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AGING OUT: A CHILD WELFARE DILEMMA OF THE 1980S

*City University of New York*

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AGING OUT:  
A CHILD WELFARE DILEMMA OF THE 1980s

by  
ROCHELLE GREEN WIMPFHEIMER

A dissertation submitted to the Graduate Faculty  
in Social Work in partial fulfillment of the  
requirements for the degree of  
Doctor of Social Welfare  
The City University of New York

1986

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APPROVAL

This manuscript has been read and accepted for the Graduate Faculty in Social Work in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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To Loren, Renee and Justin and all  
my dear friends and colleagues who  
helped so much by patiently waiting  
for me to finish "the masterpiece"

To Ben and Bobby Green who would  
have loved to share in the joy of  
its completion . . .

## TABLE OF CONTENTS

ACKNOWLEDGMENTS . . . . .	iv
PREFACE . . . . .	ix
Chapter	
I. THE PROBLEM/THE NEED . . . . .	1
Contextual Data . . . . .	6
Developing the Means to Establish the Program . . . . .	9
Agency-Related Issues . . . . .	14
Appropriateness . . . . .	17
Available Sources . . . . .	19
The Community Context . . . . .	22
Relevant Demographic Data . . . . .	23
Social Characteristics . . . . .	26
The Social Service Community . . . . .	28
External Issues . . . . .	30
II. PROGRAM IMPLEMENTATION . . . . .	36
Planning Phase/Administrative Issues . . . . .	36
Developing an Administrative and Organizational Structure . . . . .	39
Program Access and Eligibility Criteria . . . . .	44
Staffing/Staff Training . . . . .	46
Setting . . . . .	48
Community Agency Relationship . . . . .	50
Marketing the Program . . . . .	53
Other Practical Considerations (Attitudes, Expectations, and Realities) . . . . .	55
Planning Phase/Clinical Issues . . . . .	58
Theoretical Framework . . . . .	58
Social Role Theory . . . . .	62
Social Learning Theory . . . . .	63
Ecosystems Theory: The Life Model . . . . .	67
Experiential Education . . . . .	71
Social Network Theory . . . . .	75
Strategy of Resocialization . . . . .	80
Selecting the Curriculum . . . . .	82

Chapter

III. PROGRAM DESIGN . . . . .	86
Target Population . . . . .	86
Eligibility Criteria . . . . .	86
Goals . . . . .	88
Objectives/Purposes . . . . .	89
Major Program Activities . . . . .	90
Intake and Assessment . . . . .	90
Contracting . . . . .	92
Guiding Principles . . . . .	93
Work Comes Before Play . . . . .	94
Life Is a Deal . . . . .	94
Blame Yourself and Not Others . . . . .	95
People Need People . . . . .	95
Education/Training/Work . . . . .	96
Socialization . . . . .	97
Networking . . . . .	98
Discharge from Program . . . . .	98
Followup/Aftercare . . . . .	100
IV. EVALUATION . . . . .	101
Referral Data . . . . .	102
Referral Numbers . . . . .	103
Referral Sources . . . . .	106
Referrals by Month for 1984 and 1985 (January to June) . . . . .	108
Characteristics of Client Referrals . . . . .	110
Delinquency History . . . . .	114
Behavioral/Emotional Problems . . . . .	117
Substance Abuse History . . . . .	119
Analysis of Referral Data . . . . .	126
Participant Data . . . . .	127
Individual Case Reviews . . . . .	128
Case Summaries on Crossroads Participants . . . . .	133
Howie R. . . . .	133
Bill R. . . . .	135
Michael M. . . . .	137
Jerome E. . . . .	139

Chapter

Functional (Life) Skills Evaluation . . . . .	141
Social and Behavioral Skills Evaluation . . . . .	143
Participant Interviews . . . . .	146
Progress Notes . . . . .	150
Post-Discharge Interview Questionnaire . . . . .	150
Discharge Data . . . . .	142
Other Planning Data . . . . .	162
Summary . . . . .	166
V. PROGRAM ANALYSIS/UNANTICIPATED FINDINGS . . . . .	169
Population . . . . .	169
Access to Clients . . . . .	171
Other Obstacles . . . . .	173
Relationship to Homeless Population (Persons Over 18 Years Old) . . . . .	174
Design Issues . . . . .	178
Why These Findings Were Unanticipated . . . . .	181
VI. POLICY AND RESOURCE ISSUES . . . . .	185
VII. CONCLUSIONS AND RECOMMENDATIONS . . . . .	195
APPENDIX . . . . .	207
BIBLIOGRAPHY . . . . .	230

LIST OF TABLES

1.	Referral Outcomes . . . . .	104
2.	Reasons for Non-Admission to the Program . . . . .	105
3.	Referral Sources . . . . .	107
4.	Referrals by Month . . . . .	109
5.	School Problems . . . . .	113
6.	Delinquency History . . . . .	115
7.	Behavioral/Emotional Problems . . . . .	118
8.	Substance Abuse History . . . . .	121
9.	Family Involvement . . . . .	123
10.	Employment Status . . . . .	125
11.	Summary of Discharge Data . . . . .	154
12.	Discharge Data/Voluntary Discharges . . . . .	155
13.	Discharge Data/Involuntary Discharges . . . . .	156
14.	Residence after Discharge . . . . .	161

## PREFACE

Clients who are "aging out" of the Child Welfare System are the subjects of this doctoral project. These young people have recently gained some notoriety; however, until this time, virtually no attention has been paid to them. They seem to have arrived on the scene recently and they appear to be growing in number. This study discusses who they are, and how they came to be, and it describes one model that has been developed for working with them. Also, policy and resource issues related to the population are discussed.

Crossroads is a supervised apartment program where young men between the ages of 17 and 21 are taught the skills they need to live on their own. The apartment can accommodate four to six males. In most cases, program participants have no place to live and are unprepared to live independently. Through experience, life skills classes and group counseling, clients are helped to acquire the needed skills.

## CHAPTER I

### THE PROBLEM/THE NEED

There is a population of a special sort, many of whom are graduates of the Child Welfare system, who are socially and emotionally disabled. They require a special type of program that does not exist in the service network.

These young people have been associated with public social welfare-type agencies for much of their lives as a result of circumstances beyond their control. Unlike other children, because of early deprivation of many kinds (child abuse and neglect, substance abuse, and poverty), they have been unable to achieve the normal developmental milestones and, therefore, lack some of the fundamental skills and experiences that one needs to become more independent and to feel more competent.<sup>1</sup> In addition, they have been deprived of the kind of parental support and nurturance that enables youth to move from total trusting dependency as infants to relatively greater independence through childhood and into adulthood.<sup>2</sup>

Often, these young people are not overtly intellectually or physically impaired; however, they are impaired in other ways. They lack the essential emotional and social maturity and general stability that one needs to

make a successful adjustment to independent living. Their interpersonal skills are inadequate, and they are unable to share with, or live among, other people in a cooperative and socially acceptable way. Further, they are unable to problem-solve or make the many decisions that one needs to make in order to manage one's own life.

They have not learned to take care of themselves physically and, as a result of their traumatic life experiences, these youths have poor self-images. They see themselves as unlovable; often, they are lonely and friendless, seeking associations in overtly demanding ways that invite even further rejection.<sup>3</sup> Chemical dependency is also a frequent problem among this population.

These youths also exhibit a pronounced lack of joy and spontaneity and an absence of enthusiasm that has been brought about by their physical and psychological battering. Not surprisingly, these children reach maturity too quickly in some ways and not at all in others.

But, where have these clients been, and why are they showing up now? Why did not people in the Child Welfare system identify this problem earlier? There are several answers to these questions.

It is not possible that workers were unaware that young people were "aging out" of the Child Welfare system in large numbers. Although some clients receive short-term Child Welfare services and are discharged prior to their eighteenth birthday, others remain on the caseload until

they are eighteen years old. Many of these youths are very demanding and consume a great deal of the workers' time and energy. Sometimes, despite the most energetic and committed efforts on the part of workers, clients are shifted from foster home to foster home or from residential placement to residential placement. The child's eighteenth birthday is often a milestone that frustrated caseworkers wish for secretly.

Most often, workers do not know what happens to these children once terminated. The exceptions to this are when there are other siblings still in the system who keep the worker apprised of their brother's or sister's activities. Although unwilling to state it publicly, in personal conversations with workers, they have remarked that caseload size and time limitations prevent them from being able to track the post discharge activities of clients. In some cases, agencies use the principle of "least intrusiveness" as an explanation for these cutoffs.

Workers feel helpless and sad about what they know the future will be for many of these clients. They know many will not make it on their own--they are simply too dysfunctional and too dependent. There is a kind of conspiracy of silence among workers because they, like most of us, do not like to talk about what we perceive as our failures. Often, only a brief period of time passes before the client's dependency needs require that he/she reconnect.

Where to connect is a major problem for these clients, as they often fall between the cracks.

Policy and funding considerations also influence the problem. Child Welfare/Youth Services-type agencies are generally funded to serve people up to eighteen years of age. This age cutoff is usually tied to the age of majority in each state and also to some old established notions about when a child should be ready to accept adult responsibilities (i.e., the draft and voting). Once clients reach this age, regardless of how incapable they may be, they are dropped from agency services. (On some occasions, if a youth is classified as handicapped by the school system, he/she can receive services until twenty-one years of age.)

Many youths are not ready to work toward becoming more independent until they are older; however, their readiness cannot be a factor because of funding and policy restrictions. Aware of this age limitation, agencies which are concerned about this population attempt to address their independent living needs earlier (from 16 to 18 years old). They recognize that this might not be optimal developmentally for some participants, but they know that without some intensive skill and socialization training, these youths are likely to go unserved in these areas.

There are many persons, programs, and organizations who are interested in altering the condition of the target

population. By and large, nearly all of the people who come into contact with them recognize the need for some agency or person to provide them with additional guidance and direction so that they might become less dependent and more functional in the community. Needless to say, the reasons for this concern vary widely. They include:

1. A genuine interest in, and concern for, them as people.
2. The desire to get them some service so that their agency will not be criticized for not doing enough for them.
3. Feelings of powerlessness and irresponsibility on the part of agencies for having to discharge these young people when they turn eighteen, despite their inability to function on their own.
4. Conflictual feelings of staff about using valuable and limited agency resources for these people instead of using them for younger clients for whom they feel there may be more hope.

Whereas it has always been acceptable to provide competency-based skills and socialization training to more overtly and categorically handicapped people, it has rarely been recognized as necessary to provide the same for those who are less obviously socially and emotionally impaired. The reasons for this are unclear; however, the fact is that programs for this population are few and far between.

Lacking the stability and maturity to cope with and manage their lives, it appears that many of these children grow into adults who are totally isolated, unable to retain employment, in need of public assistance, and often living in substandard housing or, perhaps, even in institutions such as jails or psychiatric facilities.

All too often, they are perpetuating a long-standing family cycle of poverty and dependency. In short, the target population is one that is severely socially handicapped and has frequently been passed over and written off as being antisocial and difficult to work with. Their recalcitrant behavior is rarely recognized as a mask covering feelings of inadequacy and incompetence. Programs such as Crossroads aim to provide an opportunity for participants to learn to live more independently in circumstances where they can have healthier social relationships and can become more productive members of society.

#### Contextual Data

Opinions vary as to how this condition of incompetence came to be. Although some see it as a problem that has emerged from within the individual (i.e., the Eriksonian<sup>4</sup> view), the more contemporary view is that it evolved as a result of the interplay between the children and the system in which they live.<sup>5</sup> These systems include the society at large, the Child Welfare system, as well as the family.

Dr. H. Stephen Glenn, a recognized social psychologist, noted that adolescence as a population subgroup has only recently evolved in this culture. He ties this evolution to important historical and economic trends that have occurred in America over the last several decades.<sup>6</sup> Glenn stated that prior to the Industrial Revolution in this country, when the vast majority of Americans lived on farms, all family members had prescribed tasks and responsibilities that were critical to the family's daily survival. The age of a family member determined what his/her contribution would be, not whether he/she would make one. Work was not an option; it was a necessity. Everyone's contribution to the family was important and seen by all as a part of a greater effort.

In addition, as a result of their functional interdependence, family members of all ages interacted with each other constantly. This helped them to know each other better. It also provided children with the opportunity to learn from adults by direct observation on a continuous basis.<sup>7</sup>

As people moved to the cities and Child Labor Laws were enforced, the family constellation, as it existed in rural America, ceased to exist. Living quarters were smaller so that extended family arrangements could not continue. In many families, both parents were employed away from the home and were no longer available to provide

supervision and guidance for their children who now had much more limited access to their role models.<sup>8</sup> Unlike in times past, the children had nothing to do after school. Their very important and meaningful responsibilities were taken away from them, as were many of the opportunities to interact with adult family members. Their time was unsupervised and there was no one around to help them find alternative options for occupying now vacant hours.

Glenn attributed adolescent rebellion, anger, boredom, and the like to youths feeling that their existence is meaningless; they feel isolated and disconnected. He maintained that with the old work ethic gone and the family support systems vastly diluted, young people are lost. They need to have restored some of the supports, guidance, expectations, and rules that were taken away from them.

Advocates of family systems view the problem from a slightly different perspective. In the past, the family was regarded as the primary unit from which a child was to receive his/her nurturing and socialization training. The rapid increase in the incidence of family dissolution through divorce over the last decade has also contributed to young people's feelings of confusion, anger, and hurt, which many have acted out as an expression of their agony. This acting out has led to even more family conflict,

removal of children from their homes, and ultimately placement of youths in foster homes or other residential settings.

Separated from their families, many youths are not cognizant of what is required for healthy psychosocial development and social integration. Sometimes, these deficiencies occur as a result of the setting in which the child lives; other times, despite the diligent efforts of well intentioned caregivers, the child's emotional scars block him/her from developing the needed capabilities.

In recent years, probably because of the increased publicity about drug abuse and criminal behavior on the part of adolescents, this problem has received more attention. The public has become alarmed as the children of the more privileged classes enter the ranks of the "troubled" and have become more dependent upon public systems for help. Denying the existence of this increasing group of people is not as simple today as it was in the past.

#### Developing the Means to Establish the Program

In the Spring of 1980, in response to an advertisement that I answered in the Sunday Times, the Chairman of a Search Committee called me regarding the position of Director of the extremely "troubled" Department of Youth Services in Bergen County, New Jersey (the service has

since been renamed Department of Family Guidance). During each of the three interviews, I was carefully questioned about my experience, ability, and willingness to work in a highly political and conflict-ridden environment.

I had worked in the New York State Mental Hygiene System for many years and was quite accustomed to dealing with politics and conflict in a social services/governmental setting. Not deterred by the latter and always eager to take on a challenge, I accepted the directorship of the agency.

From the beginning, it was clear that politics and conflict were not the only problems that confronted this crippled agency. It also suffered from a pronounced lack of leadership, professionalism, and administration, as well as an extremely poor image in the local social services community.

A major focus of my early work as Director of the Department of Family Guidance was community relations, both in the professional community and in the political community. In the early months, many long hours were spent meeting with other agency directors to establish relationships and build credibility. At the same time, efforts were made to discourage and minimize any political interference as a means of professionalizing the agency and beginning to divest it of its image as a political entity.

Over the four years that have elapsed, the Department of Family Guidance has moved from being regarded as a dumping ground for political hacks to an agency that provides a wide range of quality services to a very troubled and troublesome population. The stature of the agency has been acknowledged by my being asked to serve on many countywide planning committees, task forces, and commissions, as well as my being appointed to various statewide groups.

A major benefit of involvement with these many community organizations and planning efforts is that the agency gets wide exposure. As a result of our establishment as a viable and respected agency, proposals for funding from Family Guidance are no longer automatically discarded. Each request is given fair consideration, even though not all are ultimately funded.

The Crossroads Program resulted from many of the activities and involvements in these early years. Being out in the community, I frequently heard agency personnel talk about a particular population that did not appear to fit in anywhere. The clients were hybrids. However, they were more similar to the clients served by Family Guidance than they were to those served by other agencies.

Returning to my own agency after these meetings, I discussed this population with my staff and they confirmed the need that had been identified by others. Particularly

troublesome about this client group was the fact that no one could provide an estimate of the number of such individuals; however, all were convinced that the need for such a program was definite. A more detailed description of these clients is presented in Chapter III.

As my interest in this particular population increased, I formulated my thoughts into a brief proposal, and in the Spring of 1982, I made a presentation to the Manager of the Division of Youth and Family Services District Office (DYFS/DO), the County Advisory Board on Youth (CABY), the Advisory Board of the Department of Family Guidance (formerly Youth Services), and the Department of Human Services representatives in Bergen County. These groups were selected because of their knowledge of the client population and the agency, as well as their accessibility to possible sources of funding. After some discussion, modifications were made in accordance with the suggestions of the group. Further, the Manager of the DYFS/DO, who was equally concerned about the problem, volunteered to work with me to explore funding possibilities for the project.

In spite of his interest and commitment to the project, he was unable to secure the money initially. Convinced that future funding might be available through his office, he suggested that we hold the proposal until he was able to access some funds for

its use. It is important to note that the target population is comprised of individuals who have "aged out" of the DYFS system and who are still unable to function in the community independently. To quote the Statewide Director of DYFS, "these are the system's casualties." Even though the local manager's commitment to the clients was unquestionable, it was certainly politically prudent for him to support this initiative as his agency could have easily been faulted for having turned out these problem clients onto the streets with no resources.

In the Summer of 1983, funds became available through the Jobs Bill. Allocations decisions were being made through the Human Services Planning Council, a county-wide advisory and planning body to the county government, of which I was a founding and extremely active member. This group was aware of the needs of this population as the service gap had been identified in earlier planning efforts.

At the same time that I submitted the proposal for Crossroads, the DYFS District Office received money to be used to fund community programs. Members of the allocation committee (which included the Manager of the DYFS/DO and the representative of the Department of Human Services) took advantage of these two newly acquired funding sources and proposed a combined funding arrangement, using a combination of Jobs Bill and DYFS money to

fund this program. Such an arrangement was extremely advantageous to both funding sources as both could respond to an expensive community need and still have money left over to fund other less costly, but much needed, programs.

#### Agency-Related Issues

Some issues that are directly related to the agency are important to consider when a program is being planned. Agency administrators must concern themselves with:

1. The timeliness of the project.
2. How appropriate it is for the agency to operate this program.
3. The resources that are available both within and outside the agency.

Although many child advocates are deeply concerned about the quality of care being received by child welfare clients, it appears that planners and administrators in that system feel that they have addressed most of the problems facing younger children. Generally speaking, child health and nutrition are greatly improved, as are protective services throughout most of the nation. In addition, other services such as foster care and adoption have been developing in nearly all locales. The system is preparing to look at other areas on which to focus its energies and allocate its dollars.

Such areas include services to older, ostensibly less vulnerable clients, prevention and advocacy services.

Social work administrators are interested in looking at the needs of this population at this time for other reasons, one of which is the increased demand for accountability. These clients could easily be labeled the failures of the system. The more obvious they become, the more likely it is that criticism will be levied against the services that have been provided in the past. This leaves previous service providers feeling extremely vulnerable and fearful of scrutiny by the public, the media and advocates. This accountability to the public is very intimidating to agency directors who see the clinical realities and, in some cases, impossibilities of many of these situations, but who, nevertheless, are accountable to others who may not share their perceptions.

On a more positive note, providing services for this group is a particularly challenging undertaking. The clients are not easily classified; moreover, they are neither children nor adults. Existing clinical technology for either group is not particularly useful or applicable. The clients have emotional problems, but, in most cases, they have not been diagnosed as mentally ill. They do not fit into any of the categories that are traditionally used to determine eligibility and/or funding for services. Their needs are varied and many, and it is unlikely that

any one agency could provide all that is necessary for each individual. They pose a real challenge to the innovative provider.

From the agency's prospective, the Department of Family Guidance had evolved to a point in its development where it could consider new program initiatives. In addition, the staff was particularly committed to providing services to this population since, on occasion, they were in the unenviable position of having to discharge a client no longer eligible for the program because he/she was eighteen years of age. The staff knew there was not an adequate safety net in the community to pick up the most vulnerable of this group. In view of these two factors, as well as others, I felt that the Department was ready and could handle the stress of developing a new program.

The willingness of the Human Services Planning Council to fund Crossroads was also evidence of the timeliness of the project. The Council receives numerous requests for funding of all types of social services programs. When they select a project to be funded, they must do so on the basis of the project's merit and its congruence with service priorities that have been established by the Council's general membership. Further, the allocation of the DYFS/DO money for this use serves as a clear statement of their view of the timeliness as well as an affirmation of the current service priorities of the state child welfare system.

### Appropriateness

Two issues of appropriateness were to be dealt with relevant to Crossroads. The first had to do with whether or not the Department of Family Guidance was the most appropriate agency to operate such a program. Secondly, it was important to wrestle with the question of who comprised the most appropriate client population to be served by Crossroads. The Department of Family Guidance operates nine other direct services programs for youths ranging in age from 11 to 18 years old. The staff is experienced at working with troubled youth and is familiar with the issues confronting today's teenagers. Even though the chronological ages of the Crossroads participants range from 17 to 21, these clients are developmentally younger and more like the younger teenagers served by the agency.

Family Guidance does not have the same type of restrictions that other agencies have with respect to the kind of client the agency must serve. Over the years, it has been able to define its own population and has kept that definition rather broad in an effort to serve those who are not being served by others. In other words, a client does not have to have a certain diagnosis to be served by Family Guidance. In many mental health services/facilities, a client's diagnosis determines whether or not he/she receives services from the agency. Programs that serve the mentally retarded are restricted

in the same way. People with intelligence quotients (IQs) of over 70 are frequently barred from receiving services from retardation agencies because their IQs are too high. They are also barred from receiving services from mental health agencies because their IQs are too low.

Descriptions of the population to be served by Crossroads illustrate that diagnosis is not a major consideration in admission to the program. The client's level of functioning and motivation is what determines appropriateness for service. Consideration is given to the client's diagnosis when individual case planning is performed.

As alluded to earlier, many Crossroads-type clients graduate from other Family Guidance programs (i.e., the shelter, the group home, the detention center). With Crossroads a part of the same Department, clients can be identified earlier and transferred into the program as soon as they appear to be ready.

It could be anticipated from the beginning that tension was likely to develop between the Department of Family Guidance and some other agencies. Specifically, the Probation Department and the six mental health centers in the county were unhappy with the program's admission criteria. Since Family Guidance has not traditionally designed its services around specific categories of clients, it is not uncommon for mental health and probation agencies

to refer clients whom they consider higher functioning to the agency's programs. However, a strange dilemma arises with these clients. Even though they are high-functioning relative to the rest of the population being served by the referring agency, they are often too low-functioning or disruptive to be handled by Crossroads. The same is true for discharged patients from the county and state psychiatric hospitals.

An extensive and ongoing community relations and education effort was, and continues to be, necessary with Crossroads as there are many different types of clients who need this particular service, and Crossroads is not appropriate to serve all of them. It was hoped that advanced notice about the service, followed by ongoing communication, would inform the community of the kinds of clients that are appropriate for referral to the program.

#### Available Resources

The resources needed to develop a program like Crossroads are extensive, as the program requires a residential-type setting as well as food, furniture, and other household equipment--all in addition to personnel and related program costs. Cognizant of these high costs, and also of the needs of this population, I had included a program of this type in an overall master plan for the Department of Family Guidance. This program was slated

for implementation in two years; however, when Jobs Bill funds became available, earlier facilitation became possible. Since the funds could only be guaranteed for a year, certain changes had to be made in other areas of the Department in order to free additional resources that would allow for continuation of the program should funds be lost in the second year.

Although the Department of Family Guidance resources are not excessive, they are ample to operate its programs. In addition, the use of its resources is extremely, carefully monitored, and when economies can be achieved, they are implemented. The application for the funding of the program was carefully considered in light of other agency resources. It was determined that the program could be initiated with certain startup funds (to renovate and equip the apartment and to buy training supplies) and new staff, and that continuation might be likely with the reallocation of other agency resources if no new funds could be secured in the second year.

The single most costly resource for this type of program, perhaps with the exception of personnel, is the site. Although it would seem ideal to locate an independent living program in an apartment complex or in a multi-family house, this was clearly not possible in this situation.

Because of the extremely high cost of housing in

Bergen County and the existence of restrictive zoning ordinances in most towns, it was decided that a portion of an already existing facility operated by the agency should be renovated and used. Because Jobs Bill money was available for one year only, and continuation funding was unpredictable, it was necessary to utilize a location that would continue to be available if the program was not refunded.

The Crossroads Program has been located in a wing of the Children's (non-secure) Shelter in an area that had once, many years before, been used as the former shelter director's apartment. In recent years, the apartment had been used as the administrative offices. These offices were relocated to a different section of the building, and the apartment was refurnished and reestablished as a residence.

The location of the program within the shelter was also desirable for another reason. If the funding were lost, while other funding was being sought, some of the supervisory responsibility for the residents, particularly the night shift supervision, could be provided by shelter personnel. Likewise, day shift responsibility, which is minimal, could also be provided on a temporary basis, since all of the residents are out of the apartment working or going to school most of the time.

A further safeguard against funding discontinuation

was taken before the program proposal was submitted. The proposal only covered the salaries of the people providing supervision on the shifts (the child care workers). It did not include the salary of the Program Manager which was provided as a portion of the agency's match. This individual already worked in the shelter in another capacity and was transferred into the program, as it was determined to be of higher priority. In the event of the loss of funding, the Program Manager would continue to be available to needy clients.

There are numerous other resources available to the Crossroads Program. Aside from the local hospital and mental health center, there is an Office of Vocational Rehabilitation that frequently provides services to this population. There is also a special volunteer project that serves 17- to 21-year-olds, operating out of a countywide volunteer bureau. They have agreed to provide one-to-one volunteer services to assist Crossroads clients in improving both their functional and social skills. There are various trade and adult schools as well as recruitment offices for all branches of the military.

#### The Community Context

Because of the type of services that Crossroads aims to provide to its clients, it is extremely important that the staff be as familiar as possible with the community,

its characteristics and its resources. In this way, they are not called upon to rely on their own personal experiences only; they can develop a more complete understanding of the environment that they are preparing the clients to negotiate. By having this information, clients can be helped to develop clearer and more realistic plans about what they need to do to ready themselves to live successfully on their own.

In the section that follows, there will be a brief description of some of the more relevant demographic data about the county, a description of some of the social characteristics of the population, and some of the more global issues related to political and professional thinking that may be influential to the program. This information is offered to provide some greater insights into the issues with which the program must deal.

