

From Theory to Practice: Residential Care for Children & Youth

Journal Special Edition

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From Theory to Practice: **Residential Care for Children & Youth**

Journal Special Edition

Aims and Scope

This ALIGN Journal will provide an environment for the child, youth and family service sector and other professionals to reflect on policy, practice, training and research in the sector. This Journal will maintain a practice focus using research. It is intended to focus on local and Canadian content. We want to promote best practice in areas that people are working in, and provide room for critical inquiry into some of the promising programs, practice and research that is occurring in the community.

This Special Edition Journal provides papers from individuals who were presenting at the April 28- 29, 2016 Residential Care for Children and Youth Symposium. They are written from a variety of perspectives and based on the shared learning at the symposium. To that end, this particular volume has papers written from their perspective and in their own manner and do not follow the criteria set out for our regular volumes of this Journal. Articles are the responsibility of the authors and do not necessarily reflect the views of ALIGN.

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GROWING SIMPLE INTERACTIONS INSIDE EVERYDAY PRACTICE

Junlei Li

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I remember sitting among my fellow panelists at the end of the ALIGN Group Care Conference 2016. Each of us had just been asked to offer our “final words” to summarize what we brought to the conference and what we learned from it. As I listened to the others’ summaries, I realized, belatedly, that I was the only panelist without a treatment or program “model” to offer. These models, like CARE (Children and Residential Experiences) or Sanctuary or CTA (Child Trauma Academy), integrated the elegant and elaborate theories with actionable guidelines for practice. They exemplified the conference theme, “Residential Care from Theory to Practice”. When it was my turn to speak, I sheepishly quipped that I have suddenly developed “model envy”.

In hindsight, I think what I brought to the table is perhaps better described as “from *practice* to practice”. My first encounter with residential care was a very personal one. I adopted my older daughter at the age of two from a state-run Chinese orphanage. I had already been a child development researcher at that time. From the research literature on institutionalized children, I had anticipated that my daughter would exhibit all sorts of developmental delays, particularly in the social and emotional domain (Julian, 2013). What surprised me was the simple fact that my daughter was all right. Yes, she had minor health issues and took a little longer than usual to speak, jump, or run. But she wasted no time attaching and connecting to my wife and, later, to me as well. Even with strangers, it took her about 20 minutes to warm up, and then it would be like “old friends”. Our extended, informal family network grew rapidly not because we were gregarious, but because my daughter was. Why was she “all right” despite two years of residential institutionalization in a setting that was by all means a traditional, unexceptional orphanage?

From day one, the answer was right in front of my eyes (though not quite apparent in my pile of research papers.) A caregiver had handed my daughter to us on the day of the adoption, and while I was interviewing her, I learned the story. This caregiver had been handed the infant two years ago, shortly after my daughter’s birth and abandonment. For two years, my daughter grew up in the caregiver’s ward of 20 plus children. The caregiver described having a “particular soft spot” for my daughter, who had arrived as a premature infant. When the other babies were asleep, the caregiver would walk around with my daughter who did not want to nap. As my daughter got older, the caregiver would enlist her help getting shoes or doing age-appropriate little “chores” for the rest of the babies. Their relationship was special, especially given the context.

I do not want to romanticize the institutionalized setting of orphanages. My daughter’s first two years were not idyllic by any means. The caregiver in question worked long shifts for four or five days a week, and my daughter shared her attention with 20 plus children. Yet what was remarkable was that, even under such conditions, having the semblance of one “normal” relationship seemed just “good enough” for my daughter to turn out all right.

The Active Ingredient

Last year, in the 13th working paper released by the Center on the Developing Child at Harvard University, the following conclusion resonated with the story of my child (markup by me) –

Decades of research in the behavioral and social sciences have produced a rich knowledge base (about resilience) ... the **single most common finding** is that children who end up doing well have had **at least one stable and committed relationship** with a supportive parent, caregiver, or other adult. (Center on the Developing Child, 2015)

Or, to put it more simply, in the words of the children’s television host Fred Rogers, the founder of our center and a legacy that began in Canada and is shared by generations of families in both U.S. and Canada:

Human relationships are primary in all of living. When the gusty winds blow and shake our lives, if we know that people care about us, we may bend with the wind, but we won’t break. (Rogers, 2003)

It is fair to say that most children who have spent a significant amount of time in out-of-home residential placement have experienced the shaking blow of “gusty winds”. For some, such disturbance takes place before their placement; for others, the placement itself may even exacerbate what had already taken place. None of us who work in such setting can undo the “bending”, but all of us have hopes that our work may make the difference between “bending” and “breaking”.

