Journal

For Services to Children and Families

Spring Edition

Journal Vol 2

The Alberta Association of Services for Children and Families

Journal

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The AASCF Journal for Services to Children and Families (the Journal) is published two times a year by AASCF; a membership based provincial organization of child and family service agencies. The AASCF works to strengthen member agencies and promotes attitudes, practices and conditions that contribute to quality services for vulnerable children and families. Articles are the responsibility of the authors and do not necessarily reflect the views of AASCF.

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Editorial

It is impossible in Canada, not to note the beautiful, refreshing days of spring. The longer daylight hours, pleasant temperatures, sprouting of plants and flowers, and chirping of active, colorful birds beginning their new families' marks a time of renewal. This is a time for reflection of both the challenges and exciting things in our lives. Just to experience the beauty of nature and to be in the out-of-doors creates a sense of well-being and happiness. The world is a lovely planet. We should all take the time to go outside and marvel at the mysteries and grandeur of nature. For many of us, spring brings a resurgence of energy, a boost in emotion, and a general sense of cheer. We eat more healthfully and exercise more as we shake our state of winter hibernation. We live more passionately.

The beautiful cover picture on this edition of the Journal, offers us the metaphor of the honey bee and everyone involved in the care of children working as a team. Honeybees are known as paragons of sociality, living in societies that rival human societies in complexity and cohesion. Honeybees live in colonies where they work communally to gather and process food, care for young, build nests, and defend their hive. (McGraw-Hill, 2008). If we in the child and family services sector adopted a 'whole community approach' like those of the honeybee where children and youth were the focus of everyone and we were able to provide high quality and targeted services for children that were able to protect them and support their families, what a different world we and they would live and work in. As I talk with those of you around the province I am energized by the efforts you all make to provide the best care possible. Efforts we must never stop!

As always, we urge you to keep your contributions to the Journal coming—it's never too early to submit an article. To all those who contributed to this issue we say thank you and keep them coming in.

Rhonda Barraclough, BSW, RSW
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Individual and Family Risk Factors Associated with a History of Reported Maltreatment for Street-Involved Youth in Calgary, Alberta

Bruce MacLaurin, MSW, RSW, Catherine Worthington, Ph.D., Olivia Kitt BSW, RSW

Introduction

A significant proportion of street-involved youth report leaving home as a result of conflict or maltreatment within the family (Cauce, 2004; Chen, 2004; Hyde, 2005; McLean, 2005). Canadian and U.S. studies report high rates of maltreatment among street youth ranging from 29% to 90% for physical abuse (Ferguson, 2009; Gwadz, Nish, Leonard, and Strauss, 2007; K.A. Tyler, 2006); 12% to 50% for sexual abuse (Chen, 2004; Ferguson, 2009; Gwadz et al., 2007; K.A. Tyler, 2006); 17% to 51% for neglect (Gwadz et al., 2007; Public Health Agency of Canada); and 15% to 68% for emotional maltreatment . The maltreatment experienced by these street-involved youth is consistently reported to be predominantly chronic, serious, and initiated at a young age (Cauce, 2004; Janus, Archambault, Brown, and Welsh, 1995; K.A. Tyler & Cauce, 2002). This article compares street-involved youth with and without a reported history of child maltreatment on a number of individual and family risk factors based on data collected for the *Calgary Youth, Health and the Street* study (Worthington et al., 2008).

Methods

The Calgary Youth, Health and the Street study employed a cross-sectional mixed methods design within a community-based research framework to describe the street-involved youth in Calgary, and explore variations among the different sub-populations of street-involved youth in terms of family experiences, health and HIV risks, coping mechanisms, and service needs. In addition, the study used the research process as the basis for engaging youth and HIV service organizations to develop and enhance existing services. The study was a collaboration between university researchers, AIDS Calgary Awareness Association, three street-involved youth, and 13 other health and street service agencies in Calgary. Study team members were actively involved in the formulation of study questions, development of survey and interview instruments, collection of surveys, and data interpretation.