#### Relevant Demographic Data

According to the 1980 census, Bergen County, New Jersey, has 845,385 residents living in 70 municipalities. Of this number, 3.9% are Black and 3.4% are Hispanic. The balance is primarily white.

Bergen County, which is the second most populated and the most northern county in the state, is bordered by New York State to the north and is directly across the George Washington Bridge from northern Manhattan. Its towns are frequently referred to as "bedroom communities" to New

York City. Although primarily suburban, there are two small cities, Hackensack and Englewood, which add an urban dimension to the county's demography. This is further enhanced by the proximity to New York City.

Much of the population of Bergen County originated from Manhattan. Although they moved to the suburbs to escape city living, many are still urban in their experience and outlook. A large number of county residents commute to work in Manhattan daily. Both young and old people go to New York for entertainment. City life is viewed by many, particularly the young, as being more exciting than life in the suburbs.

In 1979, the median household income in Bergen was calculated to be \$24,053. This can be compared to a \$19,800 overall median income in New Jersey, and a \$16,841 median income in the United States as a whole. The per capita income for the same geographical entities, also calculated in 1979, was \$10,191, \$8,183, and \$7,355, respectively.

Although there are approximately 300,000 dwelling units in the county, the preponderance of them (65.4%) are owner-occupied. This is somewhat comparable to the national percentage of 64.4%. The rental units, which comprise the balance, are usually quite expensive and the vacancy rate is reported to be less than one percent by local realtors.

The cost of housing in the county is particularly prohibitive. The mean value of a home in 1980 was \$89,109. This may be compared to a national figure of \$55,000 during the same time. Since 1980, these figures have increased substantially.

Apartment rents are extremely prohibitive as well, with an average rent in 1980 being about \$300 for a one-bedroom apartment. Rental figures have increased substantially in the last five years by about \$50 to \$100 per month. In late 1984, furnished rooms in boarding houses were reported to be renting for \$80 to \$85 per week.

Also of major importance to the demographic picture in Bergen County is the public transportation system which is inadequate and is in no way able to meet the needs of a large segment of the population. A few buslines run between towns; however, it is often easier to get from New York City to Bergen County than it is to get from one town to another in Bergen County. Because of the way that housing and essential services are located, most people find it necessary to own a car. Those who do not own cars are severely limited in their choice of where to live and work. Only in the few more urban areas of the county, where resources are more conveniently located, transportation is somewhat less of a problem.

### Social Characteristics

Aside from being more economically advantaged than other areas, Bergen County has many of the same social problems as other metropolitan areas. It is from these troubled circumstances that many Crossroads clients come, and to which they must ultimately return and reintegrate. Therefore, a familiarity with these social conditions is necessary in order to plan relevant interventions to help clients prepare for the future.

Overall, the educational and achievement levels of county residents are high. Approximately 23.8% of the population report that they have college degrees, while only 16.2% of the population hold them nationally. A percentage of 14.5 of the total Bergen County population falls into the occupational category of professional and technical occupations, as designated in the census. These are usually occupations which require advanced educational degrees. Although there are many jobs available in the service occupations, these jobs do not pay enough to enable one to get adequate housing in the county. As mentioned earlier, low-cost housing is a rare commodity in Bergen County.

Not unlike other areas, personal stress has contributed to relationship problems. Often this stress prohibits people from remaining with, or returning to, their home or families. Evidence of this can be found in the

33% increase in single people (including the separated, divorced, or widowed) from 1970 to 1980.<sup>10</sup> There are more than 12,500 households in the county that are headed by single adults.<sup>11</sup> It can be assumed that many of these adults are single parents and that one or more children reside with them.

The census reveals that female-headed households with two or more occupants comprise approximately 8.8% of the households in the county.<sup>12</sup> Aside from having gone through the pain of the divorce process or the loss of a spouse through death, single parents also experience many other struggles that are associated with parenting alone or parenting competitively with an ex-spouse.

Alcoholism and/or drug abuse in at least one family member is estimated to be a problem with about 6.4% of the population.<sup>13</sup> This is consistent with national estimates. The general consensus is that this is a conservative estimate in that there are many cases that are unreported and, therefore, cannot be counted.

Similar problems exist in attempting to estimate the amount of emotional disturbance or mental illness that exists in families. The size of this population is estimated to be approximately 18.7%.<sup>14</sup> All too often, emotional problems in parents are revealed only after a child in the family appears in the system in need of treatment for abuse or neglect, or other services.

Aside from practical considerations, there are social realities that continually test the mettle of Crossroads participants. The charm of New York City, the temptations related to drugs and alcohol, and the opportunities to make easy and fast money through gambling and prostitution or other illegal means are perpetual challenges to these often socially immature and extremely vulnerable young adults.

The purpose of providing the preceding data was to describe the context in which Crossroads and its clients exist. Although it is evident that not everyone in the environment is equally high functioning, the prevailing norm to which many aspire is extreme success and achievement. This provides some serious dilemmas for both clients and staff of the Crossroads Program.

In order for clients to be ready to live independently, they must be prepared to integrate successfully into the community at large. One way to do this is to learn how to make realistic choices based on personal capabilities and what is available in the community. Knowing their community is the first step toward making these choices.

#### The Social Service Community

The social service community in Bergen County is extensive. Although no formal count of agencies and organizations has been taken in the county for several

years, the number of groups of this type is usually estimated to be about 300. The Community Resources Directory, a social services directory that is compiled and published by the Health and Welfare Council of Bergen County, lists approximately 281 agencies in its table of contents.<sup>15</sup> This does not include private practitioners and clinics or self-help groups.

There are numerous countywide planning groups in addition to the large number of direct service agencies. These groups, which may be organized around the needs of one or more client groups, generally aim to achieve one or more of the following goals: "improvement of access to county human services, coordination and linkage of services and providers, monitoring and evaluating existing programs, establishing local priorities and developing local plans for service delivery."<sup>16</sup>

The specific activities of the group are usually determined by the nature of their mandate and their particular auspices. Planning groups that are mandated by law or administrative directive are usually more influential than those that grow out of grass roots organizational efforts. However, there are some exceptions to the latter.

Generally speaking, planning groups that are charged with the task of receiving and distributing public funds are officially appointed and are in some way sanctioned or legitimized by a state government unit. In these situations,

funds are distributed to agencies that are willing to provide priority services, as determined by planning group members or state mandate.

Although occasional comments are made about the lack of coordination and duplication of services, it is my opinion that there is relatively little of either in the county. Agency directors appear to enjoy reasonably free access to each other and to use each other's expertise when considering new program initiatives. It is unusual to see the same program in more than one agency, unless the two locations are planned as part of a specific design. This is not uncommon because of the size of the county and the transportation difficulties.

It seems apparent that membership in the various planning bodies has enabled agency representatives to gain access to information about new programs, thereby reducing the possibility of duplication. Further, it appears that the centralized allocations system that has been established has also helped to reduce duplication of services.

#### External Issues

There are other external factors that could potentially influence program development. These include the current political climate (as reflected in attitudes and values that are being articulated through political and

legislative activities and through the media) and prevailing professional philosophies around various practice issues.

Implicit in the politically conservative orientation of the 1980s is the message that consumers of human services must improve their attitudes and take greater responsibility for their lives, and, in so doing, they will require fewer services. There is the suggestion that weak-willed people or those who want to "milk the system dry" are the only ones who require social services. The notion of need has become extremely distorted.

To "assist" those clients, social service organizations are being encouraged to focus their efforts on eliminating client dependency on public systems. Although it is difficult to dispute the desirability of this factor, it is commonly recognized among social work professionals that this goal is probably impossible for many clients, and particularly for those whose families have been involved with public systems for several generations.

However, the reality is that strategically it is prudent to include "reducing dependency" as a goal for all new programs in that it reflects a currently held value and is likely to garner public support should it be needed. In addition, the public funding sources are more likely to support program initiatives that reflect the current administration's orientation toward service delivery.

An additional response that is proactive is necessary to counter some of this elitist and somewhat misguided thinking. Providers must be prepared to engage in activities that may, in the past, have been regarded as slightly inappropriate or unprofessional. These include marketing their programs and engaging in other public relations efforts to gain public support for specific initiatives.<sup>17</sup>

The professional community has also evolved certain philosophical stances and principles that it feels are essential elements of practice. Placement in "the least restrictive environment" is a principle that has been adopted for nearly all populations for whom residential placement is being sought. This principle emphasizes the importance of clients living in situations where they can be assured the maximum amount of freedom, given their particular circumstances. Thus, a client who no longer needs to live within the structure of a group home because he has demonstrated the ability to be more independent, but who may still need some supervision and training, may be considered for Crossroads. When he acquires the skills to live completely on his own, he may then move out of Crossroads and into an even more independent living arrangement.<sup>18</sup>

Another principle is that of "least intrusive intervention." This principle refers to clients receiving the least amount of interventive services necessary to help

them to manage/solve their problems. As example of this would be if a client received brief counseling services at the time of a personal crisis and, as a result of receiving these services, felt some relief. These brief counseling services would be considered more appropriate than intensive psychotherapy by many proponents of this thinking, in that they are less intrusive and they provide an adequate response to the immediate problem.

To the greatest extent possible, attention was paid to many of the contextual factors discussed in this section. It was recognized that without looking realistically at the local community and its deficiencies and resources, as well as at the more global context in which the program and its clients are situated, clients who have already experienced poor guidance by adults might once again find themselves being misdirected.

Notes

<sup>1</sup>John C. Glidewell, ed., Parental Attitudes and Child Behavior (Springfield, IL: Charles C. Thomas Publisher, 1961), p. 17.

<sup>2</sup>Erik Erikson, Identity, Youth and Crisis (New York: W. W. Norton, 1968), p.

<sup>3</sup>Ruth S. and C. Henry Kemp, Child Abuse (Cambridge, MA: Harvard University Press, 1978), p. 40.

<sup>4</sup>Erikson, p.

<sup>5</sup>Carel B. Germain, Eda G. Goldstein, and Anthony N. Maluccio, The Ecological Approach and Clinical Practice West Hartford, CT: Connecticut Society for Clinical Social Work and the University of Connecticut School of Social Work, 1975), p. 8.

<sup>6</sup>H. Stephen Glenn, Ph.D., Developing Capable Young People (Hurst, TX: Humansphere, Inc., 1984), p. 5.

<sup>7</sup>Ibid.

<sup>8</sup>Ibid.

<sup>9</sup>All of the statistics that appear in following section, with the exception of those specifically attributed to other sources, have been taken from County Planning Board, Planner's Data Book for Bergen County (Hackensack, NJ: County of Bergen, 1984), p. 92.

<sup>10</sup>County Planning Board, Characteristics of People--1980 Census, Technical Report 01-82 (Hackensack, NJ: County of Bergen, 1982), STF-3.

<sup>11</sup>Ibid.

<sup>12</sup>County Planning Board, Characteristics of Households and Families--1980 Census, Technical Report 02-82 (Hackensack, NJ: County of Bergen, 1982), p. 4.

<sup>13</sup>Harold M. Schmeck, Jr., "Almost One in Fiye May Have Mental Disorder," New York Times, 3 October 1984, p. A1.

<sup>14</sup>Ibid.

<sup>15</sup>Bergen County Health and Welfare Council, Community Resources Director (Hackensack, NJ: County of Bergen, 1984), Table of Contents.

<sup>16</sup>Human Services Planning Council of Bergen County, "1982-1983 Plan for Human Services Planning Council." (Unpublished document, 1983).

<sup>17</sup>Joan Ferry DiGiulio, "Marketing Social Services," Social Casework, April 1984, p. 227.

<sup>18</sup>All clients participating in Crossroads are males.

## CHAPTER II

### PROGRAM IMPLEMENTATION

#### Planning Phase/Administrative Issues

Implementing a program is a multi-phased process that involves a highly complex series of discrete and inter-related activities. The implementer begins with the germ of an idea and develops it into a full-blown program with a stated philosophy or conceptual base, a physical site, a staff, equipment, supplies and formalized systems of operation and evaluation. Although each of the latter program elements requires a separate and detailed effort, all are ultimately interrelated as the program evolves into its final form.

Moving the idea from its original form into an actual program design requires a combination of talents that are often best secured through a team approach. Whenever possible, the individuals comprising this team should be selected on the basis of their ability to bring a variety of skills and perspectives to the task. Although it is feasible for such a group to function only as a think tank, it is desirable for them to include the anticipated leadership of the program from the outset,

The decision was made to do the latter when the planning began for Crossroads.

The planning team for Crossroads consisted of three people in addition to the director of the host agency, Department of Family Guidance. Because the program was to be located in the Children's Shelter and would be reliant upon the shelter for some resources, a formal tie between the two programs was necessary. The Superintendent of the shelter is an extremely experienced administrator who had been one of the more vocal advocates for this population. As a result of her expressed interest, as well as the fact that she had administrative responsibility for the resources that would be needed by Crossroads, she was included in the planning process from the beginning.

The more traditional psychotherapeutic services that were to be provided directly by the program were limited to a group which was to meet two evenings per week. Other clinical needs were to be met by community agencies as necessary. The person who conducts this group was to be a consulting group therapist who would come in only to run the group and to receive scheduled supervision. It was necessary to have someone supervise this individual and to coordinate case planning for all Crossroads clients. Since the Shelter already had a Clinical Supervisor on the premises who was experienced at running groups and

in case planning, she appeared to be the most qualified candidate for this clinical role. Thus, she was selected to serve on the planning team from the beginning. (She ultimately left the agency and was replaced by her successor in this function.)

In keeping with selecting planning group members who would eventually comprise the leadership of the program, the final and most pivotal person was the one who would function as the Program Manager. The person for this position had to have a variety of skills in order to be able to manage the program successfully. Fortunately, there was such a person on the staff of the Shelter. She had been a teacher and had taught independent living skills to shelter clients. She had a good understanding of the developmental and emotional needs of the clients; she had supervisory experience; she was familiar with the ongoing operation at the Shelter, and she had excellent interpersonal skills.

This core group of two administrators (one knowledgeable about social work practices and the other about the management of residential programs), an educational specialist, and a clinical psychologist/and then a social worker was thought to constitute the best blend of experience and technical knowledge that was available in the agency at the time. On occasion, the skills of the Business Manager of the Department of Family Guidance were called

upon when issues related to financing, purchasing, or contracting needed to be dealt with.

Developing an Administrative  
and Organizational Structure

An important task to be accomplished during the planning phase is the development of a viable administrative and organizational structure for the program. Several issues must be taken into consideration when developing this framework. Irrespective of the type of program being planned, the first consideration must always be client needs. A structure must be developed that can respond as directly as possible to client needs without presenting undue obstacles to service delivery. In cases where a program is being incorporated into an already existing agency, it is critical to observe the host agency's structure to determine where the program will logically fit into the organization. Another factor when considering the appropriate administrative and organizational structure must be the type of resources that are required and available, including the type of supervision and consultation that is needed in both the long and short runs. Finally, external influences and the effects that they have on the program's structure must also be reviewed.

As noted earlier, because of the types of clients to be served by Crossroads, the location that was selected

to house the program and the resources that were necessary to support it, it was logical that there be some kind of formal administrative link between the Children's Shelter and Crossroads. Therefore, it was decided that the Program Manager/Counselor at Crossroads would be directly supervised by the Superintendent of the Shelter. This would enable the new manager to have on-the-premises supervision, an arrangement that was thought to be advantageous, especially in the early days of the program.

The arrangement facilitated the relationship with the Clinical Consultant to the program who was also the Clinical Supervisor of the Shelter, and made it possible for the latter and the Program Manager to work as colleagues of equal status in the combined Shelter/Crossroads structure. Further, the relationship between the Program Manager/Counselor and the Child Care Supervisor was an informal one, with the two relating to each other on selected concerns such as emergency staff coverage and other similar issues.

It should be mentioned that there were potentially negative aspects to this particular administrative arrangement because of the inherently different natures of the two programs. First, Crossroads, was to be a community-based program. It was located at Conklin (the Children's Shelter) only because of resource considerations. Conklin, on the other hand, is clearly an institutional setting with few community outreach components.

Because of this major difference in orientation, their approaches to client care were likely to be divergent and, perhaps, contradictory in some cases. Whereas one approach tends to be highly protective because of the extremely fragile state of the clients while in residence, the other, which deals with an older, somewhat less overtly vulnerable group, promotes independence, autonomy, and risk-taking. This potential problem was identified and dealt with earlier in the planning process in the hope that early discussion could help to resolve conflicts that might occur in the future.

External factors are likely to influence the organizational structure of a program. Since employees of the agency are both civil servants and union members, the program's freedom to utilize staff in various ways is restricted. Role definitions and duties must, of necessity, be more prescribed and less flexible, and in accordance with already established definitions. Scheduling must be consistent with those guidelines that are set forth by the union contract. Because employees are a part of a larger organization, their roles must be consistent with others who are holding the same titles. New titles cannot be established easily because of civil service restrictions. All of the above have a major impact on how the program must be structured.

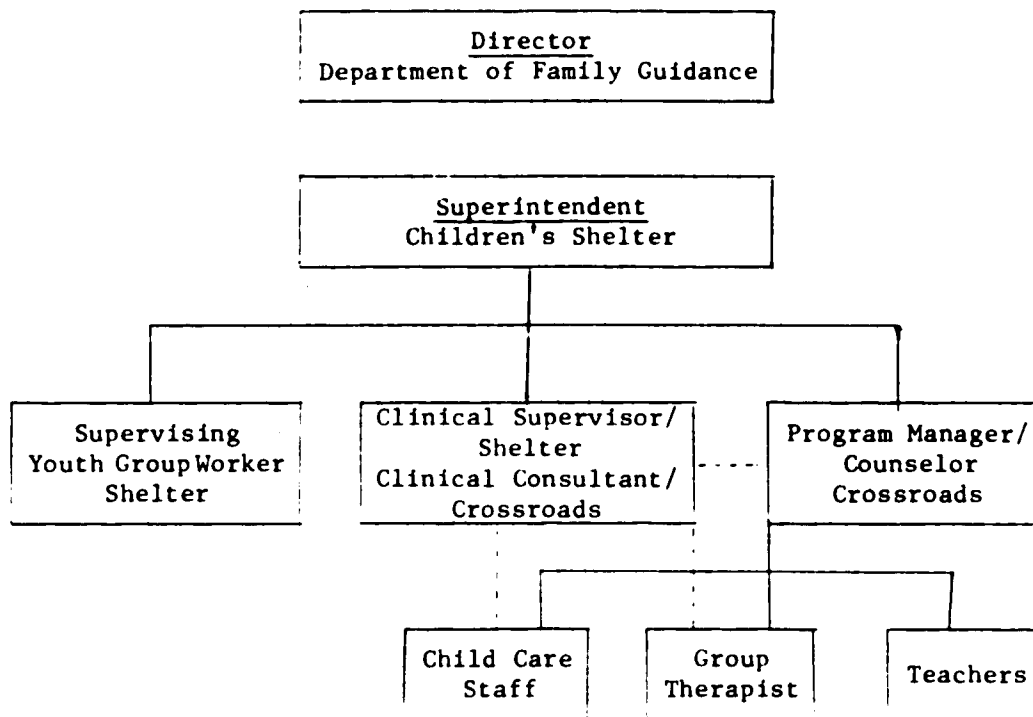
Since programs of this type must be licensed in New

Jersey, licensing requirements must play a role in organizational structure. In particular, programs of a residential nature must provide around-the-clock supervision for clients. As a result, even if it were decided that a night shift worker was not essential for this client group, such a staff member would be required by the Bureau of Licensing.

One final factor should be mentioned relative to this issue. Since the program serves only a small number of young people at a time, it is important to determine how much staff is "justifiable" in the eyes of the funding sources. Practically speaking, in making the decisions about organizational structure and required staffing patterns, one must study the economies of scale and decide how client needs can best be met in the most economical fashion. Although it may be necessary to have a staff of six to provide the required services in a 24-hour program, it is often difficult to convince funding sources that a three to two ratio is necessary for this particular program and population.

Since the priority service needs of Crossroads clients have been defined as supervision, counseling, and education, it was decided that the full-time staff should consist of four child care workers. This number is necessary to cover all of the shifts over a seven-day period. Life skills teachers and the group therapist would be part-time

and would work on an hourly basis. The Program Manager/Counselor is a full-time employee whose salary is not paid by the grant. Other supportive services (e.g., clinical and administrative supervision, nursing services, business support) would be provided by other staff already employed in the agency. The following is an organizational chart depicting the administrative structure of the Crossroads program. Specific job descriptions for each position are presented in the Appendix on pages 209 through 219.



Administrative Structure

Program Access and  
Eligibility Criteria

In an effort to insure early successes, it is not uncommon for sponsors of new programs to be overly cautious about client selection. In view of this natural tendency, a client's ability to gain access to the program is a key issue to consider while a program is in its planning stages. All too often, these precautionary measures inadvertently lead to extreme selectivity, a characteristic that could have long-lasting deleterious effects on the program. Referral agents will usually make a few efforts to refer clients, but when they meet with repeated obstacles to access, they will ultimately cease making referrals to the program.

A major feature of program access is the ability to bring an applicant into the program quickly. Although a thorough diagnostic package would be desirable, in most cases, it is recognized that because of the emergent nature of many of the Crossroads referrals, such a requirement is not realistic and would create a serious barrier to program access. This is especially true since many candidates for admission are either homeless or in the midst of a serious housing crisis at the time of application.

Critical to facilitating admissions is the ability to get essential data about the client from referral and other sources rapidly. This may be accomplished by

knowing the referral sources and having positive relationships with them so that data can be obtained without delay. In the absence of relevant written data, it is necessary for the Program Manager/Counselor to possess the skills to interview and assess a prospective applicant to determine his potential for participating in the program. On occasion, it may be necessary to take a risk with a client and bypass bureaucratic requirements for the sake of giving him a chance to succeed.

The discussions regarding client eligibility to Crossroads were particularly challenging. In spite of the fact that the planning group was extremely familiar with the population, it was still difficult to determine what features would make an individual either acceptable or unacceptable for admission to the program. It was clear that a specific diagnosis could not be used, in that many of the clients with the most severe and chronic diagnoses (e.g., paranoid schizophrenia, mental retardation) appeared to have the most potential for succeeding in the program. Drug and/or alcohol use could not disqualify an applicant from participation because most of the clients known to the system had at least some history of chemical use. The same was true for those with delinquency histories. Current episodes of violent behavior appeared to be a definite deterrent to admission, as were serious physical chemical (heroin) addiction, serious

sexual acting out and a history of repeated arson incidents. Most of the behaviors that disqualified clients from participating were those that posed a threat to the safety of others or required a specific type of treatment that could not be provided by the program on an out-patient basis in the community.

Also unacceptable were clients who were unmotivated and unwilling to comply with the rules of the program. (See Appendix, page 208 for program rules.) Based on informal research of other programs serving similar populations as well as the agency's own experience, it was learned that motivation appears to be a major factor in program success. Participants who are not ready to make a commitment to the program, but who enter, nevertheless, usually become involved in activities that are violations of program rules (e.g., alcohol and/or drug abuse). Even after being given several chances to modify their behavior, they ultimately bring about their own dismissal from the program.

#### Staffing/Staff Training

Although staffing has been discussed earlier, some other issues related to feasibility and barriers have not yet been mentioned. Since Crossroads clients are older than clients served elsewhere in the agency, it is necessary to recruit more mature staff to work with them. The younger staff working with younger clients in child care

positions tend to use these low-paying positions as a means of getting more experience. After a year or two, they move on to other jobs or return to graduate school. They are more willing to work for lower wages, probably because they see the job as temporary or as a means to an end.

The major barrier to attracting capable and mature staff is money. Financial limitations (as well as the Union contract) prevent the agency from paying the more mature child care staff higher salaries. These individuals, who are generally looking for more stable employment, cannot afford to work for the salaries that are being offered by the agency. As a result, it is anticipated that it would be very difficult to recruit and retain competent and reliable child care staff for this program.

Further, applicants for child care positions generally have no experience or training in working with this population. Although some may have worked in camps or educational settings in the past, they usually have not had contact with troubled youth. Training these individuals is essential, for without proper indoctrination, they are unlikely to be effective in their work with these clients.

Training for all staff working in Crossroads, including the group therapist and the teachers, was a

major consideration during the planning phase. Since it was not known at the time who would comprise the staff or what their level of experience would be, an overall orientation program was designed, plus a plan for ongoing training once the program was in operation. This training would focus on describing the program, its context, the clients, the program's philosophy, possible interventions, available resources, and its operating procedures. (A copy of the training outline is presented in the Appendix on page 220.)

As the program matured, the staff was stabilized and more sophisticated in its ability to understand client needs and the kinds of interventions that are most useful and appropriate. Members of the staff have also learned to work as a team. This understanding developed as a result of their direct experience with the clients and the constant input and supervision from the Program Manager, as well as the occasional training and consultation with the Clinical Consultant.

### Setting

As noted earlier, the setting of the Crossroads Program is a wing of a children's shelter that has been converted into an apartment which is on the ground floor of the building. It has two bedrooms that are contiguous, a kitchen, a living room, a small office, and a den that converts into a third bedroom. Additional program space

is available in a basement level recreation and game room that is also used by the shelter.

This particular setting has several limitations, however. The compactness of the space makes client supervision easier, but it also leaves little room for privacy and personal space for clients. If they wish to be alone or to talk privately with a counselor, they must look for an unoccupied space.

Although being located in the shelter has its advantages, the setting is not really ideal for a transitional living environment. When making various program decisions, it is always necessary to remember that there are younger children in the building who may look to Crossroads clients as role models. Thus, although not a conscious consideration with admissions, the setting must, in some ways, influence who is accepted into the program. This would probably not be as much of an issue if the program were located in an apartment complex or in a house.

On the positive side, the shelter is well located in terms of its proximity to public transportation. This is very important as the clients do not have cars, and work opportunities may not always be within walking distance. The program is also located near various business establishments that are potential job sites for clients. This is particularly significant for new clients who are

often unemployed when entering the program and in need of a job immediately, even if it is a temporary placement. (This is a requirement of the program.) Being close to various other agencies and/or organizations is also advantageous in that it makes getting needed community services much more convenient for program participants.

The fact that the program is housed in the same building as another program makes possible the sharing of resources. In emergency situations, staff can be shared between programs, as can vehicles and food. In addition, the cost of rent, heat, and utilities is all absorbed by the larger program, which brings Crossroads' operating costs down considerably.

To the extent possible, the plan is for the program to operate as if it were housed in a separate location so that clients can begin to develop a sense of what it is like to live in an apartment. Household chores and maintenance will be done by the residents, as will cooking and shopping. Clients will be encouraged to get involved in major decisions related to house operations, purchases, and rules, thereby preparing themselves for this decision-making in the future.