The theoretical foundation for such hopes seemed fairly clear from the cumulative literature across the different fields of child development. More than a decade ago, the very first working paper from the Center on the Developing Child concluded (markup by me)–

Stated simply, relationships are the **“active ingredients”** of the environment’s influence on healthy human development. (National Scientific Council on the Developing Child, 2004)

It took me a good many years before I realized what the phrase “active ingredient” meant. The answer – or rather, the right question – came to me when I was reading the back of a tube of toothpaste (while mindlessly supervising my aforementioned daughter brushing her teeth for the requisite two minutes.) Of the many ingredients that make up a tube, only one was labeled the active ingredient: sodium fluoride. The rest are lumped together under a box called “inactive ingredients”.

I wondered how it might work if we compare the work of child development to that tube of toothpaste. If human relationship (the positive, responsive, and caring kind) is the equivalent of sodium fluoride, what might all the inactive ingredients be? I thought of the bubble gum flavor in my children’s toothpaste. That was an inactive ingredient, but certainly not a useless one. The flavoring made it possible for children to hold the toothpaste in their mouths for two minutes, which is long enough for the sodium fluoride to do its work to prevent cavities. However, imagine that someone made a tube of toothpaste without the sodium fluoride. In that case, the bubble gum flavor no longer has any benefit. Thus, inactive ingredients are useful if and only if the active ingredient is present. Is that true for child development? Are facilities, staffing, credentials, curricula, activities, and other elements of our institutions and programs useful *if and only if* the active ingredient – positive, responsive, and caring human relationship – is present?

Let us imagine a child who in the course of a day may encounter a number of adults, including parents, teachers, or neighbors. At each of these touch points where adult-child interactions take place, there is the possibility that such interactions can be “developmental” – that is, they help a child “develop”. If a particular adult and child consistently have opportunities for developmental interactions day in and day out, a “developmental relationship” may emerge and sustain between them. A setting (program, school, community) where children have one or more developmental relationships with adults could become a “developmental setting”. Seeing child development through this lens, the quality of a setting rests on the quality of relationships within the setting, and

the quality of relationships is determined by the quality of everyday interactions between adults and children. As I worked across under-resourced settings, from high poverty neighborhoods and schools to orphanages, I increasingly found the toothpaste analogy to be helpful in understanding what works and what does not (for a more theoretical and empirical review, please refer to Li & Julian, 2012.) More importantly, it helped me understand the experiences and stories shared by those who work in such settings, and how the staff can maintain faith in their profession and hope for the children despite low resources and surrounding adversity.

Growing From the Inside

This naturally leads to two practical questions. One, how do we recognize these developmental interactions in everyday settings? Two, how do we help such interactions grow?

When I worked in the orphanage setting, I initially treated these two questions as wholly separate tasks. I would observe and document conditions in orphanages and see (not surprisingly) the general lack of human interactions surrounding children, particularly those with disabilities. The traditional intervention in that setting is to teach caregiving staff and their administrators of the importance of human relationship in children's development and train them in certain caregiving behaviors that are consistent with that view. In my own work, I gradually realized that the fundamental issue was not that caregivers *do not* believe in the importance of relationships. Most of these women are mothers and grandmothers in their own families and would certainly know and appreciate how to interact with their own children. The real challenge is that caregivers did not know they could interact with children in the orphanage in the same way, given the many institutional constraints that made orphanages so unlike a home. These constraints include high staff and child ratios, frequent changes in *which* staff cared for *which* children, mandated routines that allowed for very little time in being with children (e.g., time-limited feeding), and caring for children with severe disabilities beyond the professional knowledge of the staff (McCall, 2012).

It took me a very long time to realize that the question of “seeing” interactions and “growing” interactions can be woven together in a cycle of appreciation and affirmation. In order to grow interactions, staff needs to see what it is that they are growing, not in abstract or in theory, but in the concreteness of their daily work. Even in settings not typically known for enriched human interactions, like a state-run orphanage, it helps for someone to draw attention to *good* interactions that are already taking place, however small, mundane, brief, and simple such moments may be.

This recognition changed my role from the presumptuous “helpful critic” - who presumes that improvement in a setting is best accomplished through constructive criticism – to that of a “helpful appreciator” – who feels that by appreciating what people *already do well*, we may sow the seeds for growth.

In the orphanage context, this translated into noticing and appreciating the small, ordinary (yet quite extraordinary in essence) things people do with children. Instead of criticizing the fact that each child had less than 3 or 4 minutes of time to be fed, we capture and notice how some caregivers manage to use that small amount of time to interact with the child and help the child to learn to eat on his own. Instead of lamenting the “factory assembly line” procedure for changing children's diapers at the same time of the day (rather than as needed), we capture and notice how some caregivers still manage to make playful games out of diaper change for the children. This does not mean that limited feeding time and assembly line processes are remotely right or appropriate for children – they are not right and they are not appropriate. What this approach means is that we might try to change the larger system by starting with what can *already be done* despite the system, in the hope that small changes can eventually lead us to the question, “what more can be done if we change the system and procedures themselves?”

In our work, we capture such small moments on camera and then, almost without commentary,

we show the video footage to the caregivers and ask them to describe what they see in it. In facilitation, we would reflect back to them what they saw and use as much of their language as possible to describe why such interactions matter. Over the years, we have tried this approach in places as diverse as orphanages, community programs for children with special needs, early childhood programs, schools, and out of school programs. The moments we capture are unscripted, authentic, and often different in each setting. The words and concepts with which people describe such moments may vary, but what remained consistently true is that front-line staff are surprised by the beauty of their own moments of interactions with children. Noticing such moments and talking about such moments with their immediate peers became a touching and affirming experience. You may find a more detailed description of this work at www.simpleinteractions.org and find video examples in early childhood programs at www.everydayinteractions.org.

This type of work is by no means unique in the larger landscape of changing the world. Our work had been inspired by and informed by other similar efforts and theoretical frameworks, such as positive deviance (Pascale, Sternin, & Sternin, 2010, and also see <http://www.positivedeviance.org/>), appreciative inquiry (Cooperrider & Whitney, 2005, and also see <https://appreciativeinquiry.case.edu/>), and community of practice (Wenger & McDermott, 2002, and also see <http://wenger-trayner.com/introduction-to-communities-of-practice/>). Nor is our approach the only way to capture and grow interactions. I imagine there can be many other ways of implementation that highlight the importance of relationships and integrate the knowledge with real, concrete, everyday interactions.

I do think that there is a common guiding principle behind the kind of work that honors and respects the wisdom and commitment of people within the community that care for children (in contrast to approaches that place more emphasis on the wisdom of those “outsiders” who seek to change a community). I think of this as analogous to the workings of a flu shot. As a child, I always found the idea of a flu shot fascinating. What powerful medicine can that one shot contain that would protect me from flu viruses for months to come? A few years ago, a helpful friend explained to me that the flu shot works not because it contained any potent medicine in the traditional sense. Instead, the flu shot contained benign fragments of the flu viruses themselves. The immunization process works because the human body has an autoimmune system that can produce anti-bodies against such viruses. Once “awakened”, the body will continue to produce such anti-bodies, and that is what ultimately protects the body in the months to come. What if our efforts to help a community change work like a flu shot? What if the most potent thing we can do is not to invent or inject some powerful solution from the outside, but merely to trust in and awaken a protective process that already exists on the inside, and one that can keep going long after we (and our resources) are gone? What if we trusted that human beings in any setting have the innate capacity to care for children, and the first and most important thing we can do is to appreciate their capacity, and help them to see that they indeed have such capacity, and help them continue to grow such capacity?

A public school teacher who works in a high-poverty school taught me a new definition of “innovation” – finding something *new* inside something *known*. In the era of “research-based practice”, I wonder if we could create more time and space for “*practice-based practice*” where we take time to recognize what we have *known but taken for granted* in everyday practice under a new, appreciative, affirmative light. I wonder if that is the engine that can drive and sustain changes in an institution as small as a home and community as large as a city or region.

In essence, whether we place our faith in research, or models, or everyday practice (or perhaps ideally, in the balance of all of them), what really matters in our work with children and families is our believing and knowing that our presence can make the ultimate difference.

“I sometimes wonder if, as caregivers, you ever realize how extremely important you are. In the

day-to-day routine ... it's often hard to remember how essential your adult presence is in the lives of the children who come to you for care. Above all, it's your being there that matters most. It's the gift of your honest self that makes the biggest difference in your children's lives.

I thank you for the way you help children feel welcome by the giving of your own special care and by the receiving of the unique care your children give to you. There's no better gift. I wish you well in all the caregiving and receiving of your life."

– A message to all who care for and work with children from Fred Rogers, the host of Mister Rogers' Neighborhood (broadcast in both U.S. and Canada from 1960s through 2000s)

Comments, questions, critiques, and feedback are most welcome. Please contact junlei.li@stvincent.edu.

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