge' technologies and the training of staff to carry out such technologies. New technologies are developed every day. Such developments may carry labels of NeuroLinguistic Programming, Constructivism, Evolutionary Psychology or Artificial Intelligence and have little or no verification. However, as these are collected and understood, they can be used and tested. The Quality Enhancement Component can play a major role by not only creating and teaching the technologies, but in *certifying* them through analysis of feedback, for the system. Such certification will help in the process of changing credentialing regulations that insist on the employment of personnel skilled in biomedical/psychodynamic models.

It is important to recognize that the traditional 'command and control' design is a very simplistic model. The transformation design must on the one hand provide standardization [in ethical considerations, for example], while at the same time providing an *organismic* opportunity for alteration at any point in time for specific event considerations. Command and control creates direction and regulation from the top. The transformational system will have creative direction coming from many places, and the need to create and maintain channels of communication up and down will be required. Each person, from clients, to parents, to neighbor, to front line staff, to supervisor, to manager to administrator has a role and responsibility for continuous quality development. The balance of limits and opportunism is quite complex and requires a mature management.

MANAGEMENT FUNCTIONALITY: concerned with the efficiency and effectiveness with which operational managers use their available resources to achieve organizational and individual outcomes.

Transformation is usually inhibited by middle managers who are either on their way up, and therefore unsure as to what person, style or philosophy to hang onto, or on their way down and trying to 'hang on' with what worked in the past. Without some system of review of managerial performance across a whole spectrum of management dimensions, the organization will often find that it is strangled by its own leadership.

Operational evaluation by employing a *judgmental* quality in comparing 'what is' with 'what ought to be', establishes clearly the areas of weakness in a service delivery strategy and directs the organizations managers towards potential solutions. It translates the evidence into quantitative terms and deals with topics that are operationally derived rather than theoretical. In short, it holds management responsible for accomplishing its intents and provides clues to puzzling problems and hints at creative solutions. Managers who learn how to take and use criticism mature to the task.

The fact that the QEC employees have a function that is separate from that of operations [service delivery] management allows an objectivity that is unlikely to be found when both are mixed. To assure this separation, the lead staff person [researcher] should relate directly to the chief staff officer [Project Manager] of the metasystem. The presence of such a QEC solves another problem of wresting the data collection system away from finance, which also allows the emphasis to shift from accounting to organizational performance. Traditionally data collection is done in the finance office because the business is concerned with profit. Since this is not, or should not be the *raison de entre* of a human service system, it follows that the data collection process should be used to collect the most pertinent data of the system. This does not, of course, minimize the role of data collection for finance.

OUTCOME IMPACT: concerns establishing the linkage between service interventions and the preferred outcomes.

On the basis of *organizational performance*, management and governance must be concerned with more than simply ultimate ends. Management has the responsibility for the development and communication of the vision, the action plan, the recruitment, selection, training, evaluation and promotion of staff, the delegation of tasks, the maintenance of technical systems and most importantly the normativity and viability of the organization.

Service Delivery Impact: concerns assessing the actual attainment of organizational goals.

Client Quality Impact: concerns the achievement of substantive changes in quality of living and the ability to continue those improvements without continued professional investment.

The Quality Enhancement Component is essential to the functioning of a teleological system. It provides a *conscious* focus on the actual performance of all players against a norm established by the Executive Direction Component. It is imperative that this essential function be outside the arena of actual service delivery so that it can view it objectively.

METHODOLOGY

ORGANIZATION

It is proposed, that the quality enhancement capacity be best developed through a public/private partnership with an academic institution. Two factors influence this posture: 1) it is our experience that people with a predominant interest in human service research are most comfortable when they have a direct connection with academia, and 2) that the changes in a transformational system will ultimately change the way academia educates the people who are to work in the system. Having an academic institution involved in the change process enhances the potential for a change curriculum for professionals to develop.

At least one major caveat exist, however, and that is that the lead researcher must be a person who is new to both the academic institution and the CSC/FS and is co-employed. Most academic institutions require that research people bring projects and financing to the institution. Therefore, employing a present faculty members is most likely to bring the least effect, since you may simply provide the funds for him/her to continue employment and continue with whatever interest they had been pursuing. This is not to imply that they would not do what is asked, only that this would not be their primary interest. Further, CSC/FS is seeking a practical researcher with academic potential, not a person who is incapable of performing in the 'real' world. Many 'researchers' who have not been outside of the academic arena have difficulty with this transition.

If this dual employment can occur, both the CSC/FS and the academic institution have a great deal to gain. An academic institution that provides educational curriculum across education and welfare professions has the opportunity to tie directly to information about what is working and not working and 'cutting edge' technology. This provides them with the data to retool their own curriculum to meet the needs of expanding technologies and values. Such information may impact upon the schools of psychology, social work, education, and even business [particularly if the business school is

interested in training not for profit human service managers]. In fact, when paradigm shifts occur, academic institutions are often the last to adapt. Partially this is because of a lack of connection with the 'real world' of activity, but part is also because the 'experts' in the given field have no stress to change. Finally, the partnership gives the academic institution the opportunity for field placement for doctoral research students.

The local administration requires the data not only to 'learn' what works and what does not, but also to be able to develop remedial actions for what is not working. Additionally, such data helps in social planning requirements.

STAFFING

The researcher will be the chief staff officer of the Quality Enhancement Component, reporting directly to the CSO [Project Manager] of the CSC/FS. It is expected that the researcher would arrange for doctoral interns to participate in the transformational system. In addition, s/he will require electronic technology support to be responsible for system programming and maintenance. Finally, there will be need for clerical support to complete reports and schedule.

DATA MANAGEMENT

Quality Enhancement is responsible for the design and implementation of a data management system that meets the requirements of a learning system. Thus the design of a Comprehensive Data System [CDS] has as a goal to provide quality data in a timely fashion to policy makers and managers. The CDS must integrate the collection of institutional and client level data from all institutions whose primary purpose is to provide health, education or welfare services to children and their families. Pursuant to meeting these mandatory requirement and needs, data collected must be comprehensive and coherent across systems while still maintaining the integrity of the confidentiality regulations that are required of these organizations.

Glass Walls: Confidentiality Provisions and Interagency Collaboration provides information about all public regulations covering confidentiality for children and their families and clearly articulates the major balance that must be achieved. "When adolescents and their families become involved with human service agencies, they are asked to share some of the most intimate and private information about themselves. This information may include medical or mental health issues, alcohol or other substance abuse information, employment and income status and criminal record. Confidentiality restrictions have been developed as a way to protect the privacy of individuals and insure that personal information is disclosed only where it is necessary.

While confidentiality is a high priority; it cannot be a barrier to the development of collaborative efforts that are designed to enhance the benefit to our clients. The interests of children and their families are of undeniable importance, yet they represent only part of the equation. When families need public social services, the individual's 'right to be left alone' is met by the need to share information of the effective and efficient provision of services. Moreover, children and their families also have an interest in the effective and efficient provision of services. The proper role of confidentiality provisions, therefore, depends on the balancing of these interests."

Changes in technology for data collection and dissemination should make the design and development of such a system timely, effective and secure. Policy makers, researchers, districts, teachers and parents want more timely data that are easy to access and easy to use. QE also want the provision of data to be less burdensome to the consumer of information. The goal of the design is, therefore, to have a system that will incorporate all the data requirements and address issues relating to security, timeliness, coverage, quality, comprehensiveness, accessibility, utility, burden and cost. All data can be collected through a web-based mechanism because it can incorporate data editing and other quality controls at the time of data submission and will subsequently reduce the effort required for follow-up and survey operations. To achieve this goal, QE should develop a web-based capacity in which each institution has its own password to access and enter requested data. Once the data pass the editing checks and are approved by the coordinators they may be submitted directly to the public agencies [local or state] for value added reviews.

The development of web-based data collection will take time and resources. It also would require careful field trials. Thus, the implementation should be phased in over two to three years.

The Universe of Institutions

The CDS currently envisions a universe defined as all institutions whose primary purpose is to provide health, education and welfare services to children and their families. These agencies are extremely diverse in capabilities and interests. The diversity results in greater burden for the less capable institutions and delays responses from less interested institutions. Additionally, there is a coverage problem defined by the way they delineate the characteristics of their child/family client and exacerbated by the protective and authoritarian aspects. Options for the improvement through CDS will need to take into account these factors, particularly to compensate for institutional capacity and enhance the usefulness and value of the data to all institutions.

In general, the institutions represented can be grouped as follows:

The County Intermediate Unit [both in its coordinating and service delivery roles] and all of its constituent public school districts, the nonpublic schools, and Approved Private Schools.

The County Department of Human Services in its coordinating function.

The County Office of Mental Health/Mental Retardation Programs in its coordinating role; the contracted Medicaid managed care organization, if one exists; and the contracted provider agencies.

The County Office of Drug & Alcohol Abuse Programs in its coordinating role and the contracted provider agencies that provide direct delivery of services.

The County Department of Children, Youth & Families in its Protective and coordinating roles; as a delivery of direct services; and its contracted provider agencies.

The County Juvenile Probation Office in its coordinating role and its contracted providers agencies.

The County Office of Public Health in its coordinating role and as a deliver of services.

Each of these has data collection requirements for an oversight agency as well. Ultimately it is hoped that the CDS will be:

- *A dynamic system for quality and relevant data:* CDS shall be dynamic enough to allow policy makers to plan, executive managers to execute, providers to learn, clients to benefit and the general public to stay informed on the dimensions of service provision and effectiveness of outcome across all child serving aspects of health, education and welfare.
- *A time-conscious system:* CDS shall be designed to minimize the time span between the availability of data in each institution and release of the county-wide data base.
- *A technology-optimized system;* CDS shall apply the 'cutting edge' technology to the collection, processing, analysis and dissemination of data to achieve timeliness, high quality, and utility of data and to minimize the time of response.
- *A user-friendly system:* CDS shall provide the software, services, and support to facilitate the access to and analysis of the data because

good data must be easily accessible and widely used within the structure of secure confidentiality.

Comprehensive Data System Components:

Two specific components are required in the new system: Management Information Systems [MIS] a tracking system which identifies the individual person, the defined needs and resources and the provided services (outcomes), and second Performance Outcome Management System [POMS], a tracking of the impact of services on the substantive issues of that client and the quality of life improvements.

MANAGEMENT INFORMATION SYSTEM [MIS]

A management information system requires the collection, analysis and reporting of data that is necessary for making pertinent management decisions. Primary management functions include:

- **Administration:** *social policy formation and implementation; board management; legal activity, compliance and organizational integrity; public accountability; legislative information; plant operations and maintenance; etc.*
- **Finance:** *fiscal planning; budget development; cost control; fiscal accountability [audit]; investments; resource development and fiscal viability; etc.*
- **Human resources:** *recruitment; staff development; salary administration; benefits administration; staff organization; staff evaluation; volunteer recruitment; personnel policy; labor relations; etc.*
- **Program Development:** *identifying populations to be served; market assessment; program planning; evaluating effectiveness and efficiency; developing intermediate and long-term goals; phasing out services no longer needed; etc.*
- **Public Viability:** *interpreting organizational goals and services; annual accountability reports; operational relations to funding sources; etc.*
- **Community Relations:** *interagency relation; etc.*

While all of these functions are related in some manner to the collection of appropriate data, those listed in *italics* are clearly reliant upon appropriate data. The ultimate test of efficiency and effectiveness, integrity and viability

are reliant on the ability to collect pertinent data on the first four areas listed and to extrapolate that data through rigorous analysis into information that provides the ability to maintain public integrity and viability.

Most management information systems are developed with an open architecture that allows all elements of the data base to be grouped according to need. While standardized report mechanisms will develop over time, the system should allow for management query so that specific questions can be asked as they arise.

PERFORMANCE OUTCOME MANAGEMENT SYSTEM [POMS]

Performance outcome is really a part of management information, but because of the reluctance of human services in the past to collect such data; it is emphasized as a special segment of data collection.

Outcome measures/indicators must be based on the identification of *quality*. Quality may be defined in terms of expectations and desire, which in combination equal *hope*.

"*Webster's New universal Unabridged Dictionary* [1983] defines *expect* as 'to look for as due, proper, or necessary. This is a *normative* definition of what *ought* to occur in the future. However, there is a second definition of *expect* and that is the *belief that it is likely to occur*, which is a *probability* definition and is the definition that is so salient in *self-fulfilling prophecies*.. For purposes of quality, both of these perspectives are important. Both the helper and the client need clear normative guidelines from the organization as to what *ought* to happen. Additionally, it is important that the helper *believes* that what ought to happen *will* happen. Otherwise, s/he is unlikely to provide all of the support to make it happen. Further, if the client does not *believe* it can happen; the motivation for change is limited. This can only be overcome through the helper's *enthusiastic optimism*.

Finally, we need to identify 1) the organization's [as represented by its procedural expectations] desires, the helper's - as represented by his/her *beliefs* about what will happen] desires and the clients desires, preferences and inclinations towards what should happen. Without both the expectation [*normative* and *probable*] and the preference [*choice*], hope of achieving the expected outcome will diminish.

Thus the development of outcome measures is not a simple exercise involving one person or even a committee: it is a *process* that must take place over time and requires *continual* refinement. It starts with an organizational commitment to defining the *philosophical* intent of its operations. Philosophy differs from a scientific approach in that it attempts to determine without bias the 'worth' of every variable in the experience,

whereas science merely seeks to *describe* the facts of the experience within the limits of knowledge. Placement of *value* or worth requires a *criteria*. It is impossible for an organization to determine whether its agents are performing *right acts* until, or unless, it has determined a collective *summum bonum* [life's greatest good] criteria. The right act can be readily known once the greatest good has been determined. It merely requires that the act enhance the realization of the greatest good. Any act, which deters the realization of the greatest good, is unacceptable.

However, we have suggested a *paradox*. The organization's *summum bonum* is not sufficient. The *preference* of the persons being served must individually [and at some point collectively] be included in the definition of quality. If the individual with problems in living is to receive *benefit* from the intervention, they must *anticipate* that the outcome will meet their *desires* and this inclination must be given *primacy*. Without such anticipation - there is no *hope*. No client resistance is likely to occur if hope exists.

Thus, the development of the organization's *summum bonum* is the first requirement, the second is a negotiation with staff to help them achieve a *commitment* to the philosophy and to *believe* that it can happen NOW! And finally, there must be a discovery with each person receiving services as to their dreams and the negotiation of a *vision* for the future.

Once these factors are established, performance outcome measurement can begin. Client satisfaction is not an outcome, it is a *normative expectation* - it *ought* to occur. Outcome is related to 1) identification of the problem, 2) identification of expectations and desires, 3) implementation of a process, and 4) measurement of the impact of the process on the diminishment of the problem and the enhancement of hope.

Despite recent professional movements towards outcome oriented management, traditional human services have continued to implement only custodial data collection processes. The problem can be illustrated by examining just four measures that are commonly used to describe program performance: 1) workload, 2) work volume, 3) productivity, and 4) cost [Binner, 1991].

Traditionally the workload is measured by the average number of people attending each day and dividing by the number of staff to achieve a staff to client ratio. The higher the ratio, the higher the workload. Binner would suggest that the task is more appropriately defined as the return of individuals to appropriate functioning in valued settings in the home, school and community. According to this logic, the ratio has little relevance without a full understanding of the *turnover* of the clientele. Thus a 1:10 ratio in which only one client improves sufficiently to return to full community membership would become a 1:10:1 ratio whereas a 1:1 ration in which

clients reach acceptable outcomes within approximately one month would show a 1:12 ratio. Which ratio is an appropriate approximation of workload is determined by the *purpose* of the program?

Likewise for work volume, the traditional objective was to provide services and therefore it was logical to think of the volume of work performed as the number of units of service provided. The more units of service provided, the greater the volume of work performed. However the number of people discharged and returned to full community membership better reflects the purpose of the program and the volume of the work performed.

Productivity is commonly defined as the numbers of units of service provided per staff member. However, if discharge is the purpose, productivity might better be defined by the number of discharges per staff person.

It must be recognized that these are unrefined *quantity* measures and that *quality* measures would need to be added in order to make them efficient.

Finally, we come to the question of costs. In this day of cost containment, how costs are measured is of critical importance. In traditional manner cost was commonly defined as the cost per unit of service provided. Now it must be defined as the cost per unit of results obtained. Low cost treatment is no bargain if the person is not restored to productive functioning. A higher level of expenditures may be justified if a product of sufficient value is being produced.

These brief illustrations show why the shift in measurement is so critical. Without appropriate shift the organization cannot become a *learning* organization [i.e., respond efficiently to more effective implementations as a means of improving outcomes].

Performance outcome management will require not only the skills of a research design and a data collection system; but will require a commitment to a process of dialogue and negotiation.

Design

A comprehensive county system is required to identify, serve and protect the children of the County. The following outline assumes a full county wide data base.

Clients: Children birth to twenty one and their families.

Universe: Includes all children

- living in the County &/OR
- registered in the County School district &/OR

- family lives in the County and child is expected to return after incarceration.

Population: Includes all children who have been:

- adjudicated
 - delinquent
 - dependent
 - = abused
 - = neglected
- identified
 - incorrigible
 - run away
 - truant
 - absent without leave from school
 - troublesome: specific number/intensity of discipline referrals
 - emotional and behavioral disorder: mental health diagnosis
 - emotional and behavioral disorder: education exceptionality
 - behavior plan [504]: education

Characteristics: includes all characteristics which bring children to the attention of adults as emotional or behavioral concern.

- overcontrolled or internalizing
 - isolate
 - friends: sociogram: should identify relationships of all people in ecosystem.

Analysis should indicate dislikes as well as likes and is also useful for identifying natural supports used and unused.

- undercontrolled or externalizing
 - antisocial
 - isolate
 - deviant social group
 - chronicity: from point of identification as delinquent, incorrigible or emotionally and behaviorally disordered. In years/months
 - impairment of functioning
 - grades
 - friends - sociogram

Service Delivery:

- Goals: Individual, ladderized, functional & measurable
 - Suggested parameters might include:

- behavior [discrete act], behavior string [sequential acts], external context [norm expectations], outcome [self standard: did it accomplish the child's desired goal?], consistency [% of successful outcomes]
- attitude: beliefs [self, others & future prospects] general: self appraisal as a trait, and state: self appraisal around specific domains e.g., physical, mental, interpersonal, etc.; attributions [cause - internal/external, controllable/uncontrollable]
- cognition [thought], cognitive stream [logical sequence], internal context [norm/expectation, experience][stable/unstable], outcome [self-standard - did actions taken based on the automatic or cognitive stream accomplish the child's desired goal?], consistency [% of successful outcomes]
- emotional content [anger, fear, love (sadness, hate)], context [norm/expectations], outcome [self standard], consistency [% of successful outcomes]
- Cycle: Individual achievements over time tied to steps on the ladder and end point. Months/weeks/days
- Vendor: Agency/type/primary educator/clinician
- Service Facilitation Manager: name/date engaged/date dismissed

Organizational Performance: This is data used to measure the efficacy of a vendor to provide services that enable clients to reach goals within appropriate cycles.

- cumulative: this is the accumulation of all individual performances [summative records] of all children served over time.
 - total referred
 - type referred
 - goals/cycles approved without exception
 - goals/cycles achieved
 - domains accessed: this indicates such domains as living, learning and working environments
 - domains reported acceptable: this indicate reports by significant participants of achievement/maintenance
 - goals/cycles maintained
 - domains accessed
 - domains accessed
 - outcome behavior maintained
- summative: this is the accumulation of an individual's performance over time and includes all but the first of above. Summative reports should also include a record of transitions and incidents. For example:

change of schools, home and caretakers are transitions that all children go through some with more difficulty than others. Children in the system can be expected to have less skill at coping with such transitions before intervention than after.

- A list of transitions occurrences should be made to alert the vendor to note all important transitions and the incidents that occur
- formative: this is the development baseline data in all life domains, of the beginning interventions for an individual and the data this generates. May include social history/family history, etc.
- fiscal: cost per unit of service. This include the total cost including administrative overhead distributed, program management distributed and direct service cost.

The development of a data collection and analysis process requires a best practice approach. Some aspects that should be considers include familiarity with relevant laws, regulations and administrative procedures across all public child serving agencies to avoid illegal use of data and a 'trial-run' in which results are not made publicly available until the staff and advisory committee are confident of the process. Additionally, definitions of data elements should be made consistent across all public agencies to be as constant as possible with standard definitions and analytic conventions. If, it proves necessary to develop new data element definitions, a clear and detailed definition and clarifying information for individual items and terms should be developed in which a 'cross-walk' back to public agency requirements can be made. These requirements make it necessary that the Comprehensive Data System, [CDS], which includes a common data set covering both tracking information and outcome performance, be developed with major input from all public agency sectors.

Over time the collection and analysis of such data should indicate the CSC/FSs ability to effectively deal with certain types of problems in living and how well they predict and carry out actions which enable/inhibit the child's ability to meet goals. For vendors or providers of services an organizational profile should develop. Additionally, the use of a primary staff person may give indications of which people are most effective within an organization. Client goal attainment data should be collected on a daily note basis on a computerized form that indicates movement toward, away or neutral in regard to expectations. Follow up would occur naturally as a child appears or does not appear in the child serving system [MH/SA/C&Y/JJ] unless the child is placed or moves outside the county. If placed, the client should be tracked on the same variables. The CSC/FS will need to make a decision in regard to how to handle data when a family move occurs. Although information about the child's maintenance would be enhanced by

such data, the costs may exceed the benefits. If cycles are long and achievement minimal, there will be excessive custodial care and high costs. If cycles are short and achievement maximized, costs - even if through an expensive process, produces a higher cost benefit over time.

Client Performance: Over time data should indicate the child's capacity to perform to changing expectations and new or continuing problems in living by the presence or absence on the rolls of the child serving agencies, reports by significant participants across domains, and self reports from the individual. Analysis should help to identify persons, places and things that were helpful to those who achieve. Of particular importance are the transitions that all children must achieve, and the analysis should take particular note of transitions and incidents.

Security

While a great deal of specific data is important if one wants to be able to learn what is effective and what is not, there is a danger here. The possession of such vital information is both substantively helpful, and harmful if misused. All such data that are identifiable to persons, be they staff or clients must be kept in locked files. Keys to those files should be given only to those with a need *to know*, not to those with only a *right to know*. Administrators do not need to know which clients have which problems, only that collectively certain situations exist. Even though such administrators are lead staff and have the right to such information, there is little if any need, and if such exists, the administrator can get specific information from those with a need to know. This, at minimum, documents the access through another person, thus limiting possible abuse.

Achieving High Quality Data

It is CSC/FS' priority goal to provide reliable and accurate data. In addition to the focus on clarity of data elements and design, the standardization of definitions, the built-in edit checks for data quality and the ease of data submission, the following activities or practices are also suggested as ways to improve data quality.

- Provide feedback to the institutional chief executive. QE should send back a set of key data elements from each institution in an appropriate form to help convince the community of the nature of the data and also provide support to the institutional research staff.
- Conduct evaluation studies of institutions that have a high degree of failed edits.

- Provide training workshops and award certificates of expertise to data providers who meet certain requirements. Quality Enhancement should work with or support the IU and other concerned associations to develop training curriculum, evaluation process and criteria, and to conduct training.

Data Release, Analysis & Dissemination

The mark of a good data system is its utility. Good data are to be used; otherwise they are not good data. Also data is not cheap; their use must be maximized. When CDS data are perceived as relevant and useful to a wide variety of users, institutions will more willingly respond to on-going surveys in a timely fashion. The system design must be focused on analysis and response. Data must become information which is capable of helping management make decisions in regard to continued on enhanced or reduced support to segments as they show a continuous trend of improvement towards meeting personal and organizational goals. Data will not be used unless it meets the needs of managers and can be interpreted without analysis. Therefore, two factors must occur: first, the Quality Enhancement Staff must design and implement data collection as determined by managers; and second, the QE staff must make reports in a fashion that managers understand. This will require a clear understanding of the CSC/FS goals and intentions as well as clarity as to how each component fits into the overall learning scheme.

Thus, we recommend consideration of the following actions to facilitate the use of CDS data.

- Release raw data as soon as it has passed edit checks and been locked by CDS coordinators and institute a separate release of the data set that aims to provide unbiased estimates of the client universe, client use and market share by provider groups and organizations.
- Shorten the review process of the first data by forming a review panel that consists of technical reviewers and representatives from pertinent providers of services and the public agencies.
- Provide computer software enabling users to identify, select and extract data of interest quickly and easily from various data files.
- Provide software on line that allows users to specify the kind of statistical tables needed and then generate the tables promptly.
- Conduct seminars on the use of analysis software stated above.

- Support analysis addressing policy issues that are defined jointly by representatives from concerned agencies.
- Develop composite or derived variables [e.g., common performance indicators] and add them to the data file so that CDS goes beyond a simple listing of institutions and cross-tabulations to describe characteristics of institutions and the condition of and changes in client and organizational performance.

Managers must make decisions on the reports that move the trend towards continuous quality improvement. The manager's response to data should be part of the data collected, so that failure to respond, ineffective response and enhancement are all counted.

Relationships with Other Data Systems

CDS will be the most comprehensive data system on the child services in the County. Many people in the federal, state and local government offices, academic institutions and the general public may want to use the data. However, for various reasons, many state and local agencies also will continue to collect data about child services. These data requirements can create inconsistent data and impose undue burden on institutions unless there is an intense effort to coordinate with these agencies in such data collection. Such coordination should be aimed at minimizing data redundancy and improving data consistency through standardization of data definitions and collection procedures. We recommend that the following activities be undertaken:

- Identify all child service data systems currently in effect through contact with the state regulatory body.
- Form a communication group consisting of representatives from affected parties and meet on an as-needed basis to discuss issues of concern:
 - Provide consistent and standardized definitions for data elements or, at minimum, agree on cross-walk methods for dual definitions [e.g., the same behavior may be defined differently by mental health and juvenile justice].
 - Develop an agreed basis for designing the various surveys to minimize overlap and burdensome time schedules.
- Maintain the communication group for an annual review of data collection and design needs.

RESEARCH

Administrative Protections

Within the collection of data and the understanding of personal and organizational outcomes, there will occur questions that will require experiment to answer. Such research is within the capacity of Quality Enhancement, but must always be authorized by executive management. The development and design of such experimentation must follow the requirement of the Ethical Principles and Guidelines for the Protection of Human Subjects of Research and the Code of Federal Regulations for protection from research risks - part 46, with particular note to the additional protections for children. In fact, it has been recommended that all services delivered to the child/family be treated as experimental and follow these rules. Quality Enhancement will therefore need to establish an Institutional Review Board, which will review all proposed research and certify that appropriate precautions are in place. The IRB will have at least five members, but no more than fifteen members with varying backgrounds to promote complete and adequate review of research activities and practices commonly conducted by the CSC/FS. The members shall be sufficiently qualified through experience and expertise and have diverse backgrounds including consideration of racial and cultural background; sensitivity to community attitudes, and the understanding of the functions of the various institutions.

In addition to possessing the professional competence necessary to review specific research and human service activities, the members shall be able to ascertain the acceptability of proposed research in terms of institutional commitment and regulations, applicable law, and standards of professional conduct and practice. The IRB will not consist entirely of men or entirely of women, or entirely of members of one profession. The IRB shall include at least one member who is not otherwise affiliated with the institutions making up the Comprehensive System and who is not a part of the immediate family of a person who is so affiliated. The IRB shall include at least one member whose primary concern is in nonscientific areas: e.g., lawyer, ethicist, or clergy. The IRB will include one member who has had a child in one or more of the various systems, but is no longer using the Comprehensive System. At its discretion, the IRB may invite individuals with competence in specific areas to assist in the review of complex issues which require expertise beyond or in addition to that already available, but these individuals may not vote with the IRB.

The IRB shall review and have the authority to approve, require modification in order to secure approval, or disapprove all research activities. The IRB will follow all of the requirements noted in the regulations and the ethical principles and guidelines and assure that the Comprehensive System does so

as well. The IRB, may, at its discretion assign additional Review Committees which meet all of the requirements of the primary Board. Such Committees may make recommendations on particular projects to the IRB in writing for it's final judgement.

Performance Evaluation

The performance evaluation process will be separated from the delivery of services. As with other monitoring elements, the measurements of performance need separation from the delivery of service. For purposes of evaluation, however, the planners would expand service delivery to mean assessment, referral, intervention and service facilitation management. Therefore, while it is expedient to have the CAPS and/or Quality Assurance [HSCC/SFM] monitor and collect certain data, it is vital to the transformational development of a new system that the analysis and decision making about the performance of the components be one step removed. Some planners have recommend that an outside research organization be contracted to objectively observe and respond to these factors. Given the complexity indicated above, this Quality Enhancement Component should be responsible directly to the Chief Staff Officer of CSC/FS and provide on-going reports on the development and progress of the system in its effectiveness in meeting its outcome expectations.

It is further recommended that the work of the QE be gradually institutionalized into an on-going Component that will provide: continued evaluation, new service development and reports on trends for future planning.

Evaluation is an on-going process at formative, summative and cumulative levels. Formative data is that data that helps to develop individual plans and to make change orders in those plans. The sum of individual data is the summative data that is the record of individual progress and development over time; what worked and what didn't. The cumulative data is the sum of the summative data; including many people over time. Cumulative data allow for identification of trends in the system and for system planning. Each of these levels must be collected, archived and analyzed, perhaps by the Independent Research Unit. The formative and summative data are developed and collected by the other components. Such data should also be of use to the other system components in terms of transforming their own behavior to improve performance.

All data requires a response. No data collection should occur, if the data is not going to be used. The Comprehensive System must have a plan for response to all data collection that includes: analysis; reporting and consequences that are oriented towards continuous quality improvement.

In addition, all measurement must be against the outcome specifications of the short term and the outcome expectations of the long term. While formative data is concerned primarily with short-term questions; such questions must be posed with an eye to the long term. For example, if a child is noncommunicative and the CSC/FS determines that such a deficit is likely to continue; decisions about adaptive supports must be made in the context of the system outcome expectations: e.g., what choice will maximize the person's ability to work, live independently, etc. Such considerations should be documented.

Providers of service who do not regularly meet short or long term outcome expectations will not receive referrals. While the CSC/FS is organized as a 'learning' entity, it is incumbent upon each provider to learn as well. If, over time, providers are unable or unwilling to change practices which have proven ineffective in short OR long term, they will cease to be a part of the CSC/FS. Providers have the right to their own opinions about what is appropriate, but the System is designed to document effective practices and will move in that direction. For those providers of service who agree to the need to improve their capacity to provide quality services, the CSC/FS has a responsibility to provide supports and training opportunities to enhance such improvement.

Development

It is a primary function of the Quality Enhancement Component that it keep abreast of 'cutting edge' service delivery technology in the related human service fields, especially that which has been rigorously tested. It may be necessary to provide to management a newsletter, which indicates promising new developments so that the various institutions and related service delivery networks can respond quickly and effectively to new knowledge. This process combined with the 'learning' from the service delivery experience provides a major resource for the development of new techniques and services.

One of the major responses to the gathering of information is likely to be staff development. As the information is gathered and analyzed, some organizations and staff are going to perform better than others. It is a requirement of the Quality Enhancement Component to create hypotheses regarding this experience. Part of those hypotheses is expected to be that some staff have better knowledge and skills in engaging children and families and in delivering the service. Where such gaps exist, or where new research in the literature suggests promising techniques, QEC staff will develop training modules to improve staff performance. However, fixing previous mistakes is not the way to produce quality and experience indicates that staff who do not develop a natural instinct for social learning often continue to operate within their prior mental contexts which often include

punishment and reward; confrontation and emotional responses. Thus another development responsibility may be a screening mechanism that will help to identify the beliefs of potential candidates for direct service positions which will enable provider institutions to screen out inappropriate candidates and/or focus orientation and training to overcome deficits.

Quality can be controlled and maintained only if horizontal and vertical curriculum continuity exists. Vertical curriculum continuity means that there is a systematic introduction and reinforcement of significant learning objectives throughout the entire instructional and clinical system, thus eliminating useless repetition and damaging voids. Horizontal curriculum continuity means that all the staff within a child/family's Comprehensive Service Plan are implementing consistent social learning interventions. These two necessary continuities can be present only if there is an emphasis on curriculum development for both direct service staff in techniques and practices, and supervisory staff in monitoring and corrective actions.

It is expected that a full professional staff curriculum separating instructional and clinical expectations will be developed with the advent of a Comprehensive System and that this will be shaped through the experience over time. A curriculum is essentially a course of study. It is a road map to lead the student from one level of understanding to another. For staff to be able to recognize the client preferences and vision, the curriculum must be designed to proceed along a self-selected track. Analogously, we can draw a map from Philadelphia to New Orleans. We can decide where to lay the track and what type of track to lay. We can then decide what type of vehicle will travel on the track. Any of the decisions that we make must be tested upon whether we are able to reach our destination, how quickly, easily or efficiently we are able to get there and how exalted are customers are with such attainment. To fail in any of these is to fail the market test.

TRAINING: *An Academy For Cognitive Behavior Management* [ACBM]

Goal: to make cognitive behavior theory what everyone believes is true [common knowledge].

Innovative Mechanism: Two major factors are novel in the ACBM. First, it is organized around a 'cutting edge', not a 'state of the art' technology. By 'state of the art', we mean the so-called 'best practices' that a human service field has to offer; the best level that the art of human service delivery system [not individuals or groups within the system] has been able to achieve. By 'cutting edge', we mean a technology that is still growing and developing and not in common use, although it is demonstrably improved over 'best practices'. Individuals and groups who are seen as 'pioneers' of the next wave of improvements will use 'Cutting edge' technology. Second, the technology, unlike those in present usage is not one that is focused on

one field of human service endeavor, nor is it necessarily esoteric, but extends its usefulness across all natural and professional systems including education, clinical, correctional and protective services.

Statement of Need/Rationale

In 1993 the National Mental Health Association published a document called ***All Systems Failure*** - An examination of the results of neglecting the needs of children with serious emotional disturbance. The authors trace the documentation of failure to 1969 and cite six national studies from 1969 to 1990, which show the same outcome. What the authors of all of these studies fail to do is tie the failure, not to a lack of sufficient quantity of services, but to sufficient quality. The technology for serving people with problems in living has produced little positive outcome, and a great deal of negative. There is no unambiguous evidence that the methods of the 'experts' are significantly superior to time. Biomedical, psychodynamic, punitive, and special education methodologies have all failed. If dollars were the answer, we would no longer be asking the question as we continue to throw good money after bad.

Description:

The ACBM will provide training on cognitive behavior management to parents and other natural support people, teachers, clinicians, protective and corrections workers. This training will provide specific protocols and techniques that can be used to engender specific outcomes. While the initial thrust will be to develop a cadre of clinical staff to address the goals of children with problems in living and their families, the longer range effort will be to change the way all adults relate to children. Thus, the ACBM is a *catalyst* for cultural change.

Functions

- recruit, select employ and train trainers
- organize the curriculum for training
- develop new training modules
- develop PDE certification
- market the training to customers
- register customers
- schedule the rooms and times for training & assigning trainers
- maintain the revenue and costs structure
- create needs assessments for various populations
- create training curriculum for meeting the goals of these populations
- create a mechanism to deliver these curriculum
- create a mechanism to measure the outcome of this service
- create a certification process in all child related fields
- develop and maintain a relationship with cognitive pioneers

MARKET

The market would include anyone who has a responsibility for child management, but also can include people who manage adults as well. The use of cognitive approaches in business management is advancing rapidly as the literature will attest. McDougal's Theory X and Theory Y epitomize the difference between the biomedical/psychotherapeutic and cognitive approaches and many of the new management books indicate this change. Steven Covey's '7 Habits of Effective People', perhaps the most popular management book currently available, is based in large part on a cognitive understanding. As he indicates, the point between perception and response is a point of *personal responsibility*. In cognitive theory that moment, if brought to conscious awareness and attended, can be analyzed and new thoughts introduced.

Overview of the industry

The state of the present human services technology is chaos. Despite careful analysis on many levels that indicates that the biomedical, command and control technology is not only unhelpful, but actually destructive, we continue to see its dominance in the market place. Powerful stakeholders, most importantly psychiatrist and pharmaceutical companies continue to control the industry. Having psychiatrist as legally responsible for all 'mental health' programs contaminates the best of intentions. 'Common knowledge' is based on a psychotherapeutic notion that most problems in living are caused by 'pathology' - the favorite at the moment happens to be a chemical imbalance. People who suffer with these pathologies are 'victims' who are unable to control their own behavior. [Notice the similarity to the 'demonic possession' effect.] The lack of personal responsibility introduced by this 'victim' status has led to substantial evil in the broader social system, these notions have led to a generation of citizens who take little responsibility for their own behavior, feel 'victimized' by any hardship, place more importance in 'feeling good' than doing good, and blame others, often with violent reprisals for their lot in life.

Because the impact of psychotherapy has been so ineffective over such long periods of time, the result of such notions are the development of special 'police' [psychiatrists] and 'weapons' [drugs] to control aberrant behavior.

Outcome studies show little value in the human service approaches presently being used. One of the leading critics H.J. Eysenck, states it this way:

Numerous studies since the 1950s have in essence failed to disconfirm the view that various forms of psychotherapy do not

show greater effectiveness than spontaneous remission or placebo treatment.

Personal responsibility is not an issue, since the 'illness' is considered to control the behavior. In fact, because personal responsibility is not an issue, the legal system has accepted a plea of 'innocent' by reason of insanity; as opposed to 'guilty', but insane. Further, built upon this presumption, the Constitutional protection of incarceration without cause demonstrated through due process is abrogated in 'involuntary' commitments, which take place through the police action of psychiatrist, and are done for the person's 'own good'.

The psychiatrist is now in a position of determining exactly who should be incarcerated, when and for how long, based purely upon a social judgement. Drugs have been extremely effective in 'controlling' the behaviors that are disturbing to other people, but have little value to the people taking them. In fact, they are so toxic, that they create considerable harm. Combined with the anger at being coerced 'for their own good', and the feelings of 'victimization', many survive the 'system' only by striking out.

The state of the art is sad indeed. We are seeing increasing depression, suicide, intensity of violence, substance abuse and other problems in living that reflect the victim attitudes promulgated by the construct of 'mental illness' and 'junk science'. The training institutions continue to support this paradigm, and although almost everyone recognizes the failure, they find it hard to think about different approaches. Thus we have an environment of 'seekers' in the institutional system, who are unable to find their own way. The ICBM offers a new way of doing business. Its approaches are particularly simple to understand and can be incorporated into the direct practice through the entry level staff, creating revolution from below.

As a cadre of 'new staff' are able to demonstrate effective impact on the people they serve, the traditional 'experts' will become more and more isolated - unable to even understand what is happening. As parents are trained in the basics, they will more and more demand staff with this expertise, generating new pressure to use the ICBM. Further as young people seek ways into the traditional hierarchy, they will find the path of most influence in the new technology.

PURPOSE

The purpose of the ICBM is to bring into common usage a technology that places personal responsibility back into the hands of the individual, does not promote coercion, and has a scientific basis for consideration. The intent is to change the *paradigm* of human services both within the general population and within the practitioners. Unlike the common over usage of

the word paradigm to mean something as negligible as perspective or attitude, a paradigm according to its linguistic originator [Kuhn - 1952] and as reported by Eysenck - [1994] consists of a *disciplinary matrix*, acquired implicitly through the educational process, whereby one becomes a licensed practitioner of the scientific discipline. In the course of this learning process the student encounters numerous *exemplars*; these are instances exemplifying the ways the science's symbolic generalizations [the so-called laws or theories] apply to phenomena. Thus, a paradigm becomes a way of thinking about something that makes it very difficult to even understand other ways of looking at the problem.

In order to change the paradigm of human services across the transformational system, it will be necessary to have a broad based approach. As Aristotle said, ***Consensus omnium*** - What everyone believes is true. If we want everyone to believe that cognitive behavior management techniques are the true way to help our children achieve success in living, we will need to develop a *disciplinary matrix* and *exemplars* that become common to citizens.

Vision: The Academy for Cognitive Behavior Management will become a program sought by lay people and professionals as a means of becoming certified in 'cutting edge' technologies.

Mission: The mission of the ACBM is to make cognitive behavior theory what everyone believes is true.

PRODUCTS & SERVICES

The author has presently developed beginning protocols, techniques and procedures for general introduction to cognitive behavior management, and abstracts of these appear in the website cognitivebehavior.com. These resources can be used as they are presented or modified to meet the needs of individual programs.

Your ACBM can become an ongoing program certified by the state department of education to provide technical training certificates to entry-level staff with the potential for financial aide for trainees through federal and state grants. Pell grants are used for other such programs and can be used here. Tying this funding and program to the reduction in welfare roles can be an outlet for new careers.

Customers can range from human services staff [including both direct service staff and managers] to parents to anyone concerned with interpersonal relations. Like the behavioral approaches from which cognitive theory grew, the degree of intensity can vary from the very simple technique

or concept which can have profound impact, to the very sophisticated use of protocols.

Unlike the traditional 'state of the art' technologies, the failures are not hidden in jargon and the sense that only the highest level of training can understand the nuances of the technique - even psychiatrists often fail to be able to articulate just how the 'chemical imbalance' pathology really works. In cognitive technology, everyman is king. The focus is on the development and training of 'skills'. Certain components can be implemented the moment they are understood. The fact that the traditional 'experts' have attempted to cast the technology as a psychotherapy, only lends credence to its merit.

The population who might be trained ultimately includes every citizen who lives or works in the County, since the applications to everyday life are so apparent. Store managers may want to learn skills to handle young people coming in to loiter or policeman may want the skills for negotiating purposes.

While there are other ways to learn cognitive theory and practice, there are few places where the science is provided so conveniently to the beginning practitioner or parent. The Centers for Cognitive Behavior Therapy in Philadelphia, for example, market to trained practitioners already operating in the field and treats the subject as though it were a psychodynamic therapy. More handy, self help or entry level approaches are available as our list of resources shows. However, these rarely have the breadth of coverage that we believe can be offered. The same is true of NeuroLinguistic Programming Training, which is quite extensive and expensive.

Finally, the development of audio, visual and computer offerings presents a tremendous advantage as training in audio and visual tapes, and computer based learning programs can be marketed locally in a manner which can make the training much more convenient. Certification is still possible if properly controlled.

There is a competitive element that will need to be addressed. The maintenance of medical model expertise and status in human services has never been based on its merit as a producer of outcomes. Rather, it is based on money and the power of psychiatrists and drug companies. The most common strategy to attack those who seem to be making inroads to new disciplines is to 'absorb and conquer' as a defensive posture. Any good competing technology is quickly absorbed by the medical expert and then perverted. Moral Treatment is an historical example. After demonstrating superiority to the medical model in the asylums, a decision was made by the Boards that stated:

Since Moral Treatment is the treatment of choice [most effective] and since the doctors are in charge of treatment; the **doctors** should be in charge of Moral Treatment.

And as others followed suit, Moral Treatment disappeared. The doctors with their neurotic need to find a pathology were unable to do Moral Treatment.

It is clear that these new constructs will cause conflict with the old model and that people relating in the old methods will hardly become the experts of the new. To believe that the present medical experts will either change or give up their power positions ignores the potential mutations of the present idea. Medication **and** social rehabilitation are better than social rehabilitation alone. Such mutations have now become acceptable and the psychosocial rehabilitation movement, once a powerful client driven movement, is dead. It was suggested by Thomas Kuhn, the creator of the concept of 'paradigms' that a new paradigm must wait for the old experts to 'die out'.

To ask the 'experts' to change the way they are dealing with atypical people is difficult, if not impossible, since they hold the reins to the entire system of relationship to the affected population. At the same time, the creation of a new group is difficult because of the potential 'contamination' or abuse by the present expert leadership. Already 'cognitive behavior interventions are considered to be psychodynamic, despite being of a totally different *order*. One strategic approach to replacement is to create a cognitive behavior management in the school system provided by school personnel. Another is to give the funds directly to the clients themselves to purchase services. But, because the general public and present clientele have been so 'brainwashed' to believe in pathology, the best is probably to create a unified system such as we are outlining here - with the key being community acceptance of the managed care role. As a learning; system it can start almost anywhere, as long as it discards what doesn't work.

The ACBM concept is at a reasonably good level of development as the list of resources would indicate. However, it needs to be understood that only as these modules are used and modified by people with training skills, can the products be measured and enhanced.

It will be necessary at some point to employ trainers specifically to provide this training, and to commit to the further development of materials. This production process requires a constant literature search and an ability to modify materials into an acceptable training module. This requires several functional skills:

- computer technology expertise
- theory conceptualization

- service delivery understanding
- curriculum, lesson plan development

The lead staff person for the Institute will need to be a person who is both capable of providing the training, and is able to coordinate the actual implementation: including such functions as:

- recruiting, selecting, employing and training trainers
- organizing the curriculum for training
- developing new training modules
- developing department of education certification
- marketing the training to customers
- registering customers
- scheduling the rooms and times for training & assigning trainers
- maintaining the revenue and costs structure

Of major concern will be the location of rooms to be able to provide this service on a regular basis. Thinking in terms of an ongoing Institute which is able to provide training at a convenient location throughout the year at times that are amenable to working people is paramount. One can consider a centralized or decentralized approach.

In the decentralized focus, we can imagine that there is an offering of one or more techniques in each school district with a rotation of trainers throughout the system. Thus a trainer of interpersonal cognitive problem solving may over a two and a half week period present the technique in each of the districts, before starting over again. The downside to this includes:

- the cost of transportation
- the potential failure of the size of the audience in a given location
- the logistics of relating to multiple district systems
- the need to mix the audience [clinicians, educators, paraprofessionals and parents]

The upside would be the distribution of the services in a manner accessible to all interested people in a convenient manner. It also would allow for people to be trained with their neighbors.

The centralized approach would provide a higher ability to 'control' the audience, scheduling each audience segment in turn, reduce transportation costs for trainers, but increase the cost and reduce accessibility for participants.

Labor Requirements

The major labor requirement is the development of sufficient numbers of people with training and content skills and enthusiasm for the 'as needed' training staff. Since the content is relatively new, many training staff will not be familiar with it. However the content is relative easy to absorb, providing no *paradigm* constraints interfere. Since the local IU is an educational support program for *teachers* as well as schools, identifying good trainer potentials should not be a problem.

Outcome: Expectations & Measurements

Outcomes are the demonstration of techniques under supervisory relationship. Since the initial thrust is focused on 'as needed' one-on-one staff support, there will be immediate assignment to child/family relations providers and the research staff. However, the process of certification for different pay grades will be tied to the judgements about technique effectiveness and correspond to measurement. Further measurements will be affected, as the Research & Development function is able to test outcomes over time.

Strategy

The marketing strategy will target first the organizations of provider agencies. Two major populations will be addressed: Juvenile Probation and what is known in Pennsylvania as 'wraparound' staff.

Negotiation with the various institutes to gain acceptance of the cognitive behavior management training for their own populations should not be overly difficult. Protective and correctional agencies should be good potential targets. In fact, in given communities, leadership may wish to ignore mental health and train all of the other welfare and educational services, changing mental health services by attrition.

In addition to direct training, the use of audio tapes to learn techniques individually or the use of computer based learning on the internet provides an opportunity that goes beyond a local audience.

The goal, outcome or destination of the client from a systems standpoint is to enable them to relate to other human beings in ways that are mutually satisfying and gratifying. Accomplishment of this will require a staff person who is both flexibly oriented to the client's definition of quality and is a social person in their own right. In order to do so, they must be able to:

- think appropriately about themselves and others;
- value themselves and others positively; and

- have the skill capacity required to a multitude of social expectations.

The strategies for reaching the goal of satisfying and gratifying relationships therefore will require that the staff person have enhanced cognitive, affective and behavioral mastery and be able to effectively use that mastery in demonstrable ways.

All of these requirements are best approached through a learning based technology. There is a mountain of literature about cognitive, affective and behavioral mastery through learning. Our labor is to mold that literature into a course of study for both staff and students that will enable instructional and clinical staff to reach this ideal destination and thus convey it well to their student/clients and families.

Learning is an interactive process in which positive thoughts and feelings about self, others and future prospects are shaped by experiences and experiences are shaped by their positive thoughts and feelings.

While remediation of problems in living that occur because of the lack of cognitive, affective or behavioral mastery is the proper arena of mental health or the criminal justice system, the process of achieving mastery is still a learning experience. It is for that reason that the system must be committed to developing a social learning initiative, which will cross the boundaries between preventative, developmental and remedial services through education and clinical services.

The Quality Enhancement staff will need to work closely with service providers, training staff and educators to develop modules to train staff on current and cutting edge practices.

CODICIL

Clarence Sundram, suggests that once the customer is defined and the value base is established, the manager [local public administrator] should:

- Establish a careful process for deciding whom to entrust with the welfare of vulnerable people.
- Instill curiosity about how well the values, plans and policies are actually being implemented.
- Inculcate a passion for the truth and willingness to hear it, and give license to all, especially consumers, to speak it.
- Emphasize spending time listening to and seeing the real conditions of people's lives through their eyes rather than on examining provider processes alone.

- Teach and spread success by calling attention to the places where you find it, and take prompt and effective corrective or enforcement action against deficient performance.
- Rediscover common sense, and focus on improving the quality of service rather than extracting plans for improvement.

Public human service administrators must define the perfect world. Extract through partialization and prioritization, the activities that need to be done and the outcomes expected. Develop the strategies and tactics to carry out these activities. Collect data on the *outcomes* formatively, summatively, and cumulatively. Think rigorously. Evaluate. Talk about values. Improve. These principles hold equally for organizations and individuals.

The Quality Enhancement Component is charged with the responsibility of identifying the truth as defined by 'fitness' in meeting System outcome expectations. This is a profound responsibility that includes remedial action when such expectations do not occur. The QE/CSO will need to not only be separated from the function that s/he is measuring, but have considerable skill and confidence to carry out this function.

In essence the Executive Direction component sets the direction and the Quality enhancement Component measure the progress. These two components are the essence of the government steering - one identifying where it wants to go and the other ensuring continued movement in the proper direction. The other components are more similar in a direct delivery of service function. Assessment, intervention and community managed care assure the quality of the services. All of the components are, of course, vital to the transformation.

CLOSURE

Seeking coherence is a never-ending quest. Each time one seems to find some basis upon which to stop, new ideas are raised by some bright young person to keep the process moving. A recent book entitled ***Non Zero" the logic of human evolution***, has raised for me the question of how to use Game Theory and non zero sumness as a component of cognitive behavior management. While I am sure that the constructs are important, I am not yet sure how it applies. Similar concerns arise about cognitive anthropology that from my naive perspective may provide a way to do program audits by examining the current memes in use in the organizational culture. Evolutionary psychology and neurolinguistic programming are just becoming a part of my repertoire and need more thought and inculcation to become useful constructs.

On the other side we will need to fight off the memes of genetic therapy and brain scanning. Already these are eroding the confidence in the fundamental

assumption as these 'sciences' seem to be indicating that it is all, after all, mechanical. We find genes for fat and genes for criminal behavior. Despite all this, hold on to your horses for this is phrenology revisited, with a new scientific guise. I recently caught the back end of an interview with a psychiatrist who was touting a means of diminishing auditory hallucinations [hearing voices]. Transcranial magnetic stimulation (TMS) utilizes an electromagnet placed on the scalp that generates magnetic field pulses roughly the strength of an MRI scan. The magnetic pulses pass readily through the skull and stimulate the underlying cerebral cortex. Low frequency (once per second) TMS has been shown to induce sustained reductions in cortical activation in multiple studies. Proponents are currently conducting multiple trials of TMS. Some of these studies have been initiated to determine whether low-frequency TMS can reduce hallucinated voices.

I was interested in exploring whether this was connected to the fact that neural pathways become wired through regular usage and that through this habituation the neuron lowers the threshold for firing so that such things as 'automatic' thoughts and a hierarchy of ideas can occur. Gerald Edelman had talked about this kind of development in his theory of natural selection of ideas and it seemed that the magnetic stimulation, by raising the threshold of the neurons was interfering with the pathway and thus reducing the 'voices' or repetitive thoughts. I was naturally interested because this seemed to be another potential step in verifying that people are the sum total of their thoughts and that only by changing the way they think can we effect how they feel and behave. I sent an email in which I mentioned these issues, but the response seemed to be very limited. While the Dr. was very interested in cognitive behavior approaches, he indicated that TMS had no connection. Does it really have no connection, or can the doctor just not see the connection? While the outcomes of TMS are showing some success in eliminating the 'voices', these successes are not being maintained and in a week to a year the 'voices' come back. We could suggest that the outcomes might be lengthened if alternate paths replaced the pathways that were diminished. While reduction of threshold may occur, the old pathways must still be more sensitive after so much use. By using a new mantra and habituated to it over time, we might provide the individual with alternative pathway which is also sensitive [lowered threshold] and ready to be used.

It is possible, and even likely that I don't have a clue as to exactly what it is they are doing. On the other hand, it may simply be that the doctor did not want to take the time to get involved with my issues even if he and his colleagues are considering something along this order. Or it may be that the doctor's paradigm omits perception of what may be a critical part of the issue. Doing research is a focus laden process and if he would have to think outside the box at this time, it may reduce this focus.

But the doctor's frame of reference is very important. I have, for example, read many articles where the authors seem to indicate that the activity in the brain is responsible for the behavior without a thought to the fact that the performance of the behavior must result in activity in the brain. If I raise my right arm thousands of times a day, I would expect that my brain activity would be considered unusual since the area used to raise my right arm would fire much more often than the typical person's brain. But to assume, therefore that this unusual activity in the brain was **the cause** of my raising my right arm so many times is absurd - it is clearly the **means**, but the cause is uncertain.

While we understand that my arm won't work if the brain activity does not occur, we also know that the **thought** of moving my arm provides an electrical impulse that cascades through the brain and activates the movement of the arm. I can, in fact, show brain activity in the area without moving my arm. The causality is not necessarily dependent upon a defect in the brain activity, but may be because I have decided that the sky is likely to fall at any moment and that I want to have my arm over my head to catch it when it falls. Thus the suspicious activity of the brain does not have the same meaning as the doctor might believe. We don't need to do something with the brain, but we do need to do something with the 'mind'. We need to supply sufficient information to help the person conclude that the sky is probably not going to fall and if it did the arm over the head would not help.

The problems of this kind of mechanical thinking are escalated because the doctor so often does not think to listen. In an abstract for a paper regarding people with schizophrenia, Strauss and Estroff, present the following in the abstract:

There is something seriously missing in a field of mental illness that does not attend closely and broadly to patients' subjective experiences and sense of self. And, yet, much of the contemporary scene in disciplines that focus on mental illness reflect this neglect. Driven by various theoretical models or the quest for being scientific only in a narrow sense, clinicians neglect many aspects of patient reports, their implications for understanding illness and healing processes, and the need to develop improved method for studying subjective experience and sense of self.

While I have a great deal of respect for both Strauss and Estroff, the paragraph explains a lot. These **patients** are **mentally ill** - ergo, they don't know what they are saying so why should I listen. These are not people whose thoughts are important!

These issues are brought out in a different way by Roy Porter in his book **A Social History Of Madness** where he states"

The writings of the mad can be read not just as symptoms of diseases or syndromes, but as coherent communications in their own right. Psychiatric doctors have commonly denied intelligibility to madness: They often portrayed insanity as irrational, as nonsense - what the mad said was no better than meaningless babble.

This has led...to an extraordinary deafness towards the communications of the disturbed, and in particular a discounting of their reactions to, and complaints against, the psychiatric treatment meted out to them. The protests of the mad have been interpreted as symptoms of their madness.

...is the bottom line simply that we call people mentally 'confused' because we find them 'confusing', 'disturbed' essentially because we find them 'disturbing' - itself a highly disturbing possibility. The mad are 'strange'. But does that mean anything more than to say that they are strange to us? And then what about the fact that we are strange to them?

It is possible to be odd, to be strange, in ways that still make sense.

The seventeenth-century mad playwright Nathaniel Lee, protesting against his consignment to Bethlem, made the same point more graphically: "They called me mad, and I called them mad, and damn them, they outvoted me?"

The perspective of the psychiatrist is so skewed that s/he is unable to even make sense of Porter. The interpretation of genetic and brain scan activity will follow the same patterns which have already made psychiatry irrelevant. They won't listen because they cannot listen.

Ye have ears, but you do not hear.

Your hearing is blocked by your own beliefs. If this book is about anything, it is about **messages**, what messages do we send and what messages do we receive. What are the difficulties in being specific on either the sender or receiver side. How much do our own beliefs prejudice what we perceive and what we conclude.? And how do we begin to find truth?

Mundus vult decipi: the world wants to be deceived. The truth is too complex and frightening; the taste for the truth is an acquired taste that few people acquire.

Not all deceptions are palatable. Untruths are too easy to come by, too quickly exploded, too cheap and ephemeral to give lasting comfort. Mundus vult decipi; but there is a hierarchy of deceptions.

On a higher level we find fictions that men eagerly believe, regardless of the evidence, because they gratify some wish.

Near the top of the ladder we encounter curious mixtures of untruth and truth that exert a lasting fascination on the intellectual community.

What cannot, on the face of it, be wholly true, although it is plain that there is some truth in it, evokes more discussion and dispute, divergent exegesis and attempts at emendations than what has been stated very carefully, without exaggeration or onesidedness.

Mundus vult decipi: The world winks at dishonesty. The world does not call it dishonesty.

Once a few respected men have fortified a brazen claim with their prestige, it becomes a cliché that gets repeated endlessly as if it were self-evident. Any protest is regarded as a heresy that shows how those who utter it do not belong: arguments are not met on their merits; instead one rehearses a few illustrious names and possible deigns to contrast them with some horrible examples.

I And You: A Prologue

Walter Kaufman

We end as we began. Do you really want to go on being deceived, or do you want to seek coherence between your beliefs and reality?

"Every belief is a limit to be examined and transcended."

John C. Lily

Examine your limits.

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Appendix

CURRICULUM RESOURCES

Behavior Focused Resources

- The Prepare Curriculum - Arnold P. Goldstein: This is the 'bible' of social skill teaching, giving the theoretical underpinnings of the approach.
- Options: A Cognitive Change Program: John M. Bush & Brian Bilodeau: This is a cognitive restructuring program designed for adult federal prison. This has been evolved into a framework for *Reach* [Decisions] and incorporates some of the materials from the next two resources.
- Nebraska Cognitive Thinking Curriculum: Ray Cahill: Also a cognitive corrections program, but much more a curriculum with lesson plans.
- Turning Point: Windham School District - Brian A. Cox, Judy Burd, & Ed Roberts: Another curriculum as the one above.
- I Can Problem Solve: [1. Kindergarten & Primary Grades, and 2. Intermediate Elementary Grades] - Myrna Shure: The pivotal cognitive skill and the most highly researched approach.
- Reconnecting Youth: Leona Eggert, Liela Nicholas, & Linda Owen
- Second Step - A Violence Prevention Program:
- Social Skill Intervention Guide: Elliot/Gresham
- The Adolescent Coping Curriculum: Widner University
- Cognitive Skills Programs: Positive Solutions Associates: A specialized curriculum of social skill building, which uses a 'right brained' *hook* to get kids involved.

Emotion Focused Resources

- The Penn Optimism Program - Jane Gillham, Lisa Jaycox, Karen Reivich, Martin E. P. Seligman, Terry Silver: Based on Seligman's 'Optimistic Child' research, this is a curriculum that has been used in public schools as an inoculation to depression. Now being called a 'resiliency' program.
- Self Esteem Teacher's Guide [Sunburst] Grades 5 - 9
- Esteem Builders: A K-8 Self-Esteem Curriculum: Borba
- Thoughts & Feeling - Taking Control of Your Moods and Your Life: A Workbook of Cognitive Behavioral Techniques - McKay, Davis & Fanning: The basic framework used for developing the protocols, techniques and procedures in the training modules, this is a self-help book with great information.
- Providing Alternative Thinking Strategies [PATHS] Curriculum: This is the curriculum mentioned in the Goleman Book, Emotional IQ, and presents lesson plans from early intervention to fifth grade.
- Self Esteem: McKay & Fanning: of the same high quality as the Thoughts & Feeling, with more specific information, techniques and procedure

Training Abstracts: Cognitive Techniques

A. Introduction/Orientation

This class is designed to introduce the participants to the philosophy of clinical services and the language and concepts of cognitive behavior management.

B. Service Planning

This class is designed to introduce the participants to the structure of services planning and the concepts of protocols, techniques and procedures.

C. Perceiving Reflex Thoughts

This class is the first of a triad which helps people identify automatic thoughts and the cognitive errors that they may contain which contribute to the problems in living. The first part of this process is perceiving these thoughts and this training provides a technique for doing so.

D. Altering Thinking Patterns

The second of the triad, this provides help in identifying patterns of thought that limit the persons success in living and provides a technique for doing so.

E. Changing Distressing Thoughts

The third in the triad, this provides help in selecting the most distressing thoughts and provides a technique for changing them.

F. Relaxation

This is a tested set of procedure that help a person relax. It is connected intrinsically with many of the other techniques and thus is a universal skill and should not be underestimated.

G. Worry Control

This is a technique for helping clients take control of their patterns of worry. People report that their worry mostly involves: a) talking to themselves, largely about problems or negative events that have happened or might happen in the future, and b) mental attempts to figure out how to solve

those problems or avoid those events, with brief catastrophic images of the negative events symbolized by the words flowing through their minds. The content of worrying frequently jumps from one concern to another concern, with elements of the entire episode repeating themselves. Brief problem-solving attempts rarely reach a resolution for any single element.

H. Thought Stopping

Thought stopping is one way of shifting attention from the internal or mental context and involves concentrating on an unwanted thought for a short time, then suddenly stopping it and emptying your mind. The internal command 'Stop!' or snapping a rubber band on your wrist is generally used to interrupt the unpleasant thought.

I. Flooding

This is technique used by behavior therapists to treat phobia. The phobic is exposed to the situations or objects most feared for an extended length of time and armed with coping strategies.

J. Coping Imagery

Coping imagery is a blend of stress inoculation (Class L) and covert modeling (Class S).

K. Coping with Panic

Panic appears to simply be the *catastrophic misinterpretation of bodily sensations*. When clients are taught to reinterpret the symptoms elastically, as mere anxiety symptoms, and given time to practice, there is indeed a breakthrough. Coping with panic is a simple brief cognitive intervention with no side effects, which shows a 90% rate of correction of a disorder that a decade ago was thought to be incurable.

L. Stress Inoculation

Stress inoculation training involves learning to relax, reducing stress by using deep breathing and muscle relaxation. The client also learns to create a private arsenal of coping thoughts. These are used to counteract habitual thoughts of danger and catastrophe that arise in phobic situations. The client develops a hierarchy and uses deep relaxation prior to imagining each scene. The client continues to imagine the scene for up to a minute while using relaxation techniques and coping thoughts. Instead of trying to master anxiety so it never comes back, the client learns effective coping strategies to develop confidence in the ability to handle any situation, no matter how frightening it may feel.

M. Coping In Vivo

Full recovery from any phobia depends on successfully exposing the client in real life to core elements of their fear. The client needs to continue to work on phobia through in vivo exposure to the actual scenes and situations the client previously only imagined. To handle the inevitable anxiety that will come up during exposure, the client needs a coping script to help respond effectively to anxious arousal.

N. When It Doesn't Come Easy

Cognitive behavioral intervention is not a 'talking cure' in the manner of traditional psychoanalysis. Change does not come about from a series of insights gained during analysis; conversation, rumination, or merely reading about your problem. Change happens because you do something. The client must actually fill out the worksheets and diligently practice the various visualization exercises. If the client is skipping exercise sessions or finds that s/he is just going through the motions in a halfhearted manner, the Mentor can refocus commitment by asking him/her some pertinent questions.

O. Problem Management & Decision Analysis

Problems that elude solution often result in chronic emotional pain. When the usual coping strategies fail, a growing sense of helplessness makes the search for novel solutions more difficult. People with problems in living seem to have many of them, skipping from one to the other as the possibility of relief seems to recede, the problem begins to appear insoluble, and anxiety or despair increase to crippling levels. This training provides specific skills in making decisions that solve problems.

P. Testing Core Beliefs

Core beliefs are the most basic assumptions about a personal identity in the world. They are beliefs about self, others and future prospects, and together make up an adaptive or maladaptive triad. These thoughts may depict you as beautiful or ugly, worthy or unworthy, lovable or unlovable and therefore able or unable to achieve. From these beliefs, concepts or nonconscious mental contexts, the person creates the rules that regulate their behavior. Cognitive restructuring is the process of addressing these core beliefs.

Q. Stress Inoculation for Anger

Anger is one of the most devastating and physically harmful emotions. Stress inoculation training has been extended to the management of anger.

Anger is fomented, maintained and influenced by the self-statements that are made in provocative situations. Provocations don't make you angry; hurtful, attacking statements don't make you angry; stressful and overwhelming situations do not make you angry. What turns painful and stressful situations into anger are trigger thoughts. These reflex thoughts (1) blame others for deliberately, needlessly causing you pain, and (2) see others as breaking rules of appropriate or reasonable behavior. If you decide that people are deliberately harming or attacking you, that you are a victim of their unreasonable behavior, then your trigger thoughts act like a match to gasoline. You aren't helpless when provocations occur. Anger [as a thought concerning trespass] is not automatic. Stress inoculation teaches you how to relax away your physical tension while developing effective coping thoughts to replace the old anger triggers.

R. Visualization

You can significantly reduce stress with something enormously powerful: your imagination. The practice of positive thinking in the treatment of physical symptoms was popularized around the turn of the twentieth century. The power of the imagination far exceeds that of the will. It is hard to will yourself into a relaxed state, but you can imagine relaxation spreading through your body, and you can visualize yourself in a safe and beautiful retreat.

S. Covert Modeling

All forms of modeling interventions for children's fears and anxieties call for the observation of another person interacting adaptively with the feared stimulus. They differ from one another primarily in the directness of these observations and the rehearsal of the responses depicted in the observation. Covert modeling is an effective way of altering an existing negative sequence of behavior and thinking - of learning a new pattern. In covert modeling, the fearful child imagines a child or adult interacting appropriately with the feared stimulus.

T. Covert Sensitization

Covert sensitization was developed as a treatment for destructive habits. It is called "covert" because the basic remedy takes place inside your mind. The theory behind covert sensitization is that behaviors that become strong habits are learned because they are consistently reinforced by a great deal of pleasure. One way to eliminate the habit is to begin associating your habitual behavior with some very unpleasant, imagined stimulus. As a result, your old habit no longer evokes images of enjoyment, but becomes associated with something noxious and repulsive. This association is formed by pairing the pleasurable images of your habit with painful images of

nausea, physical injury, social ostracism, or some other unpleasant experience. Covert sensitization can help the old habit lose most, if not all, of its appeal.

U. Creative Thinking

There is a growing feeling among educators that thinking is a skill that should be given direct attention. Thinking is a proficiency that can be improved by focused attention and the practice of some basic skills. Despite the diversity of tools to support creative thinking, all such tools are based on three simple principles: attention, escape, and movement.

V. Interpersonal Cognitive Problem Solving

Although very different from other popular methods of child management, the approach continues the movement toward positive childrearing. Phase one suggested that instead of telling a child what *not* to do ['Don't run!'], parent should emphasize the positive by telling them what *to* do ['Walk!']. Then, the idea that active listening and using 'I' messages ["I feel angry when your room is messy"] instead of 'you' messages ["You are too messy"] were advocated as parenting skills. This technique takes child management a step further. ICPS moves from a primary focus on skills of the parent to focus on skills of the child as well. The thinking child does not have to be told how people feel or what to do; the thinking child can appreciate how people feel, decide what to do, and evaluate whether the idea is, or is not, a good one.

W. Self Verbalization

This training is about improving the human thought stream: that constant monologue that goes on mentally as we name events, judge experiences, compares ourselves with others, and comment on just about everything. Self instruction is the means by which a person tells himself how to behave. Once a person understands the processes at work, s/he will never again allow others to tell him/her (nor will s/he tell him/herself!) that, "I'm too old," or "I'm too young," or "I'm just not smart enough," or "I just can't seem to make ends meet," or "I can never remember names," or any other untrue nonsense that s/he has been telling him/herself for years. Children must learn what to say when you talk to your self.

X. Attribution Training

Attributions are an individual's perception of the causes of events and outcomes. In both failure and success, individuals attribute their outcomes to one of four causes: effort, ability, level of task difficulty, &/or luck. Each attribution has three properties: locus of control, stability & controllability.

The ideal attribution: both success and failure are attributed to effort because of its internal causation, instability and controllability characteristics. This training is about how to use positive internal attributions and get clients to use them as well. There is a PowerPoint presentation which accompanies these lesson plans.

Y. Motivation & Goal Development

Motivation relates to the sustained interest or involvement in a goal oriented task. The technique of Goal Setting is a cognitive restructuring process, which is built upon the following principles: create the future [self-fulfilling prophecies], reframing [negative to positive; competition to mastery], present time perspective, cognitive errors [shoulds], visualization [attainment], and intentionality. The purpose of this technique is to assist a child with problems in living in obtaining absolute clarity on what s/he *wants* in every area of his/her life. There is a PowerPoint presentation which accompanies these lesson plans.

Z. Individual Behavior Learning System

The goal and activities are focused on a proactive instructional approach to behavior management. This focus conceptualizes the management of social behavior problems in much the same way as the management of instructional problems. For example, when a student makes an error in academic subjects (e.g., decoding, math computation, concept application), a correction procedure is implemented and the student is provided with more practice and review. If the errors become persistent or chronic, teachers diagnose the problem, identify the misrule, rearrange the presentation, and provide more practice and review. Clearly, such a proactive emphasis enhances the student's opportunities to make the correct academic response.

AA Anger Control

This training deals with the element of distorted thinking and self talk. In some ways this is duplicative of other training, but is a shift of focus from anxiety and depression to anger.

BB Engagement

No amount of skill or techniques are sufficient to help people with problems in living, unless there is a trust relationship which sanctions the Mentor to give help. It is impossible to simply invent such relationships, they pivot on who you are much more than what you do. This class is oriented towards four basic elements of building a trust relationship. The first is philosophical and gives the participants an opportunity to consider specific principles and

discuss how they would operate in light of those principles. The second element to trust is the helper as a person. The third and fourth sections are based to a large extent on THE 7 HABITS OF HIGHLY EFFECTIVE PEOPLE, by Stephen J. Covey. The third section will entail a discussion of trust itself while the fourth is concerned with Empathic Listening for full understanding.

CC THE COGNITIVE MODEL:

This is an PowerPoint Presentation with an overview of cognitive theory in regard to psychology and an examination of some of the techniques used for anxiety and sadness. This should be presented before any of the other training modules as it sets the stage.

DD FOSTERING SOCIAL RESPONSIBILITY:

This PowerPoint presentation provides an overview of how extrinsic motivators often diminish performance and provides methods to increase intrinsic motivators.

EE Interpersonal Expectancy Effects

People form self-fulfilling prophecies which they then work to achieve. This PowerPoint presentation, including materials from Teacher Expectations and Student Achievements, explores how teacher prophecies impact on the child's ability to perform and provides specific techniques to help poor performers.

Training Abstracts: Behavioral Techniques

1. ABA Ethical considerations

This training consists of six [06] lesson plans covering informed consent, least restrictive alternative, respect for person, authorizing change orders, compliance, and the roots of crisis. The last is also covered in a PowerPoint presentation titled Psychological First Aid: which is a crisis intervention program focused on emotional and behavioral crises and how to use your self to optimize the potential for outcome improvement.

2.ABA Definition And Characteristics Of Applied Behavior Analysis

This training is partially addressed with a lesson plan on science and philosophy. The rest is incomplete.

3. ABA Basic Principles Of Behavior

This area is covered by twelve lesson plans developed from LEAP materials as follows:

The ABCs of Behavior

This training provides a definition of behavior, discrimination between words that describe feelings and words that describe behavior, identification of examples of learned behavior and defining and identifying examples of antecedents, behaviors and consequence.

Teaching Children to Follow Directions

This training provides reasons that children do not follow directions, ways to make difficult directions easier, how to give clear and specific direction, what to do when a child does or does not follow a direction.

An Introduction to Reinforcement

This training provides a definition of reinforcement, recognition of individual differences in what is reinforcing, things to remember about when and how often to reinforce, and the necessity of “catching a child being good”.

How to Use Reinforcement with Children

This training focuses on how to praise effectively, rewarding small steps, natural reinforcement and considerations when selecting reinforcers.

Planning Activities to Increase Desired Behavior

This training focuses on planning activities that are enjoyable and appropriate, anticipating problems during activities, controlling materials, scheduling activities and establishing reinforcement plans, rules and consequences during activities.

Responding to a Child’s Undesirable Behavior

This training teaches why children continue undesirable behavior, ways to respond and how to decide which strategies to use.

Deciding What to Teach A Child

This training is concerned with what to teach a child, breaking the skill down into easy-to-learn steps and getting ready to teach a new skill.

Teaching Children New Skills

This training focuses on types of assistance, using assistance to teach new skills, choosing easy materials and settings and getting the child interested in learning new skills.

Encouraging a Child to Communicate

The main ideas consider a recognition of different means of communication, identifying different types of communication, identifying strategies, environmental strategies and incidental teaching.

Picture Exchange System

With this program a child is taught to get the attention of the person s/he wants to communicate with and hand him/her a picture to get a message across.

Time Out

Focuses on a mild punishment procedure that can be used to decrease undesirable behavior. Time out means time away from reinforcement [or attention].

Token Reinforcement

Token reinforcement is a way to motivate children to increase good behavior with the chance to earn 'tokens' for good behavior or for completing a task.

4. ABA Characteristics And Rationale

_Outline only - no training available

5. ABA Descriptive Analysis Methods

Outline only - no training available

6. ABA Systematic Manipulations (Demonstrating Functional Relationships)

_Outline only - no training available

7. ABA Measurement Of Behavior

_Outline only - no training available

8. ABA Data Display

Outline only - no training available

9. **ABA Data Interpretation**

_Outline only - no training available

10. **ABA Selection Of Targets For Change And Intermediate And Ultimate Outcomes**

_Outline only - no training available

11. **ABA General Issues Regarding The Selection Of Behavior Change Procedures**

_Outline only - no training available

12. **ABA Behavior Change Procedures**

Outline only - no training available

13. **ABA Generalization And Maintenance Of Behavior Change**

Outline only - no training available

14. **ABA Managing Emergencies**

This training is covered by **Non Violent Crisis Intervention**

15. **ABA Transfer Of Technology**

Outline only - no training available

16. **ABA Support For Behavior Analysis Services**

Outline only - no training available

17. **Greenspan - Development & Relationship**

To be developed from materials entitled *Designing Intervention for Young Children with Autism Spectrum Disorders* and *Basic Intervention Goals for Children with Autism* developed by Rebecca Klaw. Covers philosophy, principles, floortime strategies, goal development, steps to designing a plan, and making up a 'team'.

18. **Discrete Trial Training**

To be developed from materials entitled *Discrete Trial Training Workshop* of unknown origin. Includes five lesson plans which review the ABCs of Behavior as well as specifics on scheduling, prompting, fading, coding and data collection. Also includes a toy list and 86 ways to say "Good Job".