#### Community Agency Relationships

Numerous and ongoing attempts have been made to acquaint the community agencies with the services provided by Crossroads. These efforts have been in the form

of letters, brochures, fact sheets, telephone contacts, and personal visits. They have been presented to some 75 organizations within the county as well as to state facilities which serve Bergen County residents.

The need for a program such as Crossroads was originally identified by several community agencies; however, each agency had a slightly different population in mind. The populations they defined fell into the category of people with the least serious problems or the mildest disabilities. They were those who "fell through the cracks." What all clients had in common was their inability to function independently in the community, their need for daily living and socialization skills training, and their need for transitional housing. Although their identified needs were the same, the clients of the various systems were quite different in their appearance and abilities. The child welfare clients had some traits that were not present in the mildly disordered mental health clients, and vice versa. Likewise, those in the mental retardation system who were disabled were not similar to those in the court system who did not require incarceration. However, all sectors had expectations of Crossroads and, in fact, some clients from each of these agencies could potentially be appropriate for the program.

During the planning phase, it was difficult to anticipate any specific agency relationship problems because the population that is served by Crossroads does not have any particular diagnosis, nor is it served by any one agency. Along the same lines, it was difficult to target the specific agencies to which most of the case finding and public relations efforts should be directed. Much of this work had to be done as the program was being implemented.

A significant factor in the evolution of interagency relationships is the number of referrals that are accepted into the program and the quality of the interactions that take place during the intake process. If the referring agency sees the receiving agency as being cooperative and meeting its needs, a good relationship is very likely to develop. If many referrals are rejected, the referring agency is likely to perceive the rejection as over-selectivity or "creaming." In fact, negative perceptions often evolve from experiences that occur with extremely inappropriate referrals, when the referring agency is desperate to place a person because all other programs have rejected the client, and Crossroads, which is the last hope, rejects the client as well. The latter has been the case with the Probation Department which referred eight cases to the program in 1984, most of which they acknowledged were inappropriate because of seriously

violent behavior or extreme chemical dependency. They, nevertheless, express negative feelings about Crossroads, claiming that it only takes the easy cases.

In order to develop or maintain positive relationships, agencies must be informed of the particular type of client that can best be served by Crossroads so that referrals, for the most part, result in acceptance into the program. As stated earlier, a large number of rejections, regardless of their legitimacy, cause community agencies to cease making referrals and to raise questions about the program's viability in the professional community.

#### Marketing the Program

The need to market the Crossroads Program was recognized from the beginning of the planning phase. In the previous section, the subject of marketing was discussed in relationship to other agencies. These efforts, which most professionals are more comfortable calling case-finding, outreach, or networking, are totally acceptable in the social service community. Although these contacts are indisputably important, marketing a program to the community at large is also essential, not only as a means of reaching potential clients, but also as a way of gaining credibility in the eyes of funding sources and the public.

To many social workers, the notion of marketing, in the broader community context, is regarded as being different from the kinds of promotional discussions that routinely take place between agencies. This kind of marketing seems to imply selling a product or conducting a business. These business-type transactions are alien to many workers who feel that such conduct violates the code of ethics of the profession. DiGuilio points out that:

While the social work code of ethics does not prohibit advertising or direct solicitation, social services providers have frequently identified with professions such as law and medicine, which until recently had rigid rules against commercial behavior.<sup>1</sup>

This purist approach is not a prudent one in days of shrinking resources. In order to insure program survival, agencies must build program credibility by selling their programs, otherwise competing and more aggressive agencies may wrestle away needed funds through more active marketing efforts.

The current scarcity of funding and clientele dictates the necessity for a carefully conceived marketing plan in most social agencies.<sup>2</sup>

Early in the planning process, the Program Manager and I have been actively involved in publicizing the services of Crossroads. In addition to the written material prepared by the program, thus far feature articles have appeared in The Record, the countywide daily newspaper, and the Sunday New York Times. Further,

a local cable channel presented a public interest segment on the program. Marketing efforts of this type will continue as a means of reaching potential clients and soliciting public support for the program.

Other Practical Considerations  
(Attitudes, Expectations, and Realities)

Even in the most carefully planned program, there are some special variables that, if not dealt with, can have a profound effect on outcomes. These variables are often intangible and illusory, but most experienced planners are aware of their presence and the potential obstacles that they can produce to successful implementation.

Two interrelated variables are attitudes and expectations: this includes the attitudes and expectations of the community toward the clients, the staff's attitudes and expectations of the clients, and the clients' attitudes and expectations of themselves and the program.

Many people in the community see these clients as failures, as they appear to be high school dropouts with no trade, lazy, and lacking in motivation. Their behavior is often perceived as a poor attitude, and little is expected of them because of this trait. Staff, on the other hand, often have another view. Many people who choose to work with these clients seem to have a special feeling about young people and their attitudes are often

not entirely realistic about their clients. They feel sorry for them because society "has done them wrong." They contend that if they are supportive of the clients, and counsel them, much of the emotional damage they have sustained will be ameliorated. As a result of this thinking, they often have too few expectations and do not make enough reasonable demands on these young people. Also, they will sometimes be too trusting, never believing that clients will lie, steal, cheat or manipulate to get their way. On occasion, workers will have unrealistic goals in the other direction, expecting the clients to be capable of achieving more than they actually are. These expectations usually lead to tremendous frustration on both sides, as the clients and staff are striving for the impossible.

The clients have their own way of managing their environment. Experience in early relationships has taught them to be survival-oriented. They have learned to be cautious in their relationships with adults as a means of self-protection. In many cases, they have learned to be dependent on the system, sometimes because their families were, and sometimes because they lack the confidence to try to make it on their own. These clients are aware of their vulnerability and are extremely fearful of additional failures. Thus, they see little reason to take risks and be independent as they know that the results

could be devastating to them. Nevertheless, their expectations are high as they fantasize about making a lot of money and living in beautiful places.

To counterbalance all of this, there are the realities. People with poor work skills have trouble getting and sustaining employment. The jobs that are available are low-paying, leaving clients with limited money for housing and other expenses. For them, a reasonable expectation for housing, at least initially, is a furnished room, not the beautiful apartment or home about which many clients dream.

Staff need to be realistic, too, so that they do not lead already vulnerable clients to expect more than is really possible. All too often, staff who are educated and who were raised in middle-class circumstances, find it difficult to relate to what is available and realistic for their clients.

The planning phase of the project's development can be a tedious and protracted process, depending upon the number and type of details that have to be settled prior to implementation. There was an attempt to consider most of the major issues, both tangible and intangible, at least to some extent, during the months that preceded the opening of Crossroads. It was hoped that this advanced planning would pave the way for a smoother beginning.

## Planning Phase/Clinical Issues

### Theoretical Framework

All programs begin as a result of a service need being identified and a person or group of people developing an interest in the program. What the program ultimately looks like when it is implemented is usually the result of a multi-stepped planning process that combines many theories, favorite interventions/modalities, and perspectives.

Having constituted the Crossroads Planning Group, the members began their work by identifying the needs of the target population and attempting to relate these needs to existing theories. In doing this, the intent was to gain a better understanding of the problems so that appropriate interventions could be developed. A review of the literature led to the identification of several applicable theories that proved to be useful in giving form to the thinking and ultimately to providing needed direction to program staff, particularly in the early stages of the program. In the section which follows, the theories that were used are discussed, along with some descriptions of how these theories were put into practice in the Crossroads Program.

Much of what has been written to date about the specific target population has been based on a psycho-

analytic theory which is derived primarily from the work of Sigmund Freud and is based largely on the studies of emotionally disturbed people. It has a medical, "disease entity" orientation, even though it clearly acknowledges its conceptual dependence on the socialization process. The theory assumes that "the mechanisms of behavior are similar for all human beings and that the differences between the normal and the abnormal are differences in degree."<sup>3</sup>

The work of Erik Erikson, a modern-day proponent of psychoanalytic theory who has written extensively on adolescence, is commonly referenced in discussions about this client group. Erikson described human development in relationship to what he referred to as the epigenic principle:

This principle states that anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole.<sup>4</sup>

The problem, as he sees it, is that as people go through the socialization process, they often must deal with various traumatic life events. When these events occur, they experience a kind of shock that interrupts their normal developmental sequence. Their emotional development is arrested at an early stage, and even as they grow older chronologically, they are unable to make appropriate adjustments so that they might function in age appropriate ways.

Erikson pointed out that the development of a healthy identity is critical to the overall successful functioning of an individual. Those who have not developed the ability to trust in their early stages of life are usually lacking a necessary ingredient of positive identity. Without this positive identity, they are often unable to acquire needed life skills, not the least of which is the ability to experience intimacy. Needless to say, the latter creates many long-term problems in that it affects intimacy in their sexual relationships as well as in their friendships.

Although interesting and often quite illuminating from a diagnostic perspective, the analytical view is not practical or useful for this population. A more dynamic and proactive approach appears to be more in line with the clients' interests and capabilities. Experience with this population has revealed that many of these young people are unwilling and/or unable to commit themselves to working on deeply rooted psychological problems at this phase of their lives. Further, they need to experience positive changes quickly so that their motivation and interest are sustained. Finally, the cost of long-term analytical treatment is prohibitive, and many of these clients do not have the financial resources to pay for such analysis.

In view of some of the realities of the client population, as well as realities associated with finances and

resources, other theoretical approaches appear to be more viable for this population at this point in time. Like Erikson's work, the first group of theories to be discussed is also related to the socialization process; however, these theories focus on the quality and nature of people's personal reactions with their environments. Role Theory, Social Learning Theory, and Ecosystems Theory are the conceptualizations that will be discussed. Although different in their orientations to social interactions, these theories do not function as alternatives, but, rather, as complementary ways of looking at the same process. The second group of theories to be discussed will be more broadly focused and will deal with two specific theories of intervention--one on the client level, and the other on the community level.

At this juncture, it may be useful to define the concept of socialization. Elkin said that socialization is "the process by which someone learns the ways of a given society or social group so that he can learn to function within it!"<sup>5</sup> This process includes what he/she learns from the environment, such as patterns of behavior, values, and feelings. The socialization process is descriptive and universal in that it recognizes that social groups vary enormously by culture, by interest, and by orientation.

### Social Role Theory

Social Role Theory concerns itself primarily with the status and role of an individual within his/her social group. Elkin pointed out that "the role concept also serves as a bridge between the person and the society."

He continued that:

Role theory, as used here, seeks to explain in broad terms the process by which the child becomes a functioning member of the group; it does not seek to account for the unique expression of interpersonal relationships of particular opinions, attitudes, sentiments, or traits.<sup>6</sup>

People need to understand their roles and the roles of others in order to find a viable place for themselves in society. Children observe adults in their various roles and use their behavior as models. Adolescents are particularly observant of social roles, as this is the time in their development when they are struggling the most with who and what they are. In planning for their futures, they need to understand who does what in the world, and what status is associated with which roles.

Crossroads clients are often deficient in their understanding of the concept of social roles, as they have had a limited and sometimes skewed exposure to adults. Since many have come from dysfunctional families or have lived in institutional settings for some portion of their lives, their frame of reference is limited to poorly functioning or abusive parents, foster parents of varying degrees of competence and caring, or child care staff or other

institutional personnel of varying levels and calibers. This array of role models does not provide them with an adequate repertoire from which to draw when they are attempting to carve out a role for themselves.

Thus, one of the tasks of the program is to help clients to develop a broader view of the world. In so doing, staff must introduce clients to new experiences and people, and to interpret for them the various roles and functions that exist in society. The ultimate aim of these activities is to provide clients with a context into which they may ultimately place themselves as they move toward more independent functioning.

#### Social Learning Theory

Teaching clients about the social milieu that they need to master is critical to their social development. They need to understand who fills the various roles in society. Further, staff needs to understand how clients have acquired behaviors that they are now exhibiting. Social Learning Theory, which evolved as an extension of existing learning theories, places a special emphasis on the learning of social behaviors. In contrast to stage theories (which are the theories of Erikson, Freud, Gesell, Piaget, and Sullivan), which interpret behavior as a spontaneously emerging event in a non-specifically defined developmental process:

Social-learning theories predict marked changes in the behavior of an individual of a given age only as a result of abrupt alterations in social training and other relevant biological or environmental variables.<sup>7</sup>

Crossroads clients often have not learned appropriate social behaviors because they have not had normal developmental experiences. Instead of developing behaviors and competencies gradually and in a progressive manner, learning has been delayed in some areas and accelerated in others, with the catalysts being various unplanned and frequently traumatic life events. The result is the client behaviors and abilities are inconsistent with their chronological ages.

Social Learning theorists look at the relationships between and among individuals and examine how behaviors, either healthy or deviant, are learned. Like the Social Role theorists, they are also concerned about modeling and place great importance on the significant effects that models may have on youthful observers. In this area, Social Learning Theory probably has its closest ties with psychoanalytic theory in that it stresses the importance of early relationships to the development of social behaviors.

In Social Learning and Personality Development, Bandura and Walters emphasized the role of imitation in the acquiring of social behaviors. Although there is great cultural deviance, children in most societies are

166

very attentive to the behavior of their family members and, later, to their peer groups, and they imitate much of what they observe. Such imitation often brings positive reinforcement from the models, thus cementing the behaviors even more. All of this occurs irrespective of the social acceptability of the conduct by society at large. Bandura and Walters confirmed this when they said:

In human societies, the provision of models not only serves to accelerate the learning process but also, in cases where errors are dangerous or costly, becomes an essential means of transmitting behavior patterns. One would not, for example, permit an adolescent to learn to drive a car by means of trial-and-error procedures, nor would one entrust a firearm to an armed services recruit without a demonstration of how it should be handled.<sup>8</sup>

Social Learning Theory is particularly relevant to the Crossroads Program for several reasons: (1) it provides an extremely plausible explanation for many of the behaviors that can be observed in the programs; (2) it provides a methodology for modifying client behavior; and (3) it provides important information to supervisory staff about how they must work with staff. Further, understanding the relevance of Social Learning Theory has proven to be critical to defining and shaping the Crossroads Program design. One aspect of this conceptualization is that it does not allow for any assumptions about previous learning. As a result, there is a strong suggestion that the program needs to be habilitative rather than

rehabilitative. Further, it confirms the need for training in the social growth and development areas, with specific emphasis being focused on biological and environmental variables.

The significance of modeling behavior as a means of social learning for young people is particularly useful in that it defines the role that staff must play with this population. It is clear that they must act in a manner they would like to see replicated by the clients. They must display competence in their daily living skills and the ability to interact positively with co-workers and other people in the community. They must illustrate to program participants how to solve problems constructively. At the same time, they must be directive and non-punitive toward their clients as they guide them toward more independent functioning. They can assume that they are being very closely watched as their clients seek alternative ways of relating to the world.

It is also important that these staff models receive positive reinforcement and support from their superiors and that these positive responses are readily observable by the clients. This is important because Bandura and Walters point out that:

There is evidence . . . that social response patterns, both deviant and conforming, can be readily transmitted through the influence of a model and that imitation is facilitated if the model receives rewards.<sup>9</sup>

Also of significance to the program is the research that has been done on the influence of observer characteristics on their receptiveness to imitative behavior. Numerous studies have demonstrated that certain types of clients are more susceptible than others to learning in this manner.

These types include those who are lacking in self-esteem, those who are incompetent, those who have been rewarded for conformance in the past (institutionalized people), and people who may be described as being dependent.<sup>10</sup> All of these characteristics are present, to a greater or lesser degree, in most Crossroads clients. The implication that they may be drawn from all of this is that it is essential for the program to emphasize social learning through the use of strong and positive role models as a means of encouraging appropriate imitative behavior in clients.

#### Ecosystems Theory: The Life Model

The ecological perspective is, as Germain, Goldstein and Maluccio describe, "a special instance of general systems theory."<sup>11</sup> The latter is a framework for looking at different kinds of systems and analyzing the relationships between and among their parts. There are many different types of systems, among them are mechanical systems, biological systems, and human or living systems. In the

main, the systems with which this program is concerned are the human or living systems.

Clients like those needing the services of Crossroads have usually been a part of family and/or a societal system in which the parts have not functioned in a complementary or interdependent way. Because of this, they have not developed the skills to negotiate appropriate behaviors, roles, or functions for themselves in life.

Germain, et al., pointed out that:

The human being cannot be entirely understood apart from the environment. While they are different, the person and the environment nevertheless constitute a single whole. They must be understood as complementary, interdependent parts of a whole whether we look at a person and his family, a patient and the ward, a child and the classroom, a school and its neighborhood, or a clinic and its community. Each depends upon the other for exchange of energy, information and resources necessary for mutual growth, development and survival.<sup>12</sup>

Through its Life Skills curriculum, group therapy, and individual supportive counseling by staff, Crossroads aims to provide its clients with information, resources, and, whenever possible, a new and different kind of energy as a means of restoring the equilibrium that has gone awry for them.

As noted earlier, many clients who are referred to the program are members of family systems that are extremely dysfunctional. These systems can be viewed in the same way as other systems in disrepair. Besides being

in a state of disequilibrium, these families typically suffer from what is known as "boundary maintenance"<sup>13</sup> difficulties.

Some families with a disorganized member (this may be either a parent or a child) seem to have boundaries that are relatively rigid. Such families permit little interchange with the environment while fostering too much interaction among their own sub-systems. Boundaries of other family systems are sometimes too loose, and do not filter out what the family feels is unwelcome input from extended kin or noxious input from disruptive value systems of deviate peer groups. Such families may also fail to promote sufficient interaction among their own sub-systems.

If these tendencies continue or intensify between systems and environments, they may lead the system toward entropy--that is, toward disorder, destruction and death.<sup>14</sup>

For many clients the destruction has already taken place by the time they get to the program. All too often, the inadequacies and damaging experiences of the past have left them resourceless and retarded in some aspects of the development, and they feel powerless to manage their lives.

What distinguishes the ecological view from others is its approach to the issues of power and freedom. Since people react reciprocally and in complementary ways in their systems, proponents of this view maintain that these individuals have the power and freedom to change the manner in which they manage their environments. This thinking is congenial with modern ego theory in that it sees man as having the "innate adaptive apparatus [which]

includes competence, motivation, and independent motive to interact effectively with the environment to have an effect upon it."<sup>15</sup>

The Life Model, which is the model for practice that has logically flowed from the eco-systems view, interprets life situations in an interactional fashion. People interact with their environments at all phases of their lives, including times of transition and crises. Therefore, needs vary at various points in a person's life as well.

Because they [the client and his/her environment] are open systems, they are maintained by inputs coming from outside the system. Thus, the life model re-conceptualizes disorders as life space transactions, and suggests interventions in the life space where role relationships, family processes, organizational processes or other environmental components feed into and maintain the pathology. The aim is to shift the system from a state of entropy to negentropy.<sup>16</sup>

The Life Model emphasizes competence, autonomy, and action, while also recognizing and being sensitive to the fact that clients may be experiencing serious discomfort, depression, and feelings of helplessness. Crossroads has adopted the same approach in its work with clients. The program participants are encouraged to be proactive, and to take charge of their environments by utilizing new and more constructive ways of managing them.

Through the use of the group, they are taught new ways of building relationships, while also being taught to understand and respect personal boundaries. Through

attending Life Skills classes, they are taught specific functional skills that are designed to increase their competence and feelings of self-esteem and, ultimately, their autonomy. The program is supportive of the positive activities of clients and serves as a beginning point for the development of a mutual aid network. Clients who leave the program are encouraged to call and report on their progress and are invited to attend group sessions if they are willing to do so.

In summary, Germain, et al., asserted that "the model seeks to help individuals, families and groups reach toward their adaptive potention, effect changes in their environments, and achieve their life tasks."<sup>17</sup> It is clear that eco-systems theory is entirely consistent with the service delivery approach that is most sensible for this client population.

#### Experiential Education

An early consideration with respect to the selection of relevant theories was the type of educational approach that would be most useful with this client population. Although many of these clients lack basic functional skills (e.g., budgeting money, finding and keeping an apartment), their major learning deficiencies seem to be in the various areas of social development. These deficiencies have undoubtedly contributed to their difficulties in functioning in a conventional classroom

73

setting in the past. In view of their poor academic histories and their resulting feelings of failure and guilt, it seemed evident that since a traditional educational approach to skill and social development had not worked in the past, it would be unlikely to be effective in Crossroads. What was also clear was that whichever approach was selected, it would be necessary to place strong emphasis on fostering feelings of success, competence, and autonomy. Experiential education, as an intervention theory and strategy, was thought to be the most appropriate way of addressing the needs of this population.

Conrad defined experiential education as education

. . . taking place outside of the conventional classroom, in which students are in new roles, featuring significant tasks with real consequences, and in which the emphasis is on learning through doing with associated reflection.<sup>18</sup>

Although experiential education is generally defined in terms of its relationship to a school setting, the more relevant aspect of this conceptual approach for Crossroads is its focus on the social development of students. It fosters this growth through its teaching of new roles, tasks, and consequences. Of further interest is the somewhat unconventional orientation toward the learning process in that learning is experienced through doing rather than only through information assimilation. Carl Rogers said that:

Much significant learning is acquired through doing. Placing the students in direct experiential confrontation with practical problems, social problems, personal issues and research problems, is one of the most effective modes of promoting learning.<sup>19</sup>

The educational process that is followed in experiential education is actually the reverse of the one followed in more traditional forms of education. This process has been described by James Coleman in the following manner:

. . . "acting" and seeing the effects of that action, "understanding the particular case" so that one can anticipate what would happen if the same circumstances occurred again, the "understanding the general principle" under which the above occurred, and finally "application through action: in a new circumstance."<sup>20</sup>

The process is particularly useful for Crossroads clients in that it does not require that the learners have sophisticated academic skills or that they are especially competent in areas requiring abstract reasoning. Also, because experiential learning is active, learner motivation is much higher than in other forms of education. Because of the nature of the knowledge that is imparted to the clients, they tend to be less resistant to acquiring it, as the immediate usefulness is apparent and it does not have to be stored away for some potential future use.<sup>21</sup>

Coleman's conceptualization does, however, require a significant amount of educator interaction with students. This has major implications for all staff working with

this client group as they must provide continual education, guidance, and counseling around various learning/life experiences. Through understanding this process, staff must tailor its interventions with clients so that they can provide appropriate feedback to facilitate learning.

Although there has not been too much experimental research thus far on experiential education programs, there have been several small exploratory studies conducted that suggest that at least two broad generalizations may be true:

(1) experiential programs can and do have a strong positive impact on the intellectual growth and academic learning, and (2) the exact nature of this learning is, compared with classroom learning, less predictable, less compartmentalized, perhaps more profound, and certainly more elusive to researchers. Serious research in experiential education must attempt to assess such learning outcomes, but must not expect to uncover them through conventional instruments and single-faceted methods.<sup>22</sup>

Specific to the issue of social development:

Blackmer and Irwin (1977) evaluated the off-campus educational programs of twenty independent schools and found that there was a high degree of agreement among students, teachers, off-campus supervisors, and parents that the benefits of the programs were related to the personal and social development of the students, such as learning to get along with adults, developing self-reliance, and taking on adult responsibilities.<sup>23</sup>

In another Family Guidance Program, the Wilderness Expedition Program, it was demonstrated that an

16  
experiential education approach to learning has been quite successful with some clients, particularly in the areas of social development. In this program, emphasis is placed on building self-esteem and trust, developing problem-solving and decision-making skills, and improving interpersonal skills. In a large number of cases, referral sources have reported that clients show improvement in many of these areas after participating in the program. In some cases, clients who had been identified as having school problems (either behavioral or learning) also demonstrated some increased ability in mastering other more functionally oriented tasks, such as meal planning and cooking.

#### Social Network Theory

As alluded to earlier, the various theories that were selected as the conceptual basis for Crossroads all embrace the notion that program interventions must be geared toward recognizing the interaction between the client and his/her environment. Since the other theories that were selected focused more on the person part of the person/environment dyad, it is now relevant to look more closely at the environment part and the role that it plays in the interaction. Social Network Theory provides the basis for examining this relationship.

Bott defined a network as "all or some of the social units (individuals or groups) with whom a particular

individual or group is in contact."<sup>24</sup> Froland, Pancoast, Chapman and Kimboko described five different types of social networks, each of which links together certain groups of people around certain specific types of needs, interests, or missions. These networks, which include personal networks, volunteer linking, mutual aid networks, neighborhood helpers, and community empowerment function at various degrees of intensity and with varying degrees of organization.<sup>25</sup>

Although different theorists describe the functions of networks differently, the work of Mitchell and Trickett seems to be most comprehensive on this subject. They described the functions as: "(a) emotional support; (b) task-oriented assistance; (c) communication of expectations, evaluation and shared world view; and (d) access to new and diverse information and social contacts."<sup>26</sup>

It was anticipated that the client who would come to Crossroads would be quite socially isolated. If they had been a part of a social network in the past, it was likely to have been one that was comprised of people who were in trouble themselves or who were ill-equipped to manage their own lives.

Germain, et al., pointed out that:

Since relatedness has adaptive importance across the life cycle, the social network is an important environmental component. Figures in the natural network of friends, peers, neighbors, authority persons not only meet the need for relatedness, but they can provide affirmation, protection from

isolation, and serve as models for identification and/or socialization to the norms and values of the cultural group.<sup>27</sup>

Recognizing the importance of social networks to successful community integration, the Crossroads Program aims to provide or secure a social network for each of its clients to use during and after the program. Through participation in group, while in the program, clients are to be provided with a model (social network) to help them observe and learn how people can assist each other in solving personal problems. Group would also provide them with a forum to discuss values, attitudes, and feelings about living in the world independently.

On an individual basis, the staff would encourage clients to join community groups (e.g., volunteer ambulance corps, auxiliary police) to make these meaningful connections. They would be encouraged to talk about difficulties that they might be encountering in these community associations and would be provided with ongoing guidance on managing the various interpersonal situations that may be problematic. In this way, clients will be helped to become more skilled at joining and sustaining memberships in various groups while they are still in the program and have the support of this network. Friendships among clients will also be encouraged as a way of "seeding" mutual aid relationships for the future.

Although many of these efforts may seem to be arti-

ficial and somewhat strained, it is the belief of those who work with these clients that they must have a support network in the community if gains that are made while in the program are to be sustained.

This notion is supported by Eco-Systems theorists who have postulated that:

In the absence of natural networks, worker and client may consider the possibility of relational experience through organized groups, other levels of social work personnel, or the construction of mutual aid systems to meet adaptive requirements and to exchange resources. Network attachments are close to life processes and may have greater adaptive value than major reliance on the time-limited relationship with the worker.<sup>28</sup>

Carrying the networking concept into the organizational realm, the latter is a crucial activity at any stage of the organization's development. Not unlike the transactions that clients must experience when entering a new environment, fledgling programs must also negotiate various transactions in their social service community. They, too, must build social relationships (of a sort) and must gain credibility and respect from their peers. In many ways, they are dependent upon the external community for their success. This dependence requires that they network with other agencies and attempt to form exchange relationships that are purposive and fruitful to all parties.

To facilitate acceptance, mutual interdependence and mutual resource exchange in the professional community,

staff must network with colleagues who are involved in similar work. Marsden and Lin pointed out that "they [networks] provide opportunities for action not available in the absence of network structure."<sup>29</sup> Having its roots in exchange relations, networking provides participants with opportunities to exchange resources on both the individual-professional and the agency or program-related levels.

Colleagues working with similar populations, or in like environments, can be mutually supportive to each other; they can joint problem-solve around situations that they share; and they can collaborate in developing new techniques for doing their work. On an organizational level, networking can lead to the sharing of resources (in areas such as training or specialized equipment), the development of needed linkages between programs and the improved cooperation of delivery systems. Needless to say, the latter is critical to a new program like Crossroads where client needs are numerous and diverse and smooth linkages and cooperative relationships are essential to attracting difficult clients initially and sustaining their interest in the program. Abels and Abels noted that "the agency can help develop these social networks to aid in the survival of the client much as it needs organizational networks to insure its own survival."<sup>30</sup>

### Strategy of Resocialization

A discussion of the problem of socialization, such as appears here, would not be complete without some reference to the strategy of resocialization. This strategy, which is described below, was widely discussed in the 1960s and 1970s, and was ultimately termed a failure by such authors as Daniel B. Kennedy and August Kerber who defined resocialization as:

. . . that process wherein an individual, defined as inadequate according to the norms of a dominant institution(s), is subjected to a dynamic program of behavior intervention aimed at instilling and/or rejuvenating those values, attitudes, and abilities which would allow him to function according to the norms of said dominant institution(s).<sup>31</sup>

These researchers reported on resocialization projects that were conducted in the educational, crimino-legal and industrial arenas, focusing on providing various rehabilitation services to hardcore underachievers in these three settings. Studies of each of these efforts revealed that, for the most part, the projects were unsuccessful in improving the level of functioning of the participants. These results were examined in many academic and political circles, and some social scientists concluded that projects of this nature are usually in minority communities. Clearly, prejudices against the poor and minorities influenced their perceptions about why the programs failed. Little mention was made about possible flaws in

in program design or the lack of available professional technology in dealing with these particular populations.

The strategy of resocialization is a very complicated issue that cuts to the core of important social work values. Unfortunately, the troubling topic is not relevant to the discussion here. (For interesting discussions of this topic, see Beck, et al., 1965; Bloom, et al., 1965; Briem, 1968; Clinard, 1957; Cloward and Ohlin, 1960; Gibbons, 1965; Reissman, 1962; Wolf and Wolf, 1966.)

There is no doubt that in many ways Crossroads would have to be termed a resocialization program in that it attempts to alter current socialization patterns in clients. Although the program tries to respect client values and, to the extent possible, their right to self-determination, it also operates on the assumption that some of the values and attitudes of the clients who seek the services of Crossroads are unproductive, and they influence negatively their ability to function adequately in society.

As various theories were selected for use in formulating the design for Crossroads, an effort was also made to blend them with an already established agency-wide practice philosophy. Aside from looking at the client in relationship to his/her environment, including the family, whenever possible, other programmatic emphases,

such as building competence in youth, teaching responsibility-taking, stressing the importance of work, and expanding healthy social/recreational outlets are promoted in Crossroads as they are in all Family Guidance programs.

#### Selecting the Curriculum

A major part of the work in designing Crossroads was the selection of a curriculum for both the life skills and group therapy segments of the program. These decisions were not easy ones in that it was known that the functional and behavioral levels and needs of the clients were likely to vary widely. In view of this, it was necessary to select a life skills curriculum and a group format that would provide an adequate structure for learning, while also allowing for maximum flexibility in the level of learning.

Since the Program Manager was already familiar with the various standardized life skills curricula which were available, she reviewed them and selected the one that appeared to meet the needs of the program best. It was decided that even though a curriculum that was totally applicable to the Crossroads population was not available (those that were available were geared to the mentally or physically handicapped), it was preferable to have a whole curriculum package which included testing and evaluation materials for the first year of operation.

In this way, the life skills would have a model with which to begin, and a more appropriate curriculum could be developed later.

In contrast to the life skills curriculum, it was decided that the format to be used in group could be left more flexible, with the group therapist planning his/her interventions in accordance with the program's goals and the group's needs. Initially, the group therapist was oriented to the program's goals and during supervision was given input by the Program Manager or the Clinical Supervisor about relevant and timely topics to be dealt with in group. (A list of the topics covered in group appear in the Appendix on page 221).

Since the group was intended to serve several functions, there was rarely a scarcity of topics to be covered. In addition to promoting social competence, it is also used as a support group and as a form of social network. Clients bring to it a never-ending supply of real-life material that they experience both in the program and in the community.

Notes

<sup>1</sup> Joan Ferry DiGiulio, "Marketing Social Services," Social Casework (April 1984), p. 227.

<sup>2</sup> Ibid., p. 229.

<sup>3</sup> Frederick Elkin, The Child and Society--The Process of Socialization (New York: Random House, 1960), p. 37.

<sup>4</sup> Erik H. Erikson, Identity, Youth and Crisis (New York: W. W. Norton, Inc., 1968), p. 92.

<sup>5</sup> Elkin, p. 4.

<sup>6</sup> Ibid., p. 21.

<sup>7</sup> Albert Bandura and Richard H. Walters, Social Learning and Personality Development (New York: Holt, Rinehart and Winston, Inc., 1963), p. 25.

<sup>8</sup> Ibid., p. 52.

<sup>9</sup> Ibid., p. 84.

<sup>10</sup> Ibid., p. 85.

<sup>11</sup> Carel G. Germain, Eda G. Goldstein, and Anthony N. Maluccio, The Ecological Approach and Clinical Practice (West Hartford, CT: Connecticut Society for Clinical Social Work and the University of Connecticut School of Social Work, 1975), p. 1.

<sup>12</sup> Ibid., p. 3.

<sup>13</sup> Ibid., p. 4.

<sup>14</sup> Ibid., p. 6.

<sup>15</sup> Ibid., p. 10.

<sup>16</sup> Ibid., p. 14.

<sup>17</sup> Ibid., p. 23.

<sup>18</sup> Dan Conrad, "Experiential Education: A Summary of Its Theoretical Foundations and a Critical Review of Recent Research" (Minneapolis, MN: Unpublished paper, 1979), p. 2.

<sup>19</sup> Carl Rogers, Freedom to Learn (Columbus, OH: Charles E. Merrill Publishing Co., 1969), p. 157.

<sup>20</sup> James Coleman, "Classroom vs. Experiential Learning," in Experiential Education, ed. M. T. Keaton (San Francisco: Jossey, Bass, 1976), p. 50.

<sup>21</sup> Ibid.

<sup>22</sup> Conrad, p. 60.

<sup>23</sup> Ibid., citing Blackmer and Irwin (1967).

<sup>24</sup> E. Bott, Family and Social Networks (London: Tavistock Publications, 1957), p. 320.

<sup>25</sup> C. Froland, D. Pancoast, N. Chapman, and P. Kimboko, Helping Networks and Human Services (Beverly Hills: Sage Publications, 1981), pp. 64-65.

<sup>26</sup> R. Mitchell and E. Trickett, "Task Force Report: Social Networks as Mediators of Social Support," Community Mental Health Journal (1980), p. 30.

<sup>27</sup> Germain, Goldstein, and Maluccio, pp. 19-20.

<sup>28</sup> Ibid., p. 20.

<sup>29</sup> Peter V. Marsden and Nan Lin, eds., Social Structure and Network Analysis (Beverly Hills: Sage Publications, 1982), p. 175.

<sup>30</sup> Sonia Abels and Paul Abels, "Group-Work Contextual Purposes," Social Work With Groups, 3(3) Winter 1980.

<sup>31</sup> Daniel B. Kennedy and August Kerber, Resocialization: An American Experiment (New York: Behavioral Publications, 1973), p. 39.

88

## CHAPTER III

### PROGRAM DESIGN

#### Target Population

The target population is male, older adolescents (young adults), aged 17-21, who lack the social and functional skills to live on their own. Many have been involved with the child welfare or juvenile justice systems and have "aged out," while others have been involved with mental health or special education services. The total number of clients participating in this supervised independent living program is approximately 12 to 15 per year.

The characteristics of the person selected for participation in the program were described earlier. However, it is important to note that, generally speaking, these clients do not share a specific diagnosis, nor are they all from the same socio-economic or ethnic group. The similarities among them are that they all are socially immature; they lack the skills to live and work on their own; they lack a clear value system that is consistent with the norms of the larger society, and they are more oriented toward dependence than independence. Although they range in age from 17 to 21 years, in fact, many of

of them function emotionally and socially at a much younger level.

In view of the complexity of the problems described above, and the discrepancies between the chronological and functional levels of the population, developing a viable design for Crossroads has been a major challenge. Selected components have been taken from mental health, mental retardation, child welfare, corrections and education programs. The design process was one of picking and choosing the approaches and interventions that appeared to be most relevant to client needs, while also being administratively and economically feasible from the agency's point of view.

#### Eligibility Criteria

The following is a list of the eligibility criteria determined to be appropriate for clients who are accepted into the Crossroads program.

1. They must be Bergen County residents.
2. They must be males.
3. They must indicate personally that they are interested in and committed to the program by:
  - a. Attending an interview and orientation session;
  - b. Completing a prescribed series of assessments tests;
  - c. Agreeing to attend a minimum of one life skills and two group sessions per week;

- d. Signing a contract.
4. They may have had minimal involvement with drugs, but may not, at this time, have a heroin or methadone addiction. Applicants who have successfully completed a drug or alcohol treatment program will be considered on a case-by-case basis.
5. They must have the capacity to comprehend independent living skills materials.

Since many aspects of the program design were mentioned in earlier sections, an effort will be made to describe other specific elements of the program without being unduly repetitive. In the following section, the Crossroads Program is described in terms of the outcomes that it aims to achieve and the process by which it aims to achieve them.

#### Goals

1. To provide the 17-21-year-old males with an opportunity to acquire the functional and interpersonal skills necessary to adjust successfully to living independently in the community.
2. To provide a program that will divert young adults, who are at risk of involving themselves with systems that support their dependency needs, into more productive and self-supporting activities.
3. To develop a viable program to fill a gap in the service network.

Objectives/Purposes

1. To teach clients basic independent living skills that will help them to function more successfully on their own by providing them with classroom instruction and experiential education (finding and setting up an apartment, finding a suitable job placement, learning other job-related skills).
2. To help clients to develop both personal and interpersonal skills that will aid them in functioning in the community by having them participate in an organized group as well as to engage in other discussions with staff on skill development in these areas.
3. To introduce clients to a wide range of occupational/vocational/educational and lifestyle options so that they can begin to explore future interests and set realistic personal goals.
4. To develop a program that utilizes relevant and practical means of meeting the needs of the client population.
5. To explore the possibilities of individual or congregate living arrangements for clients, given the fact that housing in the county is very scarce and very expensive.

6. To contact all agencies which may serve the target population and advise them of the availability of the program by calling, writing, or visiting them or by utilizing the local media.
7. To network with other agencies in the service delivery system to secure needed services for the program's participants to avoid unnecessary duplication.

#### Major Program Activities

Crossroads utilizes many specific activities to accomplish its goals. Although each activity is by no means unique, it is felt that the combination of the activities serves two separate, but complementary, functions: (1) it helps to identify client strengths and weaknesses; and (2) it helps to provide clients with information and/or experiences that illustrate to them which areas they must work on to improve their ability to live independently.

#### Intake and Assessment

An engaging and participatory intake and assessment process is designed to elicit the following;

1. Relevant data about the client which he provides voluntarily in the context of an interview.
2. The client's level of functioning in various independent living areas.

3. Any overt behavioral/psychiatric problem(s) that may surface during the interview process that the interviewer feels might prevent him from successfully participating in the program.
4. The client's decision about participating after he receives a detailed description of the program.

During the intake process, in addition to the admissions interview, a battery of assessment tests, measuring functional level in several life skills and social development areas, is administered. The information derived from these tools provides baseline data for program staff. With this information, client deficiencies can be identified and individual plans can be devised for and with each client. These plans will direct the course of his activities while in the program. By participating in this way, clients begin the process of taking responsibility for themselves, developing decision-making skills, looking realistically at their own skill level, and getting some sense of what they might be able to work toward in terms of a job and a living arrangement. They also have the opportunity to observe staff modeling, decision-making and problem-solving behaviors during the entire intake/assessment process. Also useful about the process is the opportunity that it provides for staff to observe the quality and nature of the client's participation in this process. Through this observation, they can identify any

discrepancies between what the assessment tests reveal and what is observed en vivo. These differences can then be addressed directly with the client before he is admitted into the program.

### Contracting

At the conclusion of the intake/assessment process, a contract is drawn up if the client is selected for participation in the program. The contract, which is an agreement between the client and the program, details the conditions with which the client must comply in order to remain in the program.

A major value of this contract is that it serves as a point of departure for discussions about subjects of an interpersonal nature, including, but not limited to, trust, making and keeping agreements with people, commitment, and taking responsibility. It also highlights the idea that the client has made a decision for which he is now responsible. If the decision is clearly thought out and one with which he can live, he will probably be successful at completing the program. If it is a decision to which he cannot be totally committed, it is likely that he will not be able to finish the program. The contract provides the opportunity for the client to look at cause and effect, specifically as it relates to his own behavior.

On a practical basis, the contract serves another

function. Since clients who enter this program have often had to struggle for survival, many have developed manipulative forms of behavior which seem to flower when situations become stressful or when they are under pressure to explain their conduct. The contract helps to curb this tendency toward manipulation in that, by its very nature, it provides a somewhat limit-setting and clarifying structure.

#### Guiding Principles

From the onset, it was thought that because of the mixed messages that clients had received during their childhood years, it was necessary to develop an approach that would clarify for clients what was expected of them by the program and by society at large. It was decided that this would be accomplished by establishing guiding principles that, simply stated, would contain major socialization concepts. These principles were also to be used to clarify for staff how they should handle various behaviors that might arise on a day-to-day basis. The principles developed were:

- \*WORK COMES BEFORE PLAY.
- \*LIFE IS A DEAL.
- \*BLAME YOURSELF AND NOT OTHERS.
- \*PEOPLE NEED PEOPLE.

WORK COMES BEFORE PLAY. This principle emphasizes a major focus of the Crossroads program--the importance of work. From the first day a client enters the program, he is made aware of the importance of work. If he is not already working, he is expected to find employment within two weeks. If he appears unmotivated, staff assists him in his search. Group is also a forum for discussing the importance of work.

The concept of work is defined more broadly in the program than just meaning employment. Work is also defined as one's responsibilities to the program, to the apartment, and to fellow clients. Thus, if a client wishes to go to the movies and he is scheduled for a life skills class on that evening, the principle of WORK COMES BEFORE PLAY applies. The client is told that he may go to the movies after he attends his life skills class. Thus, the notion of WORK COMES BEFORE PLAY is woven into the fabric of the program and utilized on a daily basis.

LIFE IS A DEAL. This principle introduces to clients the notion that one has "to give up to get," that negotiation is an important skill to have as a person makes his way through life. Basic though it may be, this principle, which is an essential and obvious aspect of every person's reality, is foreign to many Crossroads clients.

The principle highlights the importance of understanding one's reality and learning how to deal with it. For clients who are still narcissistic in their behavior, this principle informs them that such conduct is not acceptable and will probably lead to problems in the future if the tendency is not curbed.

BLAME YOURSELF AND NOT OTHERS. This principle emphasizes the importance of a person taking responsibility for his own actions. For many clients, responsibility-taking is very difficult as they have not learned it at home nor from any other place where they may have lived. Further, taking responsibility may mean taking risks, admitting to mistakes, or being vulnerable. Each requires enormous personal strength and a sense of one's own worth as a person.

The idea of looking into one's self is stressed by program staff as they teach clients about personal accountability and reinforce the idea that responsibility-taking is a prerequisite to successful adjustment in the community.

PEOPLE NEED PEOPLE. This principle is a very difficult one to communicate to others in that it aims to teach the importance of dependency within the context of positive and healthy relationships. Since many clients have experienced dependence in negative contexts (in

abusive families, in institutional settings), they have no frame of reference and they find this principle difficult to comprehend. In addition, admitting that one needs others requires trust, and trust is not easily built within this population.

Although the language selected to articulate these principles is simple, it is evident from the brief descriptions above that the messages are quite complex and demanding. They do, however, provide a standard and clarity about what constitutes desirable behavior in society at large.

#### Education/Training/Work

As indicated in the first principle, strong emphasis is placed on the importance of work. Even after a client secures his first job, the discussion of work continues as clients are encouraged to discuss work and work-related problems on a regular basis. Simultaneously, they are being encouraged to think ahead toward career advancement and their future.

Strong emphasis is also placed on securing additional training related to work. Thus, if clients express an interest in a special area, they are encouraged to pursue specialized training in that area. High school dropouts are strongly urged to secure a high school equivalency diploma. If they are reluctant to enroll in a formalized preparatory program, staff provides the needed tutoring.

Although there is a strong sensitivity to the feeling of failure that many clients have experienced, it is felt that supportive and strong encouragement is essential to advancing clients to a higher level of independence.

### Socialization

The apartment setting itself provides a good environment for clients to learn socialization skills experientially. With the assistance of staff, clients take care of the apartment. They also prepare the meals, do the shopping, do the laundry, and other chores associated with a household.

In this setting, through group and through the supportive interventions of staff, clients are helped to solve their own problems, resolve their differences, and make their own decisions. Although it is made clear to them that the responsibility for making the decision is theirs, they are helped to address problems by assessing the accompanying variables and arriving at possible solutions.

The residents are encouraged to join social and civic groups that would serve as an outlet for them (volunteer ambulance corps, auxiliary police) while also providing them with the opportunity to do something for others. In addition, they are encouraged to invite guests for dinner so that they can learn how to entertain others in their residence. When they do have guests, they are responsible

for planning the entire visit and preparing all of the food.

For many clients, these socialization efforts are completely new experiences. At first, they are viewed as a curiosity; ultimately, they all seem to enjoy them as they begin to comprehend that personal pleasure can be derived from "doing" for others.

### Networking

Networking serves two very essential purposes: (1) it develops referral sources; and (2) it identifies services that may be available to clients that are not available through the program itself.

Since networking is so essential to the program's functioning, it is an activity that must be utilized on an ongoing basis. The time spent may be maximized; however, by using it as an opportunity to acquaint clients with the service network and to teach them how to access and utilize community resources.

### Discharge from Program

There are three sets of circumstances under which clients are discharged from Crossroads: (1) they choose to leave; (2) they are asked to leave because they have violated their contract or one or more of the cardinal rules of the program; and (3) they successfully complete the program.

Those young males who fall into the first category generally choose to leave the program because they feel that they have done as much as they want to do, or they feel that they do not want to live by the program's rules any longer. In these cases, program staff generally do not agree that the client is ready to leave; however, they accept the client's decision and advise him of his options regarding re-admission. All of these clients are encouraged to continue attending group as a means of securing support during the transitional time.

Clients in the second category have usually broken their contract or one or more of the cardinal rules of the program, oftentimes repeatedly, and have been told they cannot remain in the program any longer. In these cases, they are helped to find alternative places to live whenever possible, and are told the conditions under which re-admission would be possible. These clients are also invited to continue to attend group; however, in some cases, conditions for attendance must be spelled out for group as well.

The final category is comprised of clients who have completed the program by the standards set by program staff. These individuals have successfully completed needed independent living modules; they have secured a stable job; they have saved up to 65% of their salary, or \$75 per week; and they have secured reasonable living quarters.

Followup/Aftercare

As noted above, the aftercare services for Crossroads are currently being provided primarily through group. In most cases, clients who leave the program will be encouraged to continue attending group to receive and give support. For some clients, group will be their support network initially until they are able to connect with others in the community.

If clients are unwilling to attend group, they are encouraged to keep in touch with the Program Manager/Counselor who is prepared to provide supportive counseling and information and referral on an as-needed basis.

## CHAPTER IV

### EVALUATION

The evaluation design used here is one that has been described by Tripodi, Fellin, and Epstein<sup>1</sup> relative to program evaluation. It was intended to elicit information about the following: (1) the characteristics of the clients referred to the program; (2) the characteristics of those who were accepted; (3) the extent to which the program's objectives were being met during the first year and a half in which the program was in operation; and (4) the future program direction.

The strategy selected included evaluation activities and tools that are appropriate to a program that is in both the Contact and Implementation Stages of Program Development. A social accounting tool which is called the Crossroads Referral Data Sheet is completed on each referral to the program so that descriptive material can be gathered on all of the clients. The data derived from these sheets is used to focus the program's efforts, formulate effective methods of intervention, and improve the efficiency with which program goals are carried out.

As pointed out by Tripodi and his co-authors, a

104

"program in the Contact Stage cannot have adequate knowledge of its efforts and effectiveness unless the documentation exists in its social accounting records."<sup>2</sup>

Three tools were developed to evaluate the extent to which the program's objectives are being met. These instruments were designed to record the association between program interventions and staff observations of changes in attitudes both in the functional (life skills) and socialization areas. At this time, there is no effort being made to determine cause and effect.

The instruments to be used for this specific part of data collection consist of semi-structured client interviews to be conducted at designated intervals, an instrument called the Behavioral Assessment Scale, and a questionnaire to be administered to program participants at intake. The latter is a standardized instrument while the former were developed by the writer.

#### Referral Data

Although the program was designed to serve a particular population that has been identified as in need of service, the specific characteristics of this group were amorphous at the outset. It was decided that it would be necessary to consider a wide range of individuals and work toward determining what kind of clients the program was best able to serve. During the first year and a half,

referrals were invited from many sources and each case was evaluated individually.

At the end of the first year, an analysis of the year's referrals was made to determine whether any significant patterns were evident. This same type of analysis was made at the 18-month mark. The analysis was compiled by reviewing data that had been collected from the referral source on each case at the time of referral. The form that appears in the Appendix (page 222) was used to record this data. The results of that analysis are presented in the pages that follow, with interpretive comments provided as necessary.

#### Referral Numbers

During 1984, 42 referrals were received for the program. Ultimately, 10 were accepted into the program and 32 were not admitted. During the first six months of 1985, 28 referrals were received and 6 clients were admitted. Table 1 on the following page summarizes the referral outcomes for 1984 and part of 1985. A breakdown of those not admitted and reasons for non-admittance are presented in Table 2.

Table 1  
Referral Outcomes

Categories of Client Referrals	1984	1985 (Jan.-June)
Total number of referrals	42	28
Clients accepted	10	6
Clients not admitted	32	22
Calls for information <u>only</u> <sup>1</sup>	3	7
Totally inappropriate referrals <sup>2</sup> (violent, actively psychotic, serious drug dependency problems)	11	2
Clients who did not choose the program <sup>3</sup>	6	11
Clients who were rejected because they did not meet the admission criteria	12	2

<sup>1</sup>These were calls that were received from individuals who had heard of the program and wanted to secure more information about it. These did not result in actual referrals at the time.

<sup>2</sup>These calls were received from the county jail and local mental health facilities primarily.

<sup>3</sup>For the most part, these clients rejected the program because of what they perceived as extreme restrictiveness.

Table 2  
Reasons for Non-Admission  
to the Program

Reasons for Non-Admission	1984	1985 (Jan.-June)
Total number of clients not admitted	<u>32</u>	<u>22</u>
Client not interested	6	11
Agency did not follow up	1	0
Agency making inquiry (did not materialize into a real referral)	<u>3</u>	<u>3</u>
	<u>10</u>	<u>14</u>
Serious substance abuse problem (client needs inpatient treatment at this time)	3	2
Serious substance abuse/serious emotional problems	7	1
Serious emotional problems	4	4
Serious criminal behavior (including violent and assaultive acting out)	4	0
Needs more supervision than the program can provide	3	0
Client does not meet age criteria	<u>1</u>	<u>1</u>
	22	8

### Referral Sources

Clients may be referred to the program through an agency, by an individual (clergy, therapist), or a person may refer himself. At the inception of the program, it was anticipated that the majority of the cases would be referred through the agencies that customarily serve this population, for instance, the Division for Youth and Family Services (DYFS) (the funding agency), the Department of Probation, the Department of Corrections, and schools and other private child welfare agencies in the county. Table 3 on the following page indicates the referral sources for all referrals made during the program's eighteen months of operation.

It is interesting to note that the largest number of referrals in 1984 were received from the Probation Department. Of that number, no clients were accepted into the program in 1984; one was accepted in the first half of 1985. A review of each of these cases revealed that the majority of the clients referred had either active and serious alcohol and drug problems and were unwilling to seek help, or they had extensive histories of violent behavior in the community. Two of the referrals were inquiries which did not materialize into actual referrals.

The next largest number of referrals was from DYFS. Of the seven clients referred in 1984, four were accepted into the program. Of the three other referrals made by

Table 3  
Referral Sources

Referral Sources	1984	1985 1/1/85-6/30/85
<u>Public Agencies</u>		
Division of Youth and Family Services	7(4)*	5(2)
Probation Department	8	2
Division of Vocational Rehabilitation	5(2)	3
Board of Social Services (Welfare Department)	3(1 admitted in 1985)	(1)
Police Departments	2	2
Department of Family Guidance	2(1)	5(1)
Public Schools	1(1)	4
<u>Psychiatric Facilities/Programs</u>		
Bergen Pines County Hospital (Inpatient)	3	0
Community Mental Health Centers	1	0
Hackensack Hospital (Outpatient Department)	1	0
Friendship House	2	0
<u>Private Agencies</u>		
Group Homes (one group home referral counted as a DYFS referral as it was received simultaneously from both agencies)	1	0
Private Schools	1(1)	0
Today, Inc.	0	1(1)
<u>Referrals of/by Individuals</u>		
Self-referrals	3(1)	1
Clergy	1	0
Parent	0	3
<u>Other</u>	1	3(2)

\*Numbers in parentheses reflect the clients in each category who were admitted to the program.

DYFS, two of the clients decided that they were not interested in the program, and the third was rejected because he was known to be a serious behavior problem in that he was an active and aggressive homosexual. In 1985, there were five referrals made by DYFS: two were accepted in the program; two were not interested; and one did not meet the admission criteria.

The Division of Vocational Rehabilitation referred eight clients to the program--two were accepted.

Referrals by Month for 1984  
and 1985 (January to June)

Table 4 illustrates the number of referrals that were received each month in 1984 and the first half of 1985. Most remarkable about the 1984 statistics is the number of persons who were referred to the program during January. Program staff attributes this high number to the following factors:

1. During cold weather, homeless clients need indoor shelter.
2. Families with members who are difficult to manage seem to be able to tolerate them during the holiday season. As the season ends, their patience wears thin and they push their troublesome relatives out.
3. There seems to be a post-holiday reaction in the agency where staff becomes newly energized after experiencing a period in December when energies are

Table 4  
Referrals by Month

Month	1984	1985 (Jan. - June)
Prior to January	2	
January	8	6
February	1	4
March	3	4
April	2	7
May	0	2
June	1	5
July	1	
August	1	
September	2	
October	0	
November	2	
December	1	
Unknown	18	

- focused on personal activities. At this time, referrals and case finding efforts seem to intensify.
4. The second semester of the school year begins at this time and students begin looking toward graduation and post-graduation plans.

Although we only have referral statistics for the first half of 1985, during that period, there was not the same peaking in January as in the previous year. In fact, the highest month during that time was April, with the other months having a comparatively and consistently higher rate of referrals than the same months the previous year.

It is difficult to account for the peaking in April; however, one can conjecture that the higher rates in the other months can be attributed to the program becoming better known in the community. This may have occurred because of an active public relations campaign during the year or because the professional community now acknowledges that the program exists and is making more regular referrals.

#### Characteristics of Client Referrals

The Client Referral forms provide data on the total referral population. At the one-year review, the form was updated to include more specific data; however, the form used in 1984 provided data on client's age, school status, delinquency history, and behavioral and emotional problems. In most cases, it was also possible to secure data on the client's living situation at the time of referral and the

client's drug history.

Data collected in 1985 was more detailed as a result of the revision of the form. The 1985 data are presented together with the 1984 data when possible, and separately on the subjects of family and employment status.

During the first 18 months of the program, 47 out of 70, or 67%, of the young people who were referred to the program were 17 and 18 years old. The remainder, 23, were between the ages of 19 and 21. The number of persons admitted in that age range was 9, which constitutes 56% of the total admissions. This large number of younger referrals was surprising in that it was anticipated that clients entering the program would be older. As a result, program alterations had to be made to adapt the program to the younger clients.

Nineteen clients, or 27% of the referrals, had been living at home or with other relatives at the time of referral. In each case, there was some type of crisis situation in the home, or associated with the home, that precluded the client's remaining there. Seventeen percent of the clients were in non-correctional placements, such as group homes or foster care, and they were seeking alternative arrangements when they sought admission to Crossroads. Twenty percent of the clients were living temporarily with friends, while 11% were living in substandard housing such as garages or motels. Overall, it is evident that clients

who are referred to Crossroads have serious housing problems and, at the time of admission, the primary motivation appears to be finding a place in which to live.

The latter information is important for planning and program design purposes in that it reveals that clients may be motivated to get into the program to solve an immediate housing need, but may not necessarily be committed to participating in many of the other, more personally demanding aspects of the program, such as life skills classes and group. Given this reality, the staff must work particularly hard to make these training/counseling parts of the program appealing to the residents and sell them on the personal advantage that may be gained by acquiring these skills.

As Table 5 illustrates, of the 70 clients referred, 34, or 48%, were high school dropouts with another 15 reporting that they had school problems. If one adds the two populations we find that 49 clients, or 70%, of the total number of people referred report that they had problems in school. It is likely that this number is even higher than reported since some of the young people who have already graduated had school problems as well.

An awareness of the school histories of these referrals has led to the selection of experiential education as a component of the program's design. It is evident that these clients have been unable to succeed in a traditional

Table 5  
School Problems

School Status	1984	1985 (Jan.-June)
Problems	5	10(2)*
No Problems	3(3)	2(1)
Graduated	1(2)	4(1)
Dropped Out	22(5)	12(2)
Unknown	11	0

\*Numbers in parentheses reflect the clients in each category who were admitted to the program.

school setting. In response to this, it was decided to place all of the educational aspects of the program in a non-traditional context as much as possible. A discussion of this approach appeared earlier in this research.

The information pertaining to schools also led to working with the schools to identify young people who seem to be having trouble and/or who are on the verge of dropping out of school. Although these youths will probably be on the younger end of the age spectrum and may, as a result, be less motivated to participate in the program, early intervention may be effective for some. In 1985, there was a small increase in the number of referrals from school personnel; however, there have not been enough to determine whether early intervention will be effective. The case finding efforts in this area have been increased and will continue in the next school year.

#### Delinquency History

Within the first 18 months of the program, 41 clients, or 58% of the population referred, were reported to have delinquency records. This breakdown is illustrated in Table 6. The extent of these histories is variable, ranging from convictions for theft and burglary, to drug distribution and violent physical assault. Some clients had been in the Detention Center, and a few had been in the state correctional facility for boys at Jamesburg.

Table 6  
Delinquency History

Delinquency Charges	1984	1985 (Jan.-June)
Serious Charges	15	11
No Charges	6(5)*	8(3)
Minor Charges	9(4)	6(2)
Unknown	12(1)	3(1)

\* Numbers in parentheses reflect the clients in each category who were admitted to the program.

Of these 41 clients, six were served in the program. All who were admitted had minor delinquency histories. Youths with more serious delinquency involvement were not automatically excluded; however, they tended to be less interested in the program or expressed an unwillingness to follow program rules.

Although it is unfair to suggest that all the youths with delinquency histories have the same personality characteristics, it is possible to make some general observations about the population based on available data as well as extensive experience working with them. Overall, it can be said that these youths have demonstrated, on at least one occasion, a disregard for the rules and regulations that have been established by society. In the same vein, they appear to have a tendency to challenge authority figures. Further, many have demonstrated poor decision-making and problem-solving skills when confronted with situations related to right and wrong.

It is understood that youths who have committed acts of delinquency frequently have the above characteristics. In order to modify these traits a certain degree of compliance and cooperation is necessary, such as is required in most organized programs. Thus, these serious problems often preclude them from successfully completing programs such as Crossroads. If exceptions are made and they are accepted into the program, they often

continue to display problematic conduct, causing great disruption in the program and often setting bad examples for their fellow clients.

#### Behavioral/Emotional Problems

Not unlike the incidence of delinquency, behavioral/emotional problems are quite prevalent among those referred to the program. During the first year and a half of the program, 49 clients, or 70% of those referred, could be described as having behavioral/emotional disorders. Of this number, 13 were admitted into the program. (See Table 7 for details.)

The classification of these clients was usually determined during their school careers when they were referred to the child study team of the school due to problems observed by their teachers. The child study team is comprised of a learning disabilities teacher, a social worker, a psychologist, and a psychiatrist. The most common classifications for this population are Emotionally Disturbed (ED) or Socially Maladjusted (SM).

Youths with such classifications are placed in a special class which may be in the regular school or may be in a special school. Although this change in school placement is often better suited to the student's educational needs, many youths find classification humiliating and stigmatizing, and they become even more inclined to act out their problematic behavior.

Table 7  
Behavioral/Emotional Problems

Behavior Problems	1984	1985 (Jan.-June)
Behavior Problems	28(9)*	18(3)
No Behavior Problems	2(1)	4(2)
Minor Behavior Problems	1	2(2)
Unknown	11	4

\*Numbers in parentheses reflect the clients in each category who were admitted into the program.

Youngsters suffering from profound psychiatric disorders are usually identified earlier in their school careers by teachers or by their families. They may be subjected to diagnostic workups by the child study team, private diagnosticians or clinics, or through the county Children's Mental Health Clinic. Frequently, they have a history of psychiatric hospitalization, and many have been placed on psychotropic medication at various points in their lives. By and large, these clients have not been admitted into the program because they need more of a treatment milieu than the program provides.

When referred to the program, clients with emotional problems usually have an immediate need for housing while also needing treatment for their emotional problems. Because emotional problems are manifested in many different ways, some types are more manageable than others by the program. For example, clients who require a supportive environment may do quite well at Crossroads, while those requiring a great deal of structure are less likely to be successful. Thus, a client's specific diagnosis does not determine whether or not he will be admitted.

#### Substance Abuse History

The agency's extensive experience with troubled youth has led to the careful examination of the position taken with regard to the admission of drug/alcohol users. Staff has observed that many of the youth receiving services are

using or had used drugs or alcohol some time in their lives. Thus, to exclude people who have used these substances would probably result in the automatic rejection of many who apply to the program.

Table 8 on the following page depicts the number of clients with substance abuse problems who were referred to the program. Clients with such histories comprise approximately half of the referrals to Crossroads. Of the 16 youths admitted into the program in the first 18 months of operation, seven had drug/alcohol histories. For four, the problem was so severe that it led to their eventual discharge from the program. These youths had a worse problem than was detected at intake and they continued to use various substances persistently while in the program. Others with a minor usage problem fared quite well, while another who had been in a rehabilitation program and had graduated successfully, completed Crossroads, went out on his own and began using substances again. More recently, another young man, who also came from a drug and alcohol treatment program, was admitted to Crossroads (and is still in it at this writing). He is using our program as a transition back into his home and community. So far, he has done well in the program.

It is evident from this brief discussion that the program has had mixed results with youths who are substance abusers. It does provide a much needed service for those

Table 8  
Substance Abuse History

History of Clients	1984	1985 (Jan.-June)
Substance abuse	19(3)*	15(4)
No substance abuse	11(7)	11(2)
Unknown	12	2

\*Numbers in parentheses reflect the clients in each category who were admitted to the program.

who have used chemical substances in the past and need a place to live where they will receive support for their commitment to stop their addiction.

At the end of 1984, a preliminary review was made of the data collected from Crossroads' Referral Data Sheets. It was decided that in addition to the data already obtained, it would be useful to gather information on the nature of the client's involvement with his family and his employment status.

At the six-month point, the new data was reviewed on the 1985 referrals and is presented in Table 9. To summarize, the following was learned about the clients' family status:

1. Of the 28 clients referred, none of them was living compatibly within any family situation, including surrogate family arrangements (i.e., foster care).
2. When clients who were living outside their homes were in touch with their families, the relationships were stormy.
3. Family chaos was prevalent, as was the lack of involvement by parents.

Overall, it was learned that clients who were referred to Crossroads were unable to live successfully in a family-type setting at the time. The reasons for this varied widely: the atmosphere in the homes was chaotic and

Table 9  
Family Involvement

Nature of Family Relationships	1985 (Jan.-June)
Lives with both parents who are supportive	0
Lives with both parents who are not supportive	2
Single parent family, parent supportive	0
Single parent family, parent not supportive	3
Reconstituted family with conflict over youth	3
Parental conflict, family chaos	4
Parent(s) not capable of parenting	6
Minimal parental involvement	2
Surrogate family arrangement (e.g., foster care)	3
No family involvement	5
	28

conflict ridden and they were unable to provide their children with adequate parenting. The deprivation of the benefit of a nurturing family structure left many of the youths struggling for a sense of mastery and control over their lives. This information was useful in shaping the counseling interventions that were part of the program.

A common impression of this population is that they are unmotivated to work; however, it was interesting to note that 50% of the clients were working at the time of their referral to the program. Half of this percentage were working full time and half were working part time. Of those who were unemployed, few appeared to be unwilling to work. Table 10 depicts a breakdown of the employment status of all clients referred to Crossroads from January 1 to June 30, 1985.

Although the numbers reflect a higher rate of employment than might be expected, it was not possible to determine from the data where the client was working, how long he had been employed, and how many jobs he had held and for what length of time. This data would have no impact upon whether or not a client would be accepted into the program; however, it would be helpful for planning vocationally related interventions once the client was admitted.

Table 10  
Employment Status

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<u>Work Status at Time of Admission</u>	<u>1985 (Jan.-June)</u>
Employed full time	7
Employed part time	7
Unemployed	5
Looking for work; unable to find it	1
Not looking for work because of lack of motivation	1
Poor attitude toward work	0
Division of Vocational Rehabilitation	1
Unknown	<u>6</u>
	28

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Analysis of Referral Data

A careful analysis of the referral data has provided the staff with useful information for program planning purposes. Some of the uses of this information have been described earlier; however, there are a few that have not been mentioned.

From the data that was collected it was possible to develop a prototype referral to Crossroads. He would be an 18-year-old who is living in a temporary or chaotic home situation; he has some emotional and drug/alcohol-related problems, a delinquency history, and a poor school record. His relationship with his family is likely to be strained, if not absent, and he probably has a part-time, low-paying job with no obvious future. Although this is clearly only a prototype, it is a familiar description to many people who work with troubled youth. These youths have a combination of characteristics that are difficult to manage and require specialized and sophisticated interventions. The picture is complete when one combines these characteristics with the restlessness and egocentricity of the average teenager. Under optimal circumstances, treatment should probably extend for several years; however, the features of this population prevent long-term work from ever taking place. Thus, we have the most difficult problems that must be dealt with as thoroughly as possible in as short a time frame as possible.

The power of the descriptive information has also been useful in other ways. It has helped to paint a clearer picture of Crossroads clients and to identify the kinds

of service needs that they have. This has been particularly important information when used to enlighten funding resources. It also provided details that have been used internally to shape the program so that it better meets the needs of the clients.

The data on substance abusers has also been useful in that it has highlighted the need for the program to develop a relationship with a drug habilitation facility. Ideally, youths who are seriously chemically dependent should be referred directly to a rehabilitation program rather than to Crossroads where their condition would prohibit admission. When they successfully complete the rehabilitation program, they may return to the community through Crossroads which would serve as a transitional placement.

Such an arrangement has been implemented with a local rehabilitation facility which opened in the Fall of 1985. This reciprocal arrangement is mutually beneficial, as the Crossroads staff is reluctant to turn away chemically dependent young people who are asking for help, and the rehabilitation facility needs an aftercare arrangement for clients who are leaving their program.

#### Participant Data

Having studied and analyzed the entire cohort of referrals for program planning purposes, it is now necessary to take a closer look at the actual participants in the program during the first six months of operation. This part of the evaluation is aimed at getting a clearer picture of the

extent to which the program's objectives are being met by the current design.

The data collected on participants were taken from case files, progress notes that are routinely recorded by all staff, a new tool called the Behavioral Assessment Scale (BAS), and a standardized Life Skills Assessment called the Task Achievement Questionnaire which is used monthly and at the time of discharge. Each data source or instrument has been selected/devised because of its ability to provide specific types of information on participants at various stages of their progress in the program.

#### Individual Case Reviews

Because of the small number of clients who actually entered the program during the 18-month period, it was possible to review each case individually to determine if there were any similarity in characteristics of the participants. Unfortunately, the historical data on each case was not as complete as it might have been for several reasons: some referral sources did not have a great deal of historical data; others withheld information because they were fearful that the applicant would not be admitted into the program; and clients who were self-referrals were unwilling to disclose information about their lives.

Despite the paucity of personal data, the case descriptions were revealing, especially with regard to the patterns that emerged around dependency. Although the particular circumstances of their lives differed greatly and dependency

was expressed divergently in each case, it was clearly a major issue with each client.

A summary of four cases follows. Generally speaking it was easily discernible that none of these young men had acquired all of the necessary functional and social skills to live as an independent person. Sometimes, this lack of skills stemmed from an abusive or neglectful family situation; sometimes, it resulted from being institutionalized for long periods of time and acquiring behavior patterns that are usually associated with institutional life; and, on a few occasions, it reflected the inadequate parenting the youth experienced in his still intact home situation. Although the latter group of clients tended to behave in more "socially acceptable ways," their functional abilities in other areas were limited.

Not surprisingly, however, clients who were referred for admission into the program often presented themselves as being very independent, and they were extremely resistant to accepting externally imposed restrictions on their behavior or mobility. They, like others of their age, visualize this time in their lives as one of great fun, freedom, and experimentation. Unfortunately, unlike many of their agemates, these clients are often unable to manage this freedom because of their social and emotional limitations. Often, after a few traumatic experiences or, for the healthier ones, when maturation finally happens, these clients begin to realize they need help. It is at this point that they are willing to accept some of the restric-

tions imposed on them in a program like Crossroads. The clients who completed the program appeared to be at this stage of acceptance.

For several Crossroads clients, their dependency needs, in combination with other life circumstances, have led them to seek drugs and alcohol as a way of helping them to cope with the stresses in their lives. For some, their chemical dependency was so severe that they were unable to remain in the program. Those who had attempted to deal with their dependency in a rehabilitation program prior to coming to Crossroads progressed smoothly during their stay. Since there were only two in the latter group, it is difficult to draw any conclusions at this time. It does appear, however, that the program may be suited to serve young people who have begun to deal with their chemical dependency needs in a specialized program and who require a transitional placement before returning to the community and being totally independent.

The discovery of this common characteristic in all of the clients who were admitted led to some variation in the operation of the Crossroads program. Although the program was designed to teach clients the skills that they need to become independent, it was decided in the program planning stage that clients should be forced into working immediately upon entering the program so that the message is clear: "WORK COMES BEFORE PLAY." It was also decided that clients

residing in an independent living program should be accorded more freedom than they would have in other residential settings because within a short time, they would be living on their own. These two approaches did not prove to be practical as the clients were too dependent to be able to handle the responsibility and freedom given to them.

The pressure to go out and find a job immediately while they were adjusting to the other aspects of the program was too anxiety-producing for them. They did not seem able to juggle working with attending life skills classes and group, and with living in an organized program that was also placing demands on them. In the past, others had handled the daily living responsibilities for them and they were not expected to manage this aspect of their lives.

It was decided that more time would be given to allow clients to adjust to the program. Within the first several weeks of the program, work assignments would consist of helping the maintenance people do minor repairs on the building or having the residents handle household projects around the apartment. All residents would be expected to have a job outside the building within four weeks of their entrance into the program.

It was also learned that the clients were unable to handle other kinds of freedom independently. Since they had been dependent on others to take care of their expenses, their salary had to be carefully monitored; otherwise, it

would be spent on the day it was received, and they would be unable to accumulate the money they needed to pay a security deposit in the future.

Since their medical care had been provided by their families or by an agency (or, sadly, in some cases, not at all), they did not know how to handle their medical needs independently. Money management, in general, was a skill that few youths had.

Observation of these characteristics led the staff to recognize that they needed to be more directive and the program itself needed to be more structured in order to provide these dependent and inexperienced young people with the skills they needed to go out on their own.

The clients were also dependent in another way. Because of experiences in their earlier lives, they were unable to gain the kind of autonomy that children ultimately acquire when they go through normal developmental stages. (This process was referenced earlier in the discussion of Erikson's theory.) As a result, they need to be guided developmentally if they are to achieve real autonomy ultimately.

Crossroads is unable to provide the kind of intense psychological treatment that is required by many of its clients to move them along to this stage. Whenever a youth is willing to attend an outpatient therapy program, an immediate referral is made. An arrangement was made

with the local Community Mental Health Center to facilitate referrals.

To get these often resistant clients to talk about their personal concerns, insecurities, feelings of isolation and failure, beginning steps are made in the group that they are required to attend twice each week. Individual counseling is provided as needed; however, it is not intended to be in-depth therapy.

In summary, a case-by-case review of the clients who participated in the Crossroads program revealed that despite varied personal histories, all of the clients involved had strong dependency needs. These needs had to be addressed by the program as soon as the pattern became apparent, as this information was seen as having a potentially profound influence on how the program was to operate.

#### Case Summaries on Crossroads Participants

##### Howie R.

At the time of his referral to the program, Howie was living at home with his mother. He wanted to leave home and his mother wanted him out as well. He was referred by his Department of Vocational Rehabilitation (DVR) counselor who felt that in addition to housing, he needed life skills training, support, and guidance. She also indicated that he needed assistance in developing problem-solving and decision-making skills.

Howie is of average intelligence and is quite capable of handling certain aspects of his life. He is street-smart and he knows how to "wheel and deal" and manipulate to get what he wants. As his DVR counselor noted, however, he does not have any skills in daily living; he has problems making decisions; and he needs structure. Most notable (at least for now) is Howie's drug problem. (At the time of referral, the extent of the problem was not known.) At the present time, he is a heavy user of cocaine and possibly angel dust. Howie has a long history of problems that resulted in his placement in a residential treatment center. Although his behavior was somewhat of a problem, the real problem seemed to be the level of disorganization and lack of supervision in the home.

Howie has six brothers and sisters, one older and the rest younger. The relationships in the family have continued to be stormy. Mr. R. was an alcoholic and abandoned the family. Subsequently, they were divorced. Mrs. R. has always had a problem managing the children. They were just too much for her. At the time of the referral, she reported that she was remarrying and moving into New York City. Her new husband was a policeman and wanted nothing to do with Howie. Of course, he felt hurt and angry about his mother's rejection. This family had a long history of dependency upon public systems, with different family members receiving services from various agencies.

Howie is a high school dropout who is now working on his General Education Degree (GED). He has excellent reading skills; however, his reading comprehension and mathematical skills are poor.

For a short time, Howie worked at the Meadowlands Racetrack as a groom. He liked this work because he likes animals. He also did construction work and is interested in doing more of this type of work. Unlike other young people with his background, Howie is able to get himself a job and keep it.

Bill R.

Bill was living in a local group home and had "aged out" of that program. Having reached 21, the Division of Youth and Family Services (DYFS), the state Child Welfare Agency, was unable to continue funding his placement. Bill did not have the functional skills to live independently, and there was no concerned family to provide the needed guidance.

Bill is diagnosed as mentally retarded, having an Intelligence Quotient (IQ) in the mid-60s. Because of his pleasant temperament, he had lived successfully in the group home for four and one-half years. They had helped him with his personal development and socialization skills to such an extent that he accepted his limitations and was quite adept at living in a group situation. He had good personal hygiene skills, but was unfamiliar with other skills like cooking, cleaning, shopping, and budgeting.

Little information was available on Bill's nuclear family. His father's identity was unknown, and his mother was at Greystone, a state psychiatric facility. Both Bill and his brother were taken away from the parents when the mother was committed. Bill does not see his brother and does not know where he is. He has a relationship with an aunt, an uncle, and a cousin who live in the area. He lived with them for a short time before he entered the group home. The aunt is unwilling to have Bill in her home over night because she is afraid that he will make sexual advances toward her daughter. (There is no evidence that anything transpired between the two in the past.) This family is available to Bill when he wants to discuss problems, but it is clear to all that he cannot live there.

Bill attended a special education vocational school where his adjustment and performance were described as good. He can read phonetically, and he can add and subtract. He cannot perform any tasks that require abstract reasoning. He relies heavily on his memory when learning new tasks. Money management is a major problem for him.

Bill learned landscaping and janitorial skills while in school. He is willing to do this kind of work and is reported to be a good worker.

Michael M.

Michael was referred to Crossroads by his counselor at DVR. At the time of his referral, he was residing with his mother in a disorganized and dysfunctional home situation. The counselor was concerned because Mike, who was doing well in an apprenticeship program, was totally unsupervised and received no guidance from his family. She was concerned that his progress at work was suffering because of problems at home.

Michael is an intelligent young man who has suffered from extreme deprivation and parental neglect all of his life. Although bright, he had poor personal hygiene skills. He only knew how to eat dry cereal, canned foods, and sweets. He had never eaten any fresh foods and was reluctant to try them. Michael did not know anything about sharing. He hid food for fear that he would be hungry later and there would be nothing left for him. Michael did not know how to dress properly. He wore layers of clothes and would not leave any of them in a drawer for fear that they would be stolen. He also did not trust anyone and was reluctant to tell anyone where he was going or what he was doing. His behavior was often described as "space-y" and weird by people who knew him. Michael had been in a residential treatment center himself and did not make very much progress there.

Michael's father was an alcoholic and his mother is

mentally retarded. While he was growing up, there was much conflict and physical fighting in the home. His maternal grandparents are interested in him and his family, but they are not particularly involved with him at this time.

Michael has two brothers, Joseph who is 19, and Richard who is 16. Joseph has been in trouble with the law and is involved with drugs; Richard is in a residential treatment center for emotionally disturbed adolescents. Michael feels responsible for Richard and is very attached to his mother. Despite her reported inadequacies as a parent, Michael is protective of her and is eager to help her. She expresses an interest in Michael's welfare, despite her limitations and her inability to follow through on any plans. She articulates feelings of guilt for having failed him, but she also maintains that the system has blamed and accused her of being a bad mother, and she is very bitter and angry about that. Mrs. M. is on public assistance and is proud of it. She has told Michael that he is "entitled" to it and that he does not have to work if he does not want to. Various family members have been dependent upon other public welfare type programs for several years now. Michael's maternal grandparents are not. Michael adopted his mother's view and refused to work for some time.

Michael attended a Special Education school, but he dropped out. He was preoccupied and unable to concentrate. At this time, he is not motivated to work toward a GED.

Among his educational problems is poor reading comprehension. While he was in school, he was described as having "tuned out" whenever something that he did not want to hear was being discussed.

Michael is interested in computers and appears to have a real aptitude in electronics. He is pursuing these interests in his training and work at the Department of Vocational Rehabilitation.

Jerome E.

Jerome was referred to the program by a former teacher who was concerned about Jerome's lack of motivation and sense of direction. She felt that he needed training and supervision. At the time of his referral, Jerome had been living on the street. Prior to that, he had been living with a transvestite who had befriended him and had offered him a place to stay. Jerome had been kicked out of the family home where he had lived with his father, stepmother, sister, and her child. His father had rejected him because he felt that he was a failure, "the only one of his children who was not successful." He also was upset because he thought that Jerome was gay and that it was for this reason that he was discharged from the Army only a month after he had enlisted. This proud, hardworking father found it difficult to tolerate his son's lack of motivation and ambition, as well as his effeminate ways.

Jerome appears to be natively intelligent; he is, however, unmotivated and not able to commit himself to anything realistic. He is preoccupied with music and talks constantly of the desire to work in the music world. He works with a musical group with which he says he is composing music; he also claims that he is learning to dance. He enjoys making and wearing costumes. The problem with all this is that, despite his intense interest, he has no talent in any of these areas. Thus, he spends all of his time working on a career for which he has no aptitude, leaving himself no time to work to earn money for his daily survival. As alluded to earlier, Jerome does have sexual identity problems. Although his family did try to get him psychiatric help at a local mental health center, when the therapist got too close to the problem, Jerome refused to continue in therapy. A major behavioral problem for Jerome is his constant lying. He does not trust anyone, and because he lies so much, most people who get to know him feel that they cannot trust him either. Needless to say, this presents serious problems for Jerome in his ability to develop relationships with others.

Jerome's biological mother died when he was 13 years old. His stepmother reported that he was his mother's favorite and was protected by her as well as dependent on her. His stepmother reported that he never seemed to recover from his mother's death and that he started having

problems at that time. His school performance suffered and he appeared to become increasingly effeminate. Jerome has a brother and a sister with whom he has a good relationship. At this time, both of them are living with the family in their parents' home. Generally speaking, it seems that all the children in the family are dependent on the parents. However, for various reasons, Jerome's dependency is less acceptable to his father. Jerome is troubled by his father's rejection. He states that all he wants is for his father to accept him.

The only area in which Jerome appears to have particular aptitude or talent is cooking. He enjoys doing it, but he is not prepared to give up his music to go to cooking school.

#### Functional (Life) Skills Evaluation

It was determined that at the time of admission it was necessary to gather baseline data on the functional (life) skills capabilities of each participant. In this way, the data would be available to develop a plan that would detail those life skill areas with which the client needs assistance.

The questionnaire used is a standardized instrument called the Task Achievement Questionnaire. It corresponds to a life skills curriculum which is called "Tests for Everyday Living" published by McGraw-Hill in 1979. It has been the experience of the Crossroads staff that this curriculum is too elementary for the clients served by this

program and is probably more appropriate for use with a mentally retarded population. However, the format and basic content of the curriculum is used, and over time, it has been adapted for use with this population.

The Evaluation Form for Independent Living Skills is used as a progress report for each client. It includes a description of various aspects of the client's work with the life skills curriculum. The teacher discusses the report with the client so that he is kept abreast of how he is progressing in the life skills area. These discussions with the student take place at the end of each life skills module. If additional work, encouragement, or praise are considered necessary, feedback is provided as needed.

The client's progress is also discussed with the entire staff so that everyone is cognizant of the youth's progress. In this way, staff can provide appropriate encouragement, praise or prompting as needed, as well as individualized attention in designated areas if time allows.

The life skills component of the program is carefully interwoven with other aspects of the program so that clients can learn and use the material and knowledge they have gained in real life situations. The evaluations by the teachers are carefully considered and are used to develop the client's overall treatment plan.

### Social and Behavioral Skills Evaluation

A major objective of the program is to assist clients in improving their social and behavioral skills. This objective is accomplished through individual client-staff interactions and interventions, client participation in group counseling, and through the interpersonal relationships that develop between and among apartment-mates.

At the time the program was planned, several specific behavioral objectives were identified, as it was felt that an important ingredient to successful independent living was the mastery of certain personal and interpersonal skills. The behavioral objectives were also to be used by staff to direct their counseling interventions.

Aside from the traditional forms of documentation that are usually used to evaluate client progress (e.g., progress notes, treatment plans), a Behavioral Assessment Scale (BAS) was developed as a means of evaluating progress in these areas. The BAS is a compilation of behavioral objectives that have been organized into a Likert Scale. The original design called for the instrument to be completed by staff at the end of the first, third, and fifth months that the client was in the program. The time sequence was devised because it seemed logical to have a regular assessment period that would be of sufficient length to allow for change on the part of the client and observation on the part of staff. The reviews were also based on the

anticipated length of stay for most clients, which was estimated to be six to eight months.

The BAS for the first month would serve as a baseline assessment of the client's behavioral and social skills. By waiting until a client was in the program for thirty days, staff would have ample opportunity to interact with the client and observe his behavior in various situations. (See Appendix, page 225.)

The BAS would be a joint effort by the entire staff who would complete the instrument at a team meeting. Differences in perceptions would be discussed and a consensus would be reached before the results were reviewed with the client. Also, staff would develop suggestions for improving problem behaviors; these would be shared with the client at the time of the review.

At the three-month point, the BAS would again be completed, following the procedure described above. This time, the client would be given feedback on the progress he had made during the two months that had elapsed. The same procedure would be followed after the fifth month of the program. (See Appendix, page 226.)

An unanticipated factor in the program was that only 50% of the clients who were admitted to the program stayed long enough to have more than one BAS performed. Thus, the complete BAS procedure could only be done on five clients. Although it was a small number of the population,

the instrument seemed to depict accurately the clients' progress while in the program. In two cases, the clients did very well in the program, and their progress was evident when consulting the results of the BAS. The instruments also depicted the deteriorating behavior of the remaining three clients who were ultimately negatively discharged from the program.

Because of the small number of cases, the value of utilizing the BAS as a means of evaluating client progress in the specified areas is still in question. Since the primary purpose of the BAS was to provide staff with a formal mechanism for tracking, communicating, and evaluating client progress, the client's length of stay had an impact on the utility of the tool. The reality was that the clients stayed in the program a shorter time than anticipated.

In June of 1985, the timing was modified so that the BAS would be completed once per month, at the end of the month, for each client. In this way, it would be possible to get more than one BAS completed on each client.

At this time, it is not possible to evaluate the BAS as a useful instrument reflecting the extent to which the program has been meeting its objectives in the areas of social and behavioral skills acquisition. The staff will continue to use the BAS for one more year, completing it monthly. A review of the total process will take place in one year to determine if this aspect of the evaluation process should continue in its present form.

### Participant Interviews

Once each month and on the day of discharge, clients are asked to discuss their progress and any concerns they may have about the program. A semi-structured interview format is used for this meeting. A copy of this format is presented in the Appendix, page 227.)

These meetings have several purposes: (1) they provide clients with an additional type of socialization experience (expressing opinions in a socially appropriate way); (2) they teach clients that they can have some control over what happens in their lives if they make a contribution to shaping their environment; (3) they provide program staff with feedback about how well clients feel that the program is meeting their needs; and (4) they provide staff with suggestions for improving the program.

More specifically, the interview session gives clients an opportunity to practice expressing their feelings of pleasure/displeasure relative to the program, while also providing them with an opportunity to receive feedback about how they are coming across while doing so. It is a way of helping them to learn that they can express their feelings, even if they are negative, and, depending on how they handle these interchanges, they can have some control over the results. Many clients have not learned how to express their opinions in ways that others are willing to

heed. This lack of socialization has caused them many interpersonal problems throughout the years.

It is also important for Crossroads to be as cognizant as possible of the client needs. Ongoing assessment based on client input is critical to the program's viability, as client engagement is central to the program success.

At least one client interview was conducted on all but two program participants. The latter were in the program for less than thirty days and were, therefore, not available for the interview. Seven clients participated in two interviews; five participated in three. Seven also participated in the exit interviews.

Among the activities, the clients identified as "problems with any part of the program" were: following rules, curfews, finding a job, balancing work and class attendance, being forced to deal with personal problems, and exercising self-control over behaviors.

Clients reported overwhelmingly that what they liked most about the program was the staff. They described them as friendly, caring, and helpful. Some clients indicated that they liked being responsible for their own actions while others said they liked feeling trusted.

Every client interviewed said curfews were the least liked part of the program. The second most common criticism was regarding the rules which were viewed as very restrictive by all the residents.

Responses varied greatly to the question about what clients learned that was most useful. It is interesting to note that all clients mentioned achievements in the life skills areas, such as cooking, banking, and finding a job. No reference was made to gains made in the areas related to socialization or other interpersonal skills.

When asked for suggestions for changing or improving the program, several clients recommended lifting the curfew. Other suggestions included getting an apartment that was larger and in a different location (away from the Children's Shelter), allowing more free time for program participants, providing free transportation to work and other activities, and allowing a pet.

An example of the staff's responsiveness to the suggestions is that since the interview results have been studied, the subject of curfew has been given careful consideration. The staff feels strongly that there should be some system for monitoring the hours that a client comes and goes, for safety reasons; hence, a compromise plan is being devised for curfew flexibility depending on the client.

At this writing, it has been determined that during the first month in the program, clients will have a curfew; however, the hours will be extended beyond what they are currently. After a client has successfully completed a month in the program, he will negotiate his time of return with the staff that is on duty when he leaves. Thus, the

opportunity to teach personal accountability will continue; staff will know when to expect the clients to return home; and clients will have a sense of being in charge of their own schedules.

Far less fruitful results have been derived from exit interviews, even when client departures have been under positive circumstances. Clients seemed unable or unwilling to identify those areas in which they felt deficient. In addition, most clients were reluctant to commit themselves to attending an ongoing group at the time of discharge.

The experience of engaging in a personal interview for these purposes has been particularly difficult for several clients. In some cases, clients were unable or resistant to completing the interview. There is no definitive explanation why clients struggled with this phase of the program. It is possible, however, that their low self-esteem has led them to believe that their opinions are not valuable or, perhaps, in the past, they have never been asked their opinions. This may be especially true for those who have been in placement. Whatever the reason, socializing clients in this way is felt to be an important segment of learning for them, as well as serving as a valuable form of feedback for the program.

### Progress Notes

Progress in all program areas is documented in the case notes which are referred to as progress notes in this agency and include regular entries by the child care worker, the group therapist and, occasionally, the program manager. The entries are made on behaviors or events that are observed by or reported to staff relative to client progress. Behaviors that reflect regression are also noted. Both types of recording include a statement describing the kind of intervention implemented by the staff and the extent to which it has been successful.

The group therapist records client progress in group as it relates to social and behavioral objectives. On occasion, the therapist uses this vehicle to recommend particular techniques for improving client skills to other staff, based on information that is gleaned from group.

### Post-Discharge Interview Questionnaire

In the early stages of developing the evaluation strategy, it was decided by the planning team that it would be extremely useful to interview clients six months after their positive discharge from the program. The purpose of this interview would be to find out how successfully they were adjusting to independent living. It was decided that the interview should be sufficiently detailed so that it would elicit specific, concrete information, such as where the clients were able to find housing, the process by which

they attended to their various life tasks, how they were managing their personal and interpersonal relationships, and what areas the program should cover more extensively to meet client needs.

Although the questionnaire that was designed appeared to be thorough and well thought out, the program manager never had the opportunity to use it. When clients left the program, even after a successful stay, they seemed to want to separate themselves entirely from the environment and strike out on their own as rapidly as possible. Even when some called or stopped to visit, they made it clear that they were keeping in contact because of fond feelings for staff or fellow clients, not because they wanted to be reassociated with the program in any way.

A stigma seemed to be associated with being a member of the program. Although they realized that they needed what the program was providing for them, some clients said they were embarrassed about living in Crossroads. This was confirmed by their input in the client interviews and also by the fact that they lied to employers about their home address. They interpreted living in a supervised setting at their age as a symbol of personal failure and incompetence; thus, they wished to keep their residence a secret from anyone in the outside world.

Although the post-discharge questionnaire may have been a good idea in theory, it was developed before program staff

had an opportunity to understand the personality dynamics of the population. As a result of this unanticipated finding, this part of the program's evaluation scheme was abandoned.

#### Discharge Data

The overall performance of the program can also be gauged by examining the data pertaining to the length of stay and discharges. Although this information does not necessarily relate to the quality of the program, it does help to identify factors that may be very useful for program-planning purposes.

Before describing the findings on the length of stay and discharges, it is important to define the current criteria for positive discharge. To be positively discharged from Crossroads, the ideal circumstances would be for the client to have a job, a reasonably habitable place to live, and enough savings to support himself for a short time in case of an emergency (e.g., loss of job). He also should have achieved enough mastery of his independent living and socialization skills to be able to negotiate most of his daily routine living tasks (e.g., managing his money, cooking meals).

Clients are involuntarily discharged when they violate any of the cardinal rules of the program which are:

1. No drugs, alcohol, or weapons may be brought into or used in the program.
2. There will be no physically or verbally assaultive behavior toward staff or other residents.
3. There will be no criminal behavior while in the program.
4. If you leave--you leave!
5. Work comes before play.

Other reasons for discharge include failure to demonstrate a commitment to the program by: (1) refusing to actively look for a job and/or housing; (2) refusing to obey the program rules; and (3) refusing to participate in either the life skills modules or the socialization group. A breakdown of the discharges is presented in Table 11.

With the specific discharge criteria in mind, it is interesting to note that of the fourteen people who were discharged from the program in its first eighteen months of operation, seven left the program voluntarily. Of this group, four clients completed the program and three chose to leave before meeting all of the requirements for discharge. Table 12 describes the reasons for discharge for all clients.

The involuntary discharges also numbered seven, with four leaving because they were actively abusing drugs and/or alcohol while in the program; two because of unmanageable conduct; and one because he needed to live in a more psychiatrically oriented milieu. (See Table 13 for details.)

Table 11  
Summary of Discharge Data

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Types of Discharges	Number
Total number of discharges	14
Involuntary discharges	7
Voluntary discharges (clients completed program)	4
Voluntary discharges (clients chose to leave)	3
Clients still in program	2

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Table 12  
Discharge Data  
Voluntary Discharges

Client	No. of days in program	Reason for discharge	Current residence
Justin A.	13	Serious emotional problems; could not handle pressure.	Uncle in New York
Wayne H.	21	Never happy in the program; did not fit in; had another place to live; had a support network in the community.	Friends in Glen Rock
Jack R.	56	Received a settlement from an auto accident and wanted to go out on his own.	Motel in Saddle Brook
Arthur M.	72	Completed program.	Sharing an apartment with friends
Jay V.	144	Completed program	Sharing an apartment with friends
Bill R.	203	Completed program	Sheltered apartment
Mike M.	262	Completed program	Rooming house with friends

Table 13  
Discharge Data  
Involuntary Discharges

Client	No. of days in program	Reason for discharge	Current residence
Howie R.	19	Substance abuse.	Home
Jonathan	38	Never wanted to be in program; placed by DYFS* under pressure; belligerent toward program and other residents; very uncooperative.	Home
Nick	41	Substance abuse.	Home (later to a rehabilitation center)
Roy M.	57	Substance abuse.	Out of state
Felix	60	Substance abuse.	Friends out of state
Bryan B.	145	Unmanageable; aggressive behavior.	Job Corps
Jerome E.	160	Unwilling to follow program rules; substance abuse.	Rooming house in Englewood

\*Division of Youth and Family Services.

This data has been useful in helping program staff to better understand the type of client who would be successful in the program. It is obvious that clients who are still abusing chemicals cannot be maintained. Also, those who are aggressive and refuse to follow program rules cannot meet with success. Although only one fragile mentally ill person made it through the program, the staff feels that the requirements are too demanding and unstructured to accommodate clients with this type of problem.

A review of the discharge data on those who were voluntarily discharged led to some serious re-evaluation of the program's criteria for discharge. The criteria presented earlier in this section has been revised. Initially, the criteria included the successful completion of all the independent living and socialization modules; however, as staff gained more experience working with the population, they realized that the former criteria were not realistic.

The clients were unwilling to stay in the program beyond the point that they felt ready to leave. Although this troubled the staff, it was a reality to which they had to become accustomed if they were to work successfully with this population.

Data on the length of stay proved interesting. It was felt initially that because of the severe limitations that many of these clients had, they would need a long program

stay to provide them with all they needed to be completely independent. In keeping with this reasoning, the initial length of stay was set at between six and eight months and, at the time, even this was thought to be too short. Even though this line of thinking was totally accurate from a treatment perspective, the length of stay figures which follow reveal the impracticality of this long-term approach.

Among those who left voluntarily, but who did not complete the program, the duration of their stay was 12, 21, and 56 days. Those who did complete the program stayed a little longer; however, only two were in the program between six and eight months. The others stayed for 72 and 144 days.

Among those who were involuntarily discharged, none stayed for six months. The substance abusers all stayed less than sixty days. Clients with emotional problems managed to stay longer, but they still were unable to complete the program's designated duration.

Another issue also associated with the length of stay is the number of youths who reject the program at the time of referral when the involved time commitment is discussed with them. It appears that they may be put off by the program's duration and, as a result, are unwilling to make the required commitment.

The amount of time that a person remains in the program

is obviously a major issue in the program design. The most recent decision in this regard is to accept all participants initially for one month. At the end of the month, the staff and the client will review his progress. If he feels that he would like to stay, and the staff feels that he has made an adequate adjustment, he may make a request to remain for another month. This request should include an explanation of why he feels that his participation in the program should continue. The responsibility for preparing the rationale rests with him. The decision for continued stay rests with the staff and his apartment mates.

It is anticipated that this arrangement will force accountability, responsibility-taking, relationship building, and the development of other socialization skills. In addition, it will foster a redefinition of length of stay that will be based on client performance and need.

The dilemma with the length of stay issue is that in order for these young people to be totally prepared for independent living, most are probably in need of a much more comprehensive program than they are able to tolerate at this time in their lives. Crossroads was designed to provide them with intensive services in the areas of skill development in independent living and socialization; however, current data indicates that most participants are not able to tolerate this intensity of assistance at this time. It appears that the program must alter its expecta-

tions and leave the services intact, accepting the fact that clients will take what they can from the program.

A final piece of information associated with discharge is the type of residential setting that clients moved into immediately following their departure from the program. This information is depicted in Table 14. The data are particularly interesting when taking into consideration the expectations most clients articulate when they enter the program. They are often unrealistic about where they can live based on their earnings.

As stressed in Chapter I, when planning Crossroads, there was considerable concern about the availability of affordable housing in Bergen County. In fact, concern about this issue was so great that a prime objective of the program was identified as finding suitable housing.

It is interesting to note that although staff was available to assist clients with finding housing, several of them were able to make housing arrangements themselves. Despite unrealistic planning early on in the program, some clients were able to find places in which to live that were within their means. Although most of the locations were adequate and reasonably appropriate to the needs of the client, it should be noted that staff probably would not have selected them had they been more involved in the process. They probably would have been inclined toward a more protected environment which may or may not have been necessary or acceptable to the client.

Table 14  
Residence after Discharge

Residential Arrangement	Number
Living with friends	5
Returning home	0
Living alone in a room, apartment	3
Living with other family members	1
Went to another residential placement	1
Residence unknown	1

Other Planning Data

Pursuant to the objective associated with maintaining community agency contact, it was originally planned that at approximately the one-year anniversary of the program, the Program Manager would send out a questionnaire to all community agencies inquiring about their familiarity with Crossroads. At the one-year review, it was determined that the program had not done enough public relations as the number of referrals and referral sources was smaller than anticipated. It was decided that more public relations/ publicity should be considered to inform the community about the program and the kinds of services that it offered. New mailing lists were developed and three mailings were posted.

Over the first eighteen months of the program's existence, there were many other opportunities to publicize the program in the community. The Program Manager and the writer were invited to address many groups to talk about Crossroads. Several newspaper articles have also been written about the program.

Although there is no data available that can definitively tie any increase to these efforts, it is clear that there have been many more referrals in 1985 than there were in 1984. (See Table 1 on page 104 for precise numbers.) There has also been a small increase in the number of referral sources.

In response to numerous inquiries about the availability of a similar service for young women in the same age group, it was decided that a community planning group would convene to address this issue. Letters were sent out to approximately 23 agencies inviting them to participate in the planning effort.

A meeting attended by representatives of eleven groups was held. The problem was described and feedback was sought from those in attendance. Although the planning group was broad-based, by and large, the group did not seem familiar with the population under discussion. Only the attendees from the agencies who served troubled youth could consider the problem knowledgeably.

It was recommended by the group that a questionnaire be developed and that it be sent to a wide range of agencies and individuals. It would explore the extent to which respondents were familiar with the population and what their perceptions were about the needs of these young women. The questionnaire (see Appendix, page 228) was mailed to approximately 500 groups. The people/groups receiving it included child welfare personnel, school nurses, social workers, police, municipal welfare directors, court-related personnel, and other agencies that provide services to youth and their families. The return rate was approximately 20%.

Approximately half reported that they did not serve the

population. This was not surprising because of the broad range of agencies and individuals to whom the questionnaire was sent. Twenty-five percent of the group did not see the problem as growing, or they were not sure. The balance, or 25%, reported that they saw the problem growing, and they documented a small but continuous increase in the numbers of clients fitting this description. The respondent who reported knowledge of the largest number of young women in this cohort was the nurse in the county's Special Needs Vocational Technical School. This facility is a special school for young people who have various social and emotional problems that prevent them from attending regular public school classes and who also have vocational interests or aptitudes in certain areas.

All respondents confirmed that the service areas indicated in Section 4 of the questionnaire (see Appendix, page 228) were needed by this population. These services included group counseling, housing, individual counseling, life skills classes, and vocational skills development. Of the population characteristics noted in Section 5 (page 228 of the Appendix), depression was identified as the most common problem, and family and school problems following close behind.

When asked where these young women were living, the respondents answered at home, on their own, or with relatives and friends. Most appeared to be living with friends.

Since the experience with the current clients and referrals indicated a high percentage of high school dropouts, the question was asked about the respondents' willingness to provide the names and addresses of dropouts whom they might know. Surprisingly, nearly all respondents answered this question in the affirmative, including those people who responded from the schools.

The data collected on this needs assessment proved very useful for planning a female component of Crossroads. Although housing was identified as a need of female candidates, there did not seem to be the urgency usually found in situations involving male referrals. It was assumed that most young women are able to find living situations more easily than young men at this time.

In view of this, it is planned that the female component will begin as a non-residential service that provides counseling, training, and assistance in finding housing. Specific data will be gathered from the female clients who will receive non-residential services relative to housing and other needs. This information will be reviewed in approximately one year to determine if a housing component will be necessary.

Other information gleaned from the needs assessment will be used for life skills curriculum development, expansion of the scope of topics covered in the group, and some adjustments in the program's focus generally.

### Summary

All of the data collected during this period has been extremely useful for examining various aspects of the program. The primary instruments that were used in this process were the Crossroads Referral Data Sheet, the Behavioral Assessment Scale (BSA), admission and discharge records from the program, case notes, the Task Achievement Questionnaire and the Needs Assessment for Females. Other tools planned at the program's initiation were found to be impractical and were not used in this analysis.

Of particular interest is the information collected on referrals to the program, on individual program participants, on those who have been discharged, and on future program needs.

Looking carefully at referral data has been useful in several ways. It has provided information about the kinds of clients who need services, including descriptive data about their personal characteristics, living situations, disabilities, family histories and education; it has identified areas that the program should address in order to remain cognizant of client needs; and it has identified current and, by omission, future referral sources.

A close examination of the clients in residence has helped to provide in-depth information on the kinds of clients the staff has selected because they seem to be likely candidates for success through the program. By

171

studying these clients and their adjustment to the program, it has been possible to assess continually what the program is providing to clients and, when necessary, to plan appropriate program modifications. It has also been possible to consider other types of clients who may be suitable for the program. Case-by-case study has also forced staff to shift their energies from "doing what should work" to "what does work."

A study of the discharge data has been invaluable as a means of weighing the various program objectives, materials, rules and regulations. Most particularly, a review of the length of stay and the reason for discharge has led staff to modify their expectations of clients and become more realistic about what they need to know versus what they are willing to accept at this time.

Finally, the data that have been collected via the Needs Assessment for Females has provided the basis for the development of a whole new program component. It is anticipated that this information will assist staff in formulating a program for females that will be comprehensive and relevant to their needs.

## Notes

<sup>1</sup>Tony Tripodi, Phillip Fellin, and Irwin Epstein, Differential Social Program Evaluation (Itasca, IL: F. E. Peacock Publishers, 1978), passim.

<sup>2</sup>Tripodi, et al.

13

CHAPTER V

PROGRAM ANALYSIS/  
UNANTICIPATED FINDINGS

Population

The population in need of supervised independent living services is far more deprived than originally anticipated. In addition to requiring housing, training in daily living skills, and supportive counseling in various areas of socialization, many also have serious psychological problems which are often combined with substance abuse.

Careful study of the Crossroads clients has helped to define more clearly the needs of this population. It has become apparent that, as predicted in the review of Social Learning Theory, the optimal program for many of them is long-term mental health treatment that is habilitative in nature. Reparative or rehabilitative work is not appropriate, in most cases, since the range of skills needed for independent living was never learned by these clients, not even on the most rudimentary level.

A major dilemma in serving this group is that the clients do not define their needs in the same ways as

professionals do. At this stage in their lives, they identify their needs more concretely (e.g., housing, job). Although they appreciate the staff's concern for their welfare, many clients react adversely to attempts on the part of the staff to be helpful and view these overtures as intrusive. In self-defense, many choose to remain detached and disengaged and, as a result, they move toward becoming even more disenfranchised.

To the staff who work with them, these young people appear to be engaged in greater personal struggles around dependence and independence issues than their less troubled peers. They appear to be stuck at an earlier stage of development, many functioning at the emotional level of young teenagers, even though they are young adults chronologically. They know that, in theory, they should be moving on to independence, and they are sensitive to the fact that they are not capable of entering this phase. These young people are in great turmoil, as well as being underachievers--two factors that strongly inhibit their ability to function successfully on their own.

Clients have demonstrated this dilemma while in Crossroads by leaving the program after their most immediate needs were met because they could not tolerate the idea of their deeper dependency needs being discovered. Others stay in the program too long, languishing in the security and supportive environment provided by the program.

Then, as their stay is to be terminated, unable to face the challenges of independent living, they panic and begin to act out. In this way, the staff will be forced to do one of two things--either close in to protect them, or else discharge them to another agency because of unmanageable behavior. In either case, there is a chance their independence will be forestalled by continued placement in Crossroads or an alternative location arranged by the staff.

#### Access to Clients

Because of the nature of their problems, clients who qualify for admission to programs like Crossroads are extremely elusive. Their life situations are frequently characterized by crises, and as quickly as problems arise, so, too, are short term solutions found. Thus, it is difficult to hold on to these young people long enough to provide any in-depth services that might prove beneficial.

The following is an illustration of how one problem presents itself. The county-operated Vocational Technical School District operates two Special Needs Vocational Schools for young people who have various types of emotional and/or behavioral problems and who want to learn a trade. Because these young people are regarded by the school district as handicapped, they receive an educational classification by a Child Study Team which entitles

176

them to receive a public education (and ostensibly more training) until they reach the age of 21. This classification also entitles school districts to receive a higher level of funding for these youths.

Recently, a social worker with one of the Special Needs Schools called the Director of Social Services for the county and reported that there were approximately 200 young people who were at risk of being homeless at any given point in time. She reported that these young people were over 18 and their parents were unwilling to allow them to remain at home any longer, usually because of family conflicts stemming from the young person's behavior. She reported that she personally knew 35 cases which required immediate attention.

Concerned about the urgency of this situation, the Director of Social Services arranged a meeting with all potential service providers to review this problem. Crossroads representatives were invited to attend. By the time the meeting convened, it was reported by the school social worker that there were only seven such cases remaining; in the final analysis, there was only one person who required emergency services.

Similar situations occur on a case-by-case basis all the time. The usual scenario is that a social worker from an agency calls to inquire about the appropriateness of the program for a specific individual. He/she is

asked to invite the young person to come in for an interview immediately. Despite a dramatic conversation with the client earlier, by the time the social worker contacts the potential client again, the crisis has been resolved temporarily and the client is no longer interested in receiving help. There often are repeated calls from these clients, but the ultimate result is that they are unwilling to follow through.

#### Other Obstacles

There are other obstacles that block access to these clients. In the case of the vocational schools, in the last analysis, they felt that they were unable to release the school records to the assessment team because they perceived certain problems or issues as confidential.

Worker burnout is another issue with the referrals. Since the clients are elusive, workers often have to make a greater effort to get the clients to cooperate in any way. Sometimes, despite the many calls for help to the caseworker, when clients are contacted, they refuse to follow through on the worker's suggestion. Some workers give up trying to help these clients as most of their efforts seem to be in vain.

Relationship to Homeless Population  
(Persons Over 18 Years Old)

Having studied this illlusiveness for some time in an attempt to find a way to harness it, it was thought that a review of the characteristics of the (adult) homeless population might possibly lead to some useful insights. It was decided that such a review should be focused on local homeless people in the event that geography could in any way be considered a factor in their profile.

By way of background, the Homeless Shelter was opened in Bergen County in the Winter of 1983. Its creation resulted from the growing public awareness of homeless adults. The shelter is a stationary trailer located in Hackensack, only a few blocks from Crossroads. It is jointly funded by the state and county and is operated by the local antipoverty agency which is known as the Community Action Program (CAP).

A notable fact is that prior to its opening, a sizable group of community leaders maintained that there was no need for such a shelter in this county. They maintained that the population did not exist here. Since its inception, however, there have only been a few days when the shelter was not filled to capacity,

In early 1985, the County Mental Health Board contracted with a local mental health center to study the population that was being served by the shelter during an

eight-week period. It is recognized that the specific times and circumstances are not all comparable between the shelter and Crossroads; however, there are some interesting similarities in the population statistics that are worth further deliberation.

During the two-month study at the Homeless Shelter, 27% of those admitted suffered from severe mental illness. About one-third of the total referrals to Crossroads during 1984 could be described in the same terms. These young people were not admitted into the program; however, the Shelter had no alternative and admitted them. Three young people with lesser emotional problems were accepted into Crossroads; however, none of them were able to complete the program.

As far as substance abuse is concerned, the Shelter report noted that a total of 33% of their admissions during this period were drug and alcohol abusers. About half of those referred to Crossroads, overall, had similar problems. Seven substance users were admitted during the first eighteen months of the program; three completed the program and four were discharged because of the severity of their abuse problem.

Other functional characteristics were also similar. A Level of Functioning Assessment (developed by the New Jersey Department of Human Services) was administered to 44 shelter clients. The results revealed that the shelter

clients and the Crossroads cohort exhibited similar functional disabilities. Also, data about previous social service histories and reasons for leaving their last residence were similar. Differences seemed more related to the ages of the clients than to any other factors.

It should be noted that the Homeless Shelter report included the following statement with respect to the experience of this shelter, "The results fall within the demographic parameters revealed by studies at large shelters in New York, Philadelphia, Boston, and Phoenix during the past four years."

In a New York Times article written in July of 1985, entitled "From Foster Homes to Life on New York Streets: 3 Case Studies in Failure," the writer described the life histories of three homeless young men. Only the specific details of their lives differ from the cases served by the Bergen County program.

The article reported further that a class action suit had been filed by the Coalition for the Homeless, the law firm of Sullivan and Cromwell, and Douglas L. Lasdon, Director of the Legal Action Center for the Homeless, on behalf of the young people who have "aged out" of the city's foster care system and are now living on the streets. The lawsuit asserts that "they ended up homeless because they were given little or no training or supervision in how to live on their own."

Maintaining that in the absence of capable parents the government is responsible for the welfare of all children, the attorneys for the Coalition for the Homeless said, "The government, as substitute parents of these kids, failed to teach them how to live as productive adults in this city."<sup>1</sup>

Although the article poses some interesting and controversial solutions, it, together with the statistics presented earlier on the Homeless Shelter in Bergen County, confirmed the fact that in many cases the homeless young adults who are appearing in the shelters may very well be the same people who leave the child welfare/ juvenile system at 18 or younger and, therefore, may be the same population as those referred to Crossroads. The description of these young people also confirmed the observation of staff about the elusiveness of the population. These clients come and go quickly, such conduct being acceptable in the shelters as they are only intended to house people temporarily. For most of their lives, these young adults, having experienced rootlessness as a way of life, move from one destination to another rapidly, taking little but a warm bed and a meal from the programs.

### Design Issues

Several unanticipated findings have surfaced that are directly related to the design of Crossroads. The program has always been geared toward addressing what professionals have determined to be the clients' needs. Initially, the design was based on informed opinions about what services clients needed to become more independent; now, two years later, it is even more apparent that what is being offered to clients, if taken advantage of, would be very useful and would facilitate more independent functioning.

However, as alluded to earlier, it has been learned that clients do not perceive their needs in the same way as professionals do. Thus, recruitment has been a significant problem throughout the operation of the program, despite promises of huge numbers of referrals prior to the program's opening. Over the eighteen months that the program has been studied, its level of service (a designation used by the state to reflect caseload) rarely exceeded 75%. This translates to approximately three clients in residence at any given point of time. In view of the size and population density of the county, this is far less than had been anticipated.

A review of the length of time that clients stayed in the program also yielded unanticipated results. When the program was being planned and length of stay was

discussed, six to eight months was selected even though it was thought to be too short a period of time when considering the seriousness of the clients' problems. This time period would be used as a guideline so that there would be some parameters for clients and referring agencies to consider. It was understood that the time would be extended if a particular client needed an extension to develop his skills. In fact, what happened was that six to eight months proved to be an excessively long time for some residents as they were unable to tolerate the structure and restrictiveness of an organized program for the stipulated period. Their sensitivity to the time was not necessarily related to the time it took to acquire needed skills. Others found the period too short, but these proved to be emotionally dependent clients. Some referral sources indicated that they thought the clients were turned off by the length of the program when participation was discussed with them.

The current dilemma is how to make Crossroads more appealing to needy clients while also maintaining its status and integrity as a counseling/habilitative program. Without retaining its focus in these areas, it could easily become a shelter for homeless young adults. On the other hand, if these design issues are not resolved, the recruitment problems are likely to persist and the funding source may begin to question the prudence of

funding a program that cannot maintain its level of service.

Several steps have already been taken to modify the program's design. The length of stay in the program has been altered so that it is more flexible and can be better suited to the variations in client needs. Clients are now told that the program is one month long, and at the end of that time period, their status will be reviewed to determine if they will continue in the program. Continuation is a mutual decision made by the client, the staff, and fellow residents. Clients are free to go when they choose, but if they wish to stay and others are not in agreement, staff has the final word about who remains in the program.

Although the licensing agency initially insisted on curfews, these have also been liberalized considerably. The rationale for this change is that being answerable for one's time is part of the learning about personal accountability and responsibility-taking. Thus, flexibility is necessary to reduce the restrictiveness that many clients perceived as a problem.

Some of the more conventional recruitment approaches were used with limited success. It was then decided that an attempt would be made to reach out to clients on their own terms. As of September 1, 1985, Crossroads opened a drop-in center to serve both males and females between

the ages of 16 and 21 years. The theory behind this expansion is that program staff will attempt to engage clients in a discussion of the concrete needs that they define. An attempt will then be made to establish a relationship with them with the ultimate goal being to assist them in improving their life skills.

Crossroads will thereby become one of a range of services that is available to these young people, in addition to crisis intervention, individual counseling, housing assistance, vocational assistance, and advocacy. Young men can consider Crossroads as a short-term residential/training resource while life skills classes and group counseling on socialization issues will be available to both males and females.

It is anticipated that if clients come to Crossroads for other services and they are successful at receiving them, they may then be open to discussing other options when appropriate. This approach has been used in the past in other social services settings where it has met with considerable success.

#### Why These Findings Were Unanticipated

It is important to reflect upon why the findings that have been discussed in this section were unanticipated. The most obvious reason is that this specific population has gone unserved and unstudied until very recently.

It is only within the last three to five years that attention has been directed to this specific group of people who have "aged out." Having ignored this group up to this time, there has been little opportunity to gain an insight into the complex dynamics that are at play during this stage of their development. Further, the reluctance of this population to seek or participate in counseling or therapy contributes to the paucity of data about them. The result of this lack of attention is that the potential for reversing some of the deleterious effects of earlier deprivation during this critical point in the life cycle is still unknown.

The lack of firsthand observations or adequate treatment data on this specific group of clients has put program planners at a disadvantage in that they have had to make educated guesses about client needs and services. These conjectures have been based on observations and studies of other populations such as younger teens, mentally retarded and mentally ill young adults, young people in substance abuse programs, and youth in correctional settings. In addition, studies have been conducted on disenfranchised adults in all different types of groups, and it is widely recognized that many of these people spent a great deal of their childhood in out-of-home placements or else in disorganized and chaotic home atmospheres.

The dearth of knowledge about the particular characteristics and needs of the population has led to some of the program design problems that were described earlier. These have been remedied over time as client needs and program capabilities were better understood. It is anticipated that program modifications will continue to be necessary as new information is learned about the clients.

## Note

<sup>1</sup>"From Foster Homes to Life on New York Streets:  
3 Case Studies in Failure," New York Times, 19 July, 1985.

189

## CHAPTER VI

### POLICY AND RESOURCE ISSUES

There are several social policy and resource issues that are particularly relevant to this target population. A discussion of these issues is, of necessity, a highly complex one as there are many ways of looking at social policy and its relationship to human needs. Further, such a discussion must also include the subject of resource allocation since formulation of social policy usually leads to the creation of programs and services to remediate the problem.

An examination of social policy has to take place on several levels as there are varying schools of thought in this area. In his book Unraveling Social Policy, Gil cautioned his readers:

Equating social policies with social welfare services and programs leads [also] to a fragmentary, "categorical" approach to the analysis and development of social policies.<sup>1</sup>

He stated further that it is important not to define the term social policy too narrowly because social policies have a large and global effect on society as a whole. and that they shape "the overall quality of life in a society, the living conditions of its members, and their relation to one another and to society as a whole."<sup>2</sup> Therefore,

he maintained that we should view social policies differently than we have been. "Social policies are . . . not merely potential solutions of social problems but are also their powerful underlying cause."<sup>3</sup>

Several other major policy analysts have provided definitions of social policy. Each of these approached the subject from a slightly different perspective. Eveline Burns defined social policy as "the organized efforts of society to meet identifiable personal needs of, or social problems presented by, groups of individuals."<sup>4</sup>

Charles I. Schottland provided a more general definition when he said:

A social policy is a statement of social goal and strategy, or a settled course of action dealing with the relationships of people with each other, the mutual relations of people with their government, the relations of government with each other, including legal enactments, judicial decisions, administrative decisions and mores.<sup>5</sup>

In an attempt to differentiate between economic and social policy, Kenneth E. Boulding offered the following definition:

It is the objective of social policy to build the identity of a person around some community with which he is associated, . . . social policy is that which is centered in those institutions that create integration and discourage alienation.<sup>6</sup>

It is evident that there is a wide range of definitions for the term social policy. One can look at it more globally and theoretically or on a level that is more directly connected to service provision.

By its very nature, social policy gives legitimization and direction to social welfare problems. It is particularly important to have social policies that are targeted to specific issues because formal acknowledgment enhances the public's sensitivity to the issue. This sensitivity frequently creates a new constituency or supports an existing one who can bring pressure to bear on those who make decisions about resource allocation. This process is germane to successful service delivery as resources are distributed on the basis of factors that are not always in accord with prevailing theories or directly associated with client need.

The problem of no existing policies to address the needs of this population is a circular one. Although it appears that there has been somewhat of an increase of attention being paid to the "aging out" problem, there is still no forceful movement in this direction. There is no organized advocacy group to represent these clients and, for the most part, they are not able to be their own advocates.

There are persons in all systems who acknowledge the paucity of services for these young people, and there is little or no formal documentation of need. This need must be articulated, and this leads to yet another quandary. In many cases, Crossroads clients have been in the system(s) for a long time and they have not benefited

by the interventions of the systems. It may be said that they are the failures of the systems. As noted earlier, to highlight the existence of this group is to bring the attention of the public at large to the weaknesses of the systems. Gilbert and Specht pointed out that "for the practitioner, a major dilemma of contributing to policy formulation emerges when the requirements of bureaucratic conformity clash with this professional value of service."<sup>7</sup>

Thus, the first step in policy development, as specified by Gilbert and Specht--the identification of the problem--has not been fully accomplished and there are strong forces to slow down its progress. This, of course, prevents the second step--analyzing the problem--from happening as well.

Having identified a problem, it is necessary to develop some factual data about the number of people who are affected by it and formulate a clearcut statement of how the problem is actually being measured.<sup>8</sup>

Because there is no formal acknowledgment of the problem by persons who have the power to formulate policy in this area, there is no ability to develop a data base that can be used to educate policymakers. The problem continues to be misunderstood, and there is still not an adequate understanding of the uniqueness of this group.

Despite Gil's admonitions about fragmentation and categorization, categorization is a reality. Historically, many client groups have moved in the direction of lobbying

for the establishment of specific social policies, and have done so quite successfully.

This system of delimiting client groups and overall focus seems to work for a large number of clients; however, there are those clients who still "fall through the cracks." Examples of individuals crossing category lines abound. These are the people who are either too much one way or not enough another. A typical example is the client whose Intelligence Quotient (IQ) is 71. He does not have an IQ that falls within the mentally retarded range, but he is too low-functioning to operate totally independently. Thus, he is not seen as being appropriate for most programs serving mentally retarded individuals; however, he is too low-functioning to fit into programs serving people with normal intelligence.

Crossroads clients tend to be among this not easily categorized population. They are not adults, nor are they children; they are not mentally ill nor mentally retarded; they are not physically impaired nor are they veterans. They do not fit neatly into any one group, as they are among those young people who are the victims of such widely recognized societal conditions as marital dissolution, drug and/or alcohol abuse, and severe incompetence among their parents. There are no existing policies that are specifically designed to address their varied needs.

Further, there appears to be a presumption on all

levels of government that once young people reach the chronological age of 18, irrespective of any events that may have befallen them in the past, they are ready to function reasonably independently in the adult world. The presumption is supported by an 18-year-old voting age of majority. A further indication of this thinking is that the public systems, such as the Courts, Child Welfare, Corrections and Welfare, have organized their service delivery around this age cutoff as well.

Two interesting events have occurred in New Jersey to illustrate the lack of understanding of this problem. Approximately one year ago, this writer was advised of the formation of a state level task force to address the needs of this population. This group was being convened by the Director of Division of Youth and Family Services (DYFS), the state child welfare agency. Eager to become involved in such a planning effort, I approached the Director and told him of my interest in participating on such a task force. I also advised him that DYFS was funding Crossroads and that we had some information and experience that might be useful to the task force. He responded most enthusiastically (copy of letter is presented in the Appendix, page 229). No meeting of this task force has been scheduled as of this writing.

Several months ago, a two-part series appeared in

the New Jersey section of the New York Times. The subject of the article was young people who were "aging out" of the system. The articles highlighted a program that exists in another area of the state that supposedly serves a population similar to that served by Crossroads.

Upon closer inquiry, it was learned that this independent living program was for high functioning, mentally retarded people who were "aging out" of the same systems. Although this service is clearly an important one as well, the program was not serving the same population as Crossroads. In fact, this kind of program, although new to New Jersey, has been in existence in some states for a few years.

The reporter who wrote the series lives in a neighboring town to Crossroads, and has frequently written articles about the agency. I asked her why she chose that program rather than one that was more local to her--like Crossroads. She explained that she had developed an interest in youth who were "aging out" after reading an article in an earlier edition of the New York Times, and she contacted the DYFS Central Office for information. They provided her with some information as well as the name of the agency about which she ultimately wrote. They did not describe the population served by Crossroads, nor did they inform her of the existence of the program.

The above vignettes have been related as a means of

176

illustrating how little the problem is understood or considered by the New Jersey state level policymakers. This is in spite of the fact that they are currently funding Crossroads and have been doing so for the last two budget years.

Although a few references were made to resource allocation earlier, before ending this discussion some additional comments must be added to emphasize the importance of this subject. Gilbert and Specht concur with Gil about the importance of conceptualizing social policy in a broader context; however, they are also extremely concerned about the practical realities related to social provisions. Simply stated, they define the latter as benefits in cash and benefits in kind. The authors maintained that:

In practice, of course, social welfare policy objectives are rarely stated in theoretical terms since that would tend to make decision-makers sound too tentative and unsure. The notice that "objectives are only theories" does find its way into many research and demonstration programs. But on the whole, program objectives are put forth with a remarkable degree of assurance that the social provision offers a valid solution to a clearly understood problem.<sup>9</sup>

Again, the circular nature of the problem emerges. The struggle must continue to clarify the problem so that the policy objectives may be formulated.

The latter discussion is relevant to Crossroads and the policy picture in New Jersey for two reasons. From

a more general social policy perspective, it is important that policymakers recognize that such a population of young people exists and is in need of services. With this recognition may come some commitment to studying and working on solutions to the problem.

Further, and on a more practical level, it is the continual concern of this author that the obvious lack of commitment may result in the loss of funding for the program. Although some provisions have been made for the agency to absorb some of the program's costs, if necessary, without continued governmental funding, the program cannot be sustained in its current form.

Until there is a formal policy related to this client group that acknowledges the program and validates its importance, there will always be a question about society's willingness to commit its scarce resources to serve these clients. Perceiving this silence as a lack of support, providers who may recognize the needs of these clients and may have an interest in serving them, are likely to be reluctant to initiate specialized programs for these young people for fear that needed funding will not be forthcoming.

The facts are that by virtue of their age and the absence of relevant policies, these clients "fall between the cracks." They are too old for the Child Welfare system. They are too immature and inexperienced to cope

with the adult welfare system. Along the same lines, those who are involved with the law enforcement system graduate from receiving parens patriae services of the Family Court to now coming under the jurisdiction of the adult courts-- a far less sympathetic institution. In general, most service providers with whom these young people come into contact are not sensitive to their needs and are, therefore, not willing to make exceptions or provide individualized assistance. Thus, these ill-informed and unprepared young people struggle to maintain themselves in a world that is often overwhelming to them, and the failure cycle they experienced only too frequently throughout their lives is repeated once again.

Notes

<sup>1</sup> David G. Gil, Unraveling Social Policy (Cambridge, MA: Schenkman Publishing Company, Inc., 1981), p. 9.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid., p. 10.

<sup>4</sup> Ibid., p. 5, citing Eveline Burns.

<sup>5</sup> Ibid., citing Charles I. Schottland.

<sup>6</sup> Ibid., p. 6, citing Kenneth E. Boulding.

<sup>7</sup> Neil Gilbert and Harry Specht, Dimensions of Social Welfare Policy (Englewood Cliffs, NJ: Prentice Hall, Inc., 1974), p. 17.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid., p. 95.

## CHAPTER VII

### CONCLUSIONS AND RECOMMENDATIONS

After conducting an extensive study on the subject of "aging out," it is now possible to reflect on some of the most relevant findings. This study has been a challenging one in that it is only within the last three or four years that any real attention has been paid to the young people who are "aging out." The result is that there has been, and continues to be, a paucity of information on this topic.

Therefore, one of the most significant aspects of this study is that it is one of the few in-depth, written analyses that exists on this population. A review of current literature revealed occasional references to these clients; however, most were either superficial or else were in the form of task force reports or newspaper articles, written for the purpose of drawing the public's attention to the problem. Because of this different mission, the latter were in no way intended to provide a substantive study of the population or to describe particular forms of intervention. Further, most of the reports dealt with a portion of the clients in this group--those in foster care and the poor. As a result,

they did not depict a complete picture of the population. (It is interesting to note that none of the youths who were referred to Crossroads since its inception were in foster care, and about three of those admitted may be described as being from poor families. Family income information on all of those who were referred was not collected.)

Another significant aspect of this study is that it has examined in some depth the characteristics of clients who were admitted to this program, providing valuable insights into their personal dynamics. This descriptive data are not available anywhere else in the literature.

An important finding was that although there are some similarities to other populations (e.g., developmentally disabled and mental health clients), clients who are "aging out" are not as similar to the latter as had been anticipated. There is some evidence that they are more like the homeless in that they display a blend of problems; however, this cannot be stated with certainty since there is little in the way of descriptive data available on the young homeless. The complex composition of the population has resulted in the need for the development of new intervention strategies that are specifically geared toward the diverse needs that have been identified.

Studies such as this are unique in that they deal with practical realities as well as theoretical concepts.

They provide an opportunity to examine in detail the interplay between client characteristics and needs and the ways in which these needs can be addressed in a program. They help to depict accurately some of the real dilemmas that arise around clients, systems, and design issues, in addition to looking at what should happen under various circumstances.

In the time period during which detailed case-related data were being collected and analyzed, certain more general observations were made. As noted earlier, it was learned that the population is far more complex than anticipated, both in terms of their personal characteristics and their needs. Clients clearly have a multiplicity of needs, many of which are untreatable by current therapeutic technology. To compound the problem, many clients are unable and/or unwilling to accept assistance, despite the fact that the services are available and free.

Meetings held with school personnel from throughout the county revealed some other interesting perceptions. They reported that they could easily identify clients who need the services of Crossroads; however, it is their view that the young people from the suburban areas are reluctant to travel to Hackensack, the site of the program. Lacking public transportation or cars, they rarely leave the borders of their own towns. They see Hackensack as being far away, both in actual distance and in experi-

ence. In part, their reluctance is based on a snobbishness about associating with lower-income people. Rather than leave their areas, in the warm weather these young people live in garages or local parks; in cold weather they move from home to home. It has been impossible to confirm whether this impression is true, as during the time that the program has been in existence, there have been few people referred to the program from the suburban areas. This scarcity of referrals is one of the reasons for contacting the school people in the first place.

It is interesting to note that school personnel reported that, with the exception of finances, the families of the suburban youths have similar characteristics to those of their urban, less affluent counterparts. There are many chaotic family situations where parents are ineffectual because of substance abuse, violence, mental health problems, and the like.

The latter is an important finding for several reasons. First, it confirms that there are "aging out" youth who are neither foster children nor from low income families. Further, it supports the notion that homelessness among youth is not an urban phenomenon only, and that it is a social concern that must be addressed in the non-urban areas as well. It also raises the issue of how one provides needed services to a dispersed population who are not mobile and who, despite the need, are too

proud or embarrassed to accept services.

Because of what the program is attempting to accomplish, it must stress the importance of clients embracing the prevailing values of society at large. This is necessary since, as a practical matter, these values help one to fit in and find success in this culture. This reality is the basis for the philosophy and the operating principles used by the program. These notions have been incorporated into all of the interactions with, and expectations of, clients. A significant finding about those served is that many of the clients do not share these values in spite of the culture from which they come. Finding a way of teaching a new value system (that often flies in the face of their current one) is a major challenge which Crossroads must face. The ability and willingness to make these important changes in values appear to be at the root of clients achieving independence through participation in the program.

To date, the Crossroads program could be described as being only moderately successful in its work with "aging out" clients. When a program is dealing with such an elusive population, client selection and success are critical issues. Although staff wishes to select clients who are well suited to the program for both personal and altruistic reasons, too much success may

105

imply too little risk-taking. On the other hand, too little success may suggest incompetence. Success also becomes important as the viability of the program is evaluated by funding sources. Without a real sense of what interventions are most useful with these young people, a great deal of experimentation is necessary. With experimentation comes some failure.

Since it was unclear what kinds of clients the program could manage initially, some clients were accepted who were probably not appropriate. The result was that several of them left the program without completing it. As time passed and staff became more aware of the program's capabilities, clients were selected more carefully, and the program's success rate seems to be improving.

Modeled after some programs for younger people, in the early days Crossroads was quite restrictive and over-protective; clients were asked to adhere to a fairly rigid set of rules and regulations. Time and experience have helped staff to understand how important an issue freedom is to clients of this age and ilk. As a result, they have become better able to set more appropriate limits and alter their expectations.

However, there are some clients who are still unable or unwilling to remain in the program. These young people do not accept the values that are taught by the program and either state this and leave, or else they

engage in some kind of behavior that is contrary to program rules and they are asked to leave.

In any case, it has been necessary to make a policy decision on client selection as the program's success rate would be under scrutiny at some point in time. In spite of the possible negative consequences, it was decided that clients who are willing to articulate a desire to participate in the program will be given a chance unless their recent histories made them completely unacceptable (e.g., extreme physical violence, arson, drug/alcohol involvement). It is recognized that some clients will be merely seeking temporary shelter; nevertheless, efforts will be made to convince them to participate in the hope that some clients will choose to try out the program. With such a policy in place, the agency takes a risk as it opens the door to more potentially unsuccessful cases.

In the first year of its operation, the program experienced a serious client recruitment problem. Although the Program Coordinator was active in her recruitment efforts, she was obviously not aggressive enough and there was considerable difficulty keeping the program full. With more outreach into the community, a substantial increase in referrals has resulted, and the program has been filled at the rate of 87 percent for the second year. (This percentage is computed by the funding source and is based on the number of days that the licensed number of beds are filled.)

Recognizing the fact that the program is operating in what may be considered as unchartered waters, its creators have always seen it as being very dynamic. In this way, as new insights evolve about the population, or as systems difficulties arise, modifications can be made easily. Several changes in the areas of rules, length of stay, and program restrictiveness have been described earlier and will not be detailed here.

At this juncture, the program's capabilities are better understood, as are the characteristics of the population. Experience has shown that the program has been most successful with young people who need a warm and supportive environment that provides structure and guidance. The program also is helpful to clients who need pre-vocational assistance and counseling regarding work-related problems. The socially immature client who is not street-smart finds Crossroads the kind of experience that gets him ready for independent living.

Since the agency is not interested in operating a shelter for homeless young adults, it must redesign its recruitment approach. Staff will be going out into the community and the schools to find the clients, as experience has shown that these young people are often unmotivated and reticent about seeking assistance on their own.

The staff will also continue to assess the program's design on a regular basis in an effort to find a solution

to the dilemma posed by the discrepancy between what clients need and what they are able to accept. Satisfactory reconciliation of the two will certainly lead to more successful programming for this population in the future.

As noted earlier, there appears to be some evidence that a non-residential program specializing in the delivery of concrete services may be an effective way of reaching clients who are resistant to the restrictiveness of a residential program. Such a program, modelled after a drop-in center, has already been implemented. The drop-in center is seen as a separate service component but is also intended to serve as a potential conduit into Crossroads for clients who may need residential placement but are reluctant to seek it.

It has been concluded that it is now time for Crossroads to develop some services for females. The needs assessment conducted several months ago supports exigence for such services; however, it is still not clear whether there is a need for a residential program. At the present time, the non-residential services for females will be provided through the drop-in center, and staff will continue to assess the residential issue through discussions with female program participants and through the people who make the referrals.

There appears to be a growing awareness of the need for specialized services for those clients who are "aging out." This need was documented in the New York Times as well as in other local media. In an editorial published on August 14, 1985, written by Philip Coltoff, Director of the Children's Aid Society, the author commented that:

Something is obviously wrong when children discharged into "independent living" become homeless or can find homes only in prisons or in institutions for the mentally ill. . . . Effective training of these youngsters requires more than money. It requires the will, the commitment and the belief that they can be employed. Without specialized training, their problems and needs will be the same at age 21 as they are at 18.<sup>1</sup>

Although the voices of the advocates for these clients are still faint, they are growing in volume. The public and policy-makers must continue to recognize this population and the potentially grim features that may await them.

Despite the fact that the technology for treating these individuals is by no means advanced, some valuable information is being gathered in the few programs that exist. Closer contact with these clients is necessary to improve the technology; however, this contact can only occur if the need for this service is recognized and policies and resources are directed toward the development of additional resources for these clients.

## NOTE

<sup>1</sup>Philip Coltoff, "Letter on Foster Care. 'The Special Need of Older Children,'" New York Times, 14 August 1985.

210

APPENDIX\*

\*The entire appendix was compiled and structured by  
Rochelle Wimpfheimer.



## BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE

### POLICY AND PROCEDURE MANUAL

Subject: House Rules--Crossroads

#### Cardinal Rules

1. Drugs, alcohol, and weapons will not be brought into or used in the apartment. If there is a suspicion that a resident is in possession of a weapon, the Hackensack Police will be called. Resident(s) may be requested to voluntarily empty his pockets if there is a suspicion that he is in possession of illegal drugs or contraband. If the resident(s) refuse to voluntarily empty his pockets, the police will be called to conduct a search.
2. There will be no physical or verbal assaultive behavior toward staff or other residents.
3. There will be no criminal behavior (theft, damage to building, or fire-setting).
4. IF YOU LEAVE--YOU LEAVE!
5. Work comes before play!

Failure to observe the above rules will result in discharge.



## BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE

### JOB DESCRIPTION

Subject: Psychiatric Social Work Supervisor

#### Client-Related Tasks

1. Assures that clients are safe, well cared for, and well treated.
2. Treats all clients with dignity and respect.
3. Insures that clients' rights are protected and that absolute confidentiality is observed at all times.
4. Effectively advocates on behalf of clients with other agencies and/or parents within the scope of the particular program.
5. Assists clients in developing an improved sense of responsibility toward themselves, their families, and the community.
6. Understands the scope of clients' needs (discipline, correction, physical, and psychological).

#### Program-Related Tasks

1. Makes use of own supervision time to discuss, evaluate, and process treatment/behavior management plans and goals for clients.
2. Maintains well documented correspondence with collateral agencies when appropriate.
3. Obtains reports from other agencies when indicated (e.g., Predisposition Reports (PDR) and evaluations.
4. Prepares social histories/family evaluations, discharge summaries on all clients per Departmental guidelines.
5. Consistently makes concise and accurate entries in chronological notes that are objective, legible, and well thought out.
6. Represents appropriate role modeling, using alternative and positive ways of interacting in daily life situations.
7. Makes oneself available for unscheduled consultations when necessary.
8. Develops and evaluates treatment plans for families in treatment/counseling.
9. Advocates for clients with their parents and other agencies to be sure that optimum care is received by the youth.

JOB DESCRIPTION--Psychiatric Social Work Supervisor (continued)

10. Keeps abreast of current technology in the field of Social Work/ Family Therapy, and implements the new methodology in the operation of the program.
11. Is familiar with the specifics of each counselor's job so that a proper assessment of workload and performance can be made.

Staff Supervision-Related Tasks

1. Identifies counselors' training needs and advises the program administrator of requirements in order that suitable programs can be developed.
2. Assures that each counselor understands his/her specific clinical responsibilities,
3. Conducts ongoing clinical supervision with counselors on an individual and group basis to assure professional performance.
4. Responsible for case assignments, case management, and assuring that caseloads are maintained in a manner that is consistent with good organizational practices.
5. Is familiar with the specifics of each counselor's work so that a proper assessment of professional performance can be made.
6. Along with the program administrator, develops specialized internal systems to facilitate the accomplishment of his/her tasks (e.g., supervision, case reviews, and the reduction/ management of workload in a more efficient manner).

Management-Related Tasks

1. Prepares required reports and evaluations in an objective, clearly readable and well-thought out manner.
2. Monitors client records to be sure that they are adequately prepared and reflective of work being done with clients and suitable to client needs.
3. Works cooperatively and in a professional manner with other agencies serving youth.
4. Follows through on all assignments in a timely manner.
5. Represents program administrator at various meetings as required.

Professional Qualities

1. Demonstrates adequate subject matter background to accomplish his/her particular assignment.
2. Originates and presents ideas for improvement in program.
3. Complies with the ethics established by his/her profession.
4. Continues to advance professionally through study and participation in training and workshops.

JOB DESCRIPTION--Psychiatric Social Work Supervisor (continued)

Personal Qualities

1. Consistently reports for work on time.
2. Takes responsibility for contacting appropriate person when schedule changes are necessary.



## BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE

### JOB DESCRIPTION

Subject: Program Manager

#### Client-Related Tasks

1. Understands the total scope of client needs, discipline, correction, physical and psychological aspects.
2. Assures that clients are safe, well cared for and well treated.
3. Insures that clients' rights are protected and that absolute confidentiality is observed at all times.
4. Sees to it that each client has a meaningful formal plan and that staff is following that plan to the best of their ability.
5. Assures that staff hired to work with youths are competent, healthy, and responsible citizens.
6. Advocates for clients with their parents and other agencies to be sure that optimum care is received by the youth.

#### Staff Supervision-Related Tasks

1. Familiarizes staff with the operational philosophy of the Department and the particular program.
2. Assures that each staff member understands his/her responsibilities specifically.
3. Makes sure that each member receives and reads the Department's Policy and Procedure Manual.
4. Makes certain that each staff member is held accountable for all duties and responsibilities as prescribed by the specific program and the Department.
5. Treats all staff members with dignity and respect--at all times.
6. Advises staff members of any infractions when they occur rather than waiting until other deviations occur.
7. Conducts constructive evaluations on all staff members on a regular basis so that they are aware of any deficiencies in their performance.
8. Is familiar with the specifics of each staff member's job so that a proper assessment of workload and performance can be made.
9. Makes sure that all staff receive the amount and quality of supervision that is needed to carry out the job at an acceptable level.

JOB DESCRIPTION--Program Manager (continued)

10. Identifies all staff training needs and informs the Director of same in order that a suitable training program can be developed.
11. Makes assignments that are fair and which are in concert with staff's job titles and individual skills.

Management-Related Tasks

1. Establishes acceptable standards of performance and makes these standards clear to all personnel.
2. Keeps abreast of current technology in the field of agency management and implements the new methodology into the operation of the existing programs.
3. Delegates work assignments in a manner that is consistent with good organizational practices.
4. Prepares required reports and evaluations in an objective, clearly readable and well thought out manner.
5. Monitors client records to be sure that they are adequately prepared and reflective of work being done with clients and suitable to client needs.
6. Works cooperatively and in a professional manner with other agencies serving youth.
7. Works cooperatively with colleagues to solve departmental concerns.
8. Assists the Director in performing departmental functions.
9. Follows through on all assignments given by the Director in a timely manner.
10. Monitors staff's and own adherence to departmental policies and procedures.
11. Plans and directs the development of new programs to meet client needs.
12. Supervises subordinates in a regular, clear, and supportive way in order to maximize performance.
13. Represents the Department to the community at large in a responsible and professional way.
14. Prepares budget materials in a factual, thorough, clear, and concise manner that is reflective of the program's real needs.
15. Monitors all business-related functions, including purchasing of supplies and equipment, usage and breakage, and makes all problems/needs in these areas known to the Director and the Business Manager.
16. Recruits, screens, interviews, and checks references on all personnel and, when appropriate, jointly interviews with persons within the Department with special skills in particular areas.

JOB DESCRIPTION--Program Manager (continued)

17. Develops specialized internal systems within the particular program to facilitate the accomplishment of assigned tasks, and to reduce/manage the workload in a more efficient manner.
18. Monitors contracts to assure compliance with conditions.
19. Monitors physical plant to insure that plant/office space is clean, orderly, and safe for staff and clients' use.
20. Monitors staff schedules, including documentation of time-in, time-out, overtime, vacation, sick and personal time.
21. Evaluates salary structures for increases or promotions.
22. Monitors budget to insure against overexpenditures.
23. Accurately informs all staff of budgetary restrictions and holds them accountable for adherence.
24. Develops cost savings plans for his/her program's budget.
25. Notifies business manager of needed expenditures, repairs, or money to be used for emergencies.
26. Reviews budget periodically with business manager.
27. Reviews all available resources before placing orders for new purchases.

Professional Qualities

1. Complies with the ethics established by his/her profession.
2. Continues to grow professionally through study and participation in seminars, workshops and other related programs.
3. Demonstrates adequate subject matter background to accomplish his/her particular assignment.
4. Originates and presents ideas for improvement in program.

Personal Qualities

1. Exhibits creativity by searching for new ideas and approaches to do the job.
2. Shows genuine respect, concern, and warmth to others.
3. Approaches problem situations in a calm, mature, problem-solving attitude.
4. Exhibits enthusiasm and interest in the job.
5. Readily adapts to situations, changes, and limitations, and can mobilize personal resources quickly, if necessary.
6. Presents a well-groomed and professionally poised appearance.
7. Accepts supervision without being defensive and utilizes it to improve work skills.

JOB DESCRIPTION--Program Manager (continued)

8. Seeks advice from supervisor, when necessary.
9. Retains an objective, non-judgmental view of people (clients, colleagues, and subordinates).



## BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE

### JOB DESCRIPTION

Subject: Youth Group Worker

#### Client-Related Tasks

1. Treats all residents with dignity and respect.
2. Assures that clients are safe, well cared for and well treated.
3. Insures that clients' rights are protected and that absolute confidentiality is observed at all times.
4. Delegates responsibilities to the clients.
5. Assists clients in resolving personal problems by listening to their concerns and responding in a positive and supportive manner.
6. Assists residents in developing improved sense of responsibility toward themselves, their family, and the community.

#### Program-Related Tasks

1. Completes Client Intake Sheets on all new admissions.
2. Understands the objectives, goals, and purpose of the program.
3. Attends and participates in discussions of Treatment/Behavior Management and plans with co-workers.
4. Implements designated treatment/case management goals related to independent and group living skill development.
5. Prepares a weekly or monthly assessment sheet on each client in accordance with requirements established by the particular program.
6. Submits other reports as requested.
7. Makes use of supervisory time to discuss significant issues regarding the physical/emotional well-being of the client with the framework of the treatment/case management plan and goals.
8. Supervises the client within the living area 24 hours a day, 7 days a week.
9. Assists clients in learning house management skills (e.g., cooking, cleaning).
10. Teaches residents about the importance of cleanliness, good nutrition, meal planning, and prudent buying, while guiding them in learning how to master certain skills.

JOB DESCRIPTION--Youth Group Worker (continued)

11. Teaches or assists with the Independent Living Program being taught, and the practice skills being learned by clients during other times of the day.
12. Provides supportive counseling to clients when other counselors are not available.
13. Provides crisis intervention to clients as needed.
14. Consistently performs household-type tasks as required by the program.
15. Represents the Department and the Program to the community in a courteous and professional manner.
16. Accurately records information on Incident/Accident Form when appropriate.
17. Presents appropriate role modeling, illustrating alternative and positive ways of interacting in daily life situations in the program.
18. Seeks assistance and consultation when necessary from other staff and/or supervisors.
19. When absent from team meetings, obtains and becomes familiar with information discussed and implements new policies or changes as necessary.
20. Notifies supervisor or administrator of unusual occurrences.
21. Consults with other agencies and/or parents when necessary.
22. Keeps well informed and current on daily situations and events that occur in the program by reading the staff log, the team meeting minutes, and by consulting with co-workers.
23. Assists clients in resolving personal problems by listening to their concerns and responding in a positive and supportive manner.
24. Escorts residents to the hospital or to medical appointments, if necessary.
25. Conducts periodical room searches as may be required by the program.
26. Takes responsibility for implementing any systems established by the program.

Program-Related Tasks--Team Leader

27. Is responsible for operation of shift and staff's adherence to the daily routine.
28. Aids in training and orientation of new workers while on the job.
29. Is responsible for completion of all paperwork for the shift (log entries, Incident/Accident Reports).
30. Provides for coverage of next shift if serious shortages occur.

JOB DESCRIPTION--Youth Group Worker (continued)

31. Is responsible for appearance of living area and furnishings.
32. Alerts Administrator regarding emergencies, special problems, child abuse, violence among residents, and inappropriate conduct of staff.
33. Sees that all prescribed medications are dispensed properly and on time, and are logged.
34. Makes assignments that are fair, and are in concert properly and on time, and are logged.
35. Makes assignments that are fair, and are in concert with staff's job titles and individual skills.
36. Is responsible for security checks, or assigning a staff member to perform the security check of the building as designated by the Administrator.
37. Records employee absences from the place prescribed by the Administrator (Bergen House and Conklin Youth Center (CYC)).
38. When functioning as Team Leader, develops and maintains the monthly schedule for counselor coverage.
39. Records all pertinent information regarding each resident in the Staff and Medication Logs in a clear and concise way, making sure to be objective and non-judgmental.
40. Records in Medication Log information regarding medication, illness, or outside appointments.

Professional Qualities

1. Demonstrates adequate subject matter knowledge and background to accomplish his/her particular assignment.
2. Originates and presents ideas for improvement of program.
3. Continues to advance professionally through study and participation in training and workshops.

Personal Qualities

1. Consistently reports for work on time, ready to start work.
2. Takes responsibility for contacting appropriate person when schedule changes are necessary (i.e., car trouble, illness).
3. Follows through on all assignments/tasks in a prompt manner.
4. Presents a well groomed and professionally poised appearance.
5. Accepts supervision without being defensive and utilizes it to improve work skills.
6. Seeks advice from supervisor, when necessary.

JOB DESCRIPTION--Youth Group Worker (continued)

7. Retains an objective, non-judgmental view of people (clients, colleagues, and superiors).
8. Readily adapts to situations, changes, and limitations; can mobilize personal resources quickly, if necessary.
9. Exhibits enthusiasm and interest in the job.
10. Shows genuine respect, concern, and warmth to others.
11. Approaches problem situations in a calm, mature, problem-solving manner.
12. Exhibits creativity by searching for new ideas and approaches to do the job.
13. Treats fellow staff with dignity and respect at all times.
14. Is flexible in emergency situations and will agree to take on unusual tasks to meet residents' needs (e.g., cooking, building maintenance).
15. Makes good use of structured and unstructured time.



## BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE

### TRAINING OUTLINE FOR CROSSROADS STAFF

- I. Introduction
  - A. Discussion of the overall system/child welfare, juvenile justice
  - B. Discussion of Department's system
  - C. Evolution of the need for the program
  - D. Discussion of the current system without program
- II. Program Description
  - A. Philosophy of program
  - B. Description of program activities
- III. Clients
  - A. Review of client behaviors
  - B. Assessment tools and techniques
- IV. Program Interventions
  - A. Functional academics
  - B. Group
- V. Staffing
  - A. Job Descriptions
  - B. Roles in the program
- VI. Program Resources
  - A. Resource Room.
  - B. Division of Vocational Rehabilitation
  - C. Volunteer Bureau
  - D. Local Mental Health Services
  - E. Local Health Services
  - F. Welfare
  - G. Miscellaneous other
- VII. Administrative Responsibilities

**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**TOPICS FOR GROUP

1. Self-esteem
2. Family history
3. Building trust
4. Respect
  - a. for self
  - b. for others
  - c. for others' property
5. Support system
  - a. family
  - b. group
  - c. self
6. Peer pressure
7. Rule-Setting (structure)
  - a. self-imposed rules
  - b. group rules
  - c. Crossroads rules
  - d. society's rules
  - e. family rules
8. Setting goals
9. Commitment
10. Responsibility
  - a. to self
  - b. to program
11. Learning to live independently
  - a. life skills
  - b. work skills
12. Family concerns
13. Communication
  - a. verbal
  - b. non-verbal
14. Assertiveness training
15. Leadership
16. Knowing your strengths
17. Constructive criticism
  - a. self
  - b. others
18. Sharing
19. Career goals
  - a. college education
  - b. employment
20. Working positively with your limitations



**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**

CROSSROADS REFERRAL DATA

Instructions: This form is to be completed on all referrals that are made to the program. If the information requested is not available, please indicate this by marking N/A in the appropriate place.

Name of client: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

Presenting problem: \_\_\_\_\_

Current living situation: \_\_\_\_\_

Nature of family involvement: \_\_\_\_\_

Behavioral/Emotional problem (if any): \_\_\_\_\_

Alcohol/Drug History: Yes \_\_\_ No \_\_\_ Unknown \_\_\_ (If yes, describe extent of use and motivation to discontinue)

Educational Status: (indicate name of school and/or last grade completed)

In school \_\_\_\_\_

Dropped out \_\_\_\_\_

Graduated \_\_\_\_\_

Other (explain) \_\_\_\_\_

Is client motivated to continue his/her education? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

rvb

CROSSROADS REFERRAL DATA (continued)

Delinquency history: Yes \_\_\_ No \_\_\_ Unknown \_\_\_ (If yes, describe nature of activities and disposition)

\_\_\_\_\_  
\_\_\_\_\_

List other agencies currently providing services to this client and the names of involved staff.

<u>Agency</u>	<u>Staff Member</u>
_____	_____
_____	_____
_____	_____

Work Situation (current and past):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client's level of interest in the Program:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Step: \_\_\_\_\_

Follow-up contacts: \_\_\_\_\_

\_\_\_\_\_

Accepted \_\_\_\_\_

Rejected \_\_\_\_\_

\_\_\_\_\_  
Crossroads Staff Member/Interviewer

**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**EVALUATION  
INDEPENDENT LIVING SKILLS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

<u>Work Habits</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Unsatisfactory</u>
Follows instructions effectively	_____	_____	_____
Works independently	_____	_____	_____
Completes assignments on time	_____	_____	_____
Quality of work	_____	_____	_____
<u>Social and Personal Characteristics</u>			
Cooperation	_____	_____	_____
Participation	_____	_____	_____
Initiative	_____	_____	_____
<u>Attitude toward:</u>			
Authority	_____	_____	_____
Personal development	_____	_____	_____
Accepting responsibility.	_____	_____	_____
Peers	_____	_____	_____
General comments: _____			
_____			
_____			

\_\_\_\_\_  
Crossroads Staff/Evaluator

**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**BEHAVIORAL ASSESSMENT SCALE I

Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Please complete this scale on the client, indicating your assessment of the designated behavior by placing a "✓" next to the most appropriate category. Your responses should be based on your direct observations of the client during his/her first four weeks in the program

<u>THE CLIENT IS--</u>	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Often</u>	<u>Always</u>
1. Able to relate to peers in a socially acceptable way	_____	_____	_____	_____	_____
2. Exhibits a constructive set of values that lead him/her to select productive behavioral alternatives.	_____	_____	_____	_____	_____
3. Is able to set appropriate goals for himself/herself.	_____	_____	_____	_____	_____
4. Is aware of how to operationalize (put into practice) these goals.	_____	_____	_____	_____	_____
5. Is able to assume responsibility for his/her actions.	_____	_____	_____	_____	_____
6. Is able to effectively solve problems related to his/her life	_____	_____	_____	_____	_____
7. Is able to make positive decisions and take appropriate risks affecting his/her life.	_____	_____	_____	_____	_____
8. Is able to relate to older adults in a socially acceptable way.	_____	_____	_____	_____	_____
9. Is able to respond to changes or crises flexibly and with a minimum amount of overt frustration.	_____	_____	_____	_____	_____
10. Is aware of his/her vocational/educational options.	_____	_____	_____	_____	_____

\_\_\_\_\_  
Crossroads Staff

**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**BEHAVIORAL ASSESSMENT SCALE II

Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Please complete this scale on the client, indicating your assessment of his/her behavior by placing a "✓" below the most accurate category. Base your responses on your direct observations of the client during months 3 and 5.

<u>THE CLIENT IS--</u>	<u>Some</u>				
	<u>Never</u>	<u>Rarely</u>	<u>times</u>	<u>Often</u>	<u>Always</u>
1. Is more able to relate to peers in a socially acceptable way.	_____	_____	_____	_____	_____
2. Exhibits a more constructive set of values that lead him/her to select productive behavioral alternatives.	_____	_____	_____	_____	_____
3. Is more able to set appropriate goals for himself/herself.	_____	_____	_____	_____	_____
4. Is more aware of how to operationalize these goals.	_____	_____	_____	_____	_____
5. Is more able to assume responsibility for his/her actions.	_____	_____	_____	_____	_____
6. Is more effectively able to solve problems related to his/her life.	_____	_____	_____	_____	_____
7. Is more able to make positive decisions and take appropriate risks affecting his/her life.	_____	_____	_____	_____	_____
8. Is better able to relate to older adults in a socially acceptable way.	_____	_____	_____	_____	_____
9. Is more able to respond to changes or crises flexibly and with a minimum amount of overt frustration.	_____	_____	_____	_____	_____
10. Is more aware of his/her vocational/educational options.	_____	_____	_____	_____	_____

Month No. \_\_\_\_\_

\_\_\_\_\_  
Crossroads Staff

**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**

SEMI-STRUCTURED INTERVIEW  
for  
MONTHLY AND EXIT MEETINGS WITH CLIENTS

Name \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Ask each question in the order in which it is listed. The questions may be reworded slightly for clarification, if necessary. The responses should be recorded directly on this sheet, following the questions to which they refer. Complete one sheet for each interview that is conducted.

1. Are you having any problems with any part of the program?  
\_\_\_\_\_  
\_\_\_\_\_
2. How do you feel now that you have progressed so far in the program?  
\_\_\_\_\_  
\_\_\_\_\_
3. What have you liked the most about the program this month?  
\_\_\_\_\_  
\_\_\_\_\_
4. What have you liked the least about the program this month?  
\_\_\_\_\_  
\_\_\_\_\_
5. Has anything that you learned in the program helped you in your daily life this month?  
\_\_\_\_\_  
\_\_\_\_\_
6. If you could make a change in the program, what would it be?  
\_\_\_\_\_  
\_\_\_\_\_

FOR EXIT INTERVIEWS ONLY

7. Now that you are leaving the program, what is the area in which you feel least prepared? Do you think that the program could have helped you more in this area? \_\_\_\_\_  
\_\_\_\_\_
8. Would you be interested in participating in an ongoing group?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly \_\_\_\_\_ Exit \_\_\_\_\_  
(Indicate one)\_\_\_\_\_  
Crossroads Staff/Interviewer

231



**BERGEN COUNTY DEPARTMENT OF FAMILY GUIDANCE**

Please sign and return this form whether or not you answer any of the questions on this assessment.

**NEEDS ASSESSMENT FOR FEMALES FOR INDEPENDENT LIVING SERVICES**

Population Description

We are trying to assess the need for both residential and community-based independent living services for females.

The target population is female, aged 17-21, who lack the social and functional skills to live on their own. Many have been involved with the child welfare or juvenile justice systems and have "aged out" while others have been involved with mental health or special education services.

It is important to note that, generally speaking, these clients do not share a specific diagnosis, nor are they all from the same socio-economic or ethnic group. The similarities among them are that they all are extremely socially immature; they lack the skills to live and work on their own; they lack a clear value system that is consistent with the norms of the larger society; and they are more oriented toward dependence than independence. Although they range in age from 17-21 years old, in fact, many of them function emotionally and socially at a much younger level.

1. Do you serve the population described above? \_\_\_\_\_. If not, and you know of someone who does, please indicate in the space below and return this form with your signature.

\_\_\_\_\_  
Group/Agency

\_\_\_\_\_  
Signature

2. How many of these young people did you serve during the past year? \_\_\_\_\_ (for schools, use the current school year; for other agencies, use the current fiscal year).

3. Do you see this as a growing problem? \_\_\_\_\_. If so, please explain why this is a growing problem.

4. If appropriate for this population, please prioritize the following services numerically (highest = most; lowest = least). You may add others to the list.

____ Group Counseling	____ Life Skills Classes	_____
____ Housing	____ Vocational Skills Development	_____
____ Individual Counseling	_____	_____

5. Please review the following characteristics. If you feel that they are prevalent in this population, please prioritize by number. (You may add characteristics to the list.)

____ Alcohol Use	____ Family Problems	____ School Problems/Truancy
____ Depression	____ Have Children	_____
____ School Drop-out	____ School Problems/Academic	_____
____ Drug Use	____ School Problems/Behavioral	_____

6. Please review the following types of living arrangements. In reference to the target population, please prioritize, by number, the most to least common arrangement.

____ At Home	____ On Their Own	____ With Relatives
____ Correctional Facility	____ Residential Treatment Center	_____
____ Group Home	____ With Friends/Neighbors	_____

7. We believe that an important segment of the population that we must reach is comprised of both male and female school drop-outs. Would you be willing to furnish us with this information so that we may contact them and offer assistance should they require it?

**State of New Jersey**

THOMAS BLATNER  
Director  
DYFS Management Team

**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF YOUTH AND FAMILY SERVICES**

1 South Montgomery Street  
CN 717  
Trenton, N.J. 08625

December 20, 1984

Shelly Wimpfheimer, MSS, ACSW  
Director  
County of Bergen  
Department of Youth Services  
355 Main Street  
Hackensack, NJ 07601

Dear Ms. Wimpfheimer:

I was pleased to receive your letter of December 7 and learn of your continued interest in the problem of services for 18-21 year olds. We are currently in the process of forming a group to deal with this age group. As soon as the group is organized, I will contact you regarding its initial meeting.

By the way, may I see your research on this subject?

Thank you again for your interest and concern. Be assured that you will be hearing from me further.

Sincerely,

Thomas Blatner, Director  
DYFS Management Team

JS:cb

232

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236  
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