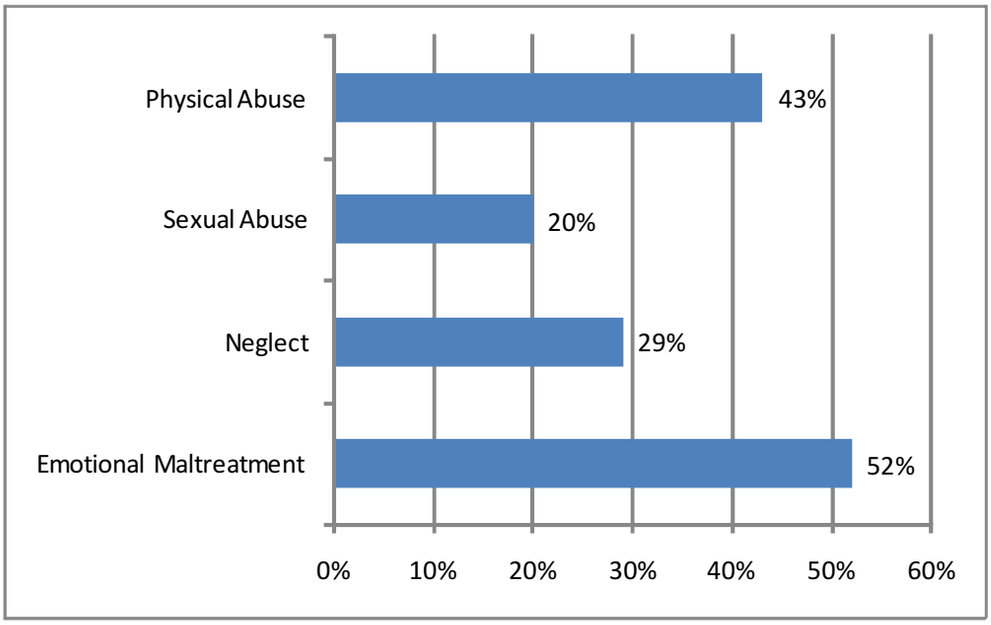
Purposive sampling was used to survey street-involved youth recruited by research-trained youth outreach workers. Targeted youth were under 25, English speaking, and not under the influence of drugs or alcohol at the time of participation. The self-administered survey instrument (70 items) was designed for completion in under 30 minutes, and focused on participants' previous life experiences; current street experiences; perceived physical, mental and emotional health; social, employment and educational activities; coping strategies, personal strengths, social support and future goals; and use and opinions of health and street services. Three hundred and fifty-five (355) usable surveys were collected over a seven month period (June-December 2005).

Demographics

For the sample of 355 street-involved youth, 52% were aged 19 or younger, 42% were between the ages of 20 and 24, and 6% were aged 25 or older. Sixty percent of survey respondents were male, and 39% were female. Ninety-two percent of males and 61% of females reported being attracted to the opposite sex, while 8% of males and 39% of females reported being attracted to the same sex or both sexes. In this sample of street-involved youth, 62% of participants identified as White, 26% indicated they were Aboriginal, and 12% indicated "other" ethnic identity.

Reported History of Maltreatment for Street-Involved Youth

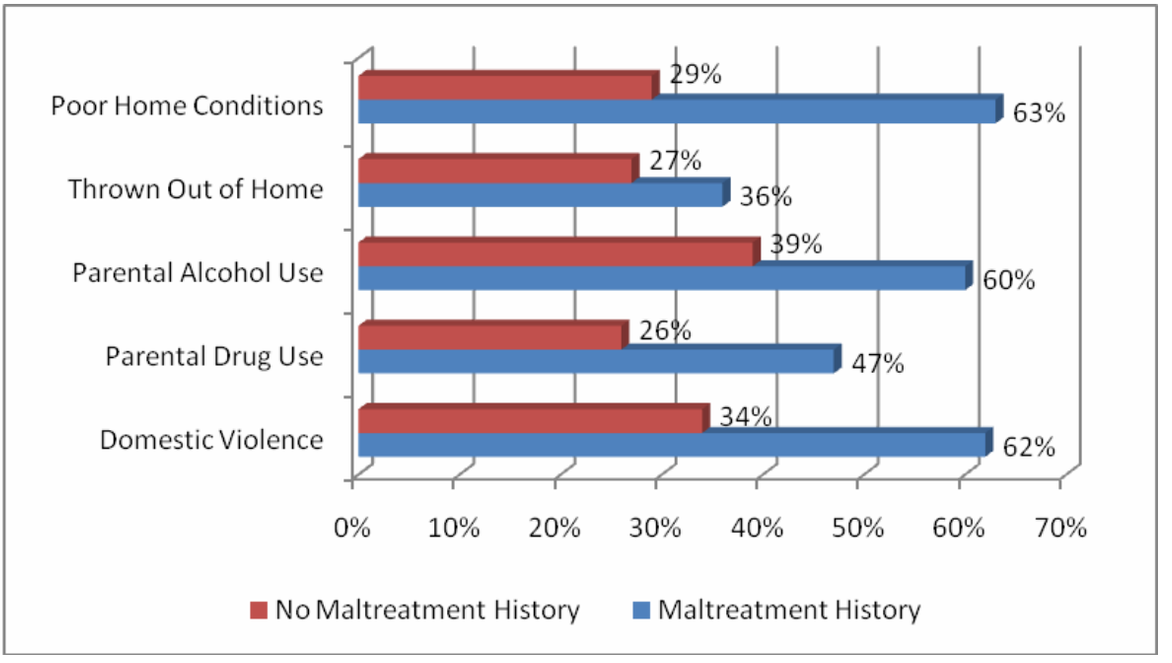
Three hundred and forty three street-involved youth surveyed in the Calgary Youth, Health and the Street study provided responses to the questions about a history of maltreatment. Of this group, 243 or 71% reported that they had experienced some form of abuse or neglect in their family. Specific types of maltreatment included physical abuse (43%), sexual abuse (20%), neglect (29%) and emotional maltreatment (52%) (Figure 1). The incidents of maltreatment were rarely an isolated event. Only 8% percent reported a single experience of abuse or neglect, while 31% reported multiple events over a period of less than 6 months, and 61% reported multiple events for longer than 6 months. Of the youth noting a history of maltreatment, 64% reported their family had contact with child welfare while 36% reported that this maltreatment had either not been investigated or they were not aware if it had been investigated by child welfare. Of those youth who reported a history of maltreatment, 36% were placed in child welfare care, while 9% had been involved in ongoing family services.



Family Risk Factors

Family risk factors differed significantly ($p<.05$) for youth reporting maltreatment compared to youth who did not report maltreatment (Figure 2). Sixty-three percent of youth who reported maltreatment described conditions at home as being either somewhat poor or very poor, compared to 29% of youth who did not report maltreatment. In addition, a higher proportion of youth reporting maltreatment were kicked out of home or asked to leave (36% versus 27%, respectively). Youth reporting maltreatment also indicated higher rates of alcohol and drug use by their caregivers. Sixty percent of youth reporting maltreatment indicated caregiver alcohol use compared to 43% of youth who did not report maltreatment, while 47% of youth reporting maltreatment indicated caregiver drug use compared to 30% of youth not reporting maltreatment. Finally, over 62% of youth reporting maltreatment indicated they had witnessed domestic violence between their parents, compared to 39% of the youth who did not report maltreatment.

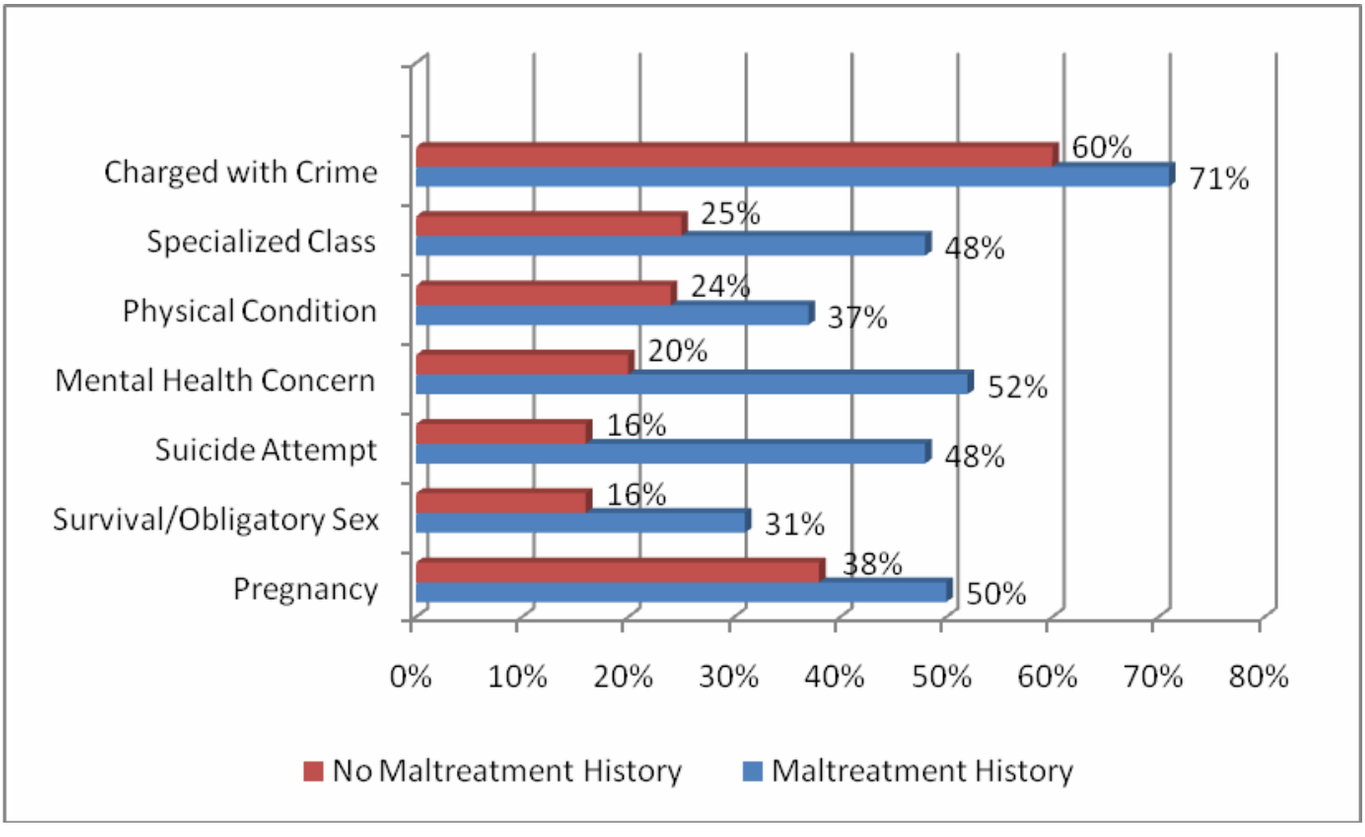
Figure 2: Family Risk Factors for Street-Involved Youth Reporting Maltreatment and Not Reporting Maltreatment (N=343)



Individual Risk Factors

There were significant differences ($p<.05$) with respect to individual risk factors for street-involved youth who reported maltreatment compared with those who did not (Figure 3). Seventy-one percent of street-involved youth with a reported history of child maltreatment indicated that they had criminal charges compared to 63% of youth did not report a history of maltreatment. In addition, a higher proportion of youth reporting maltreatment had been in a specialized educational class (48% versus 25%, respectively). Youth reporting maltreatment also indicated higher rates of physical and mental health concerns. Thirty-seven percent of youth reporting maltreatment indicated they had physical health concerns compared to 24% of youth who did not report maltreatment, while 52% of youth reporting maltreatment indicated they had mental health concerns compared to 30% of youth who did not report maltreatment. A higher proportion of youth reporting maltreatment had attempted suicide (48% versus 16%) and had been involved in survival or obligatory sex (31% versus 16%). Finally, 50% of youth reporting maltreatment indicated they had been pregnant or been responsible for a pregnancy compared to 38% of youth who did not report maltreatment.

Figure 3: Individual Risk Factors for Street-Involved Youth Reporting Maltreatment and Not Reporting Maltreatment (N=343)



Conclusions

Street-involved youth have been described as a diverse and marginalized population that face multiple challenges, and they often receive insufficient and fragmented support from institutions and services (Worthington et al., 2008). Within this population, youth with a reported history of child maltreatment are clearly over represented. Street-involved youth experience high rates of physical and sexual abuse, neglect and emotional maltreatment, which may be characterized as severe events occurring over an extended duration. In our study, over a third (36%) of street youth who reported maltreatment indicated that their families had never been involved with the child welfare system or had accessed the support services available through this service system. This highlights the risks associated with non-disclosure and under-reporting for child maltreatment in Alberta (MacLaurin et al., 2006). For those street-involved youth with a reported history of maltreatment, 36% indicated that they had been placed in care, while 9% had received family services. A higher proportion of youth with a reported history of child maltreatment indicated family concerns, including early departure from the home, poor home conditions, parental alcohol and drug use and domestic violence. A greater proportion of these street-involved youth with a reported history of maltreatment also indicated individual-level concerns, including involvement with the criminal justice system and special educational classes, physical and mental health concerns, attempted suicide, involvement in high-risk survival or obligatory sexual activities, and involvement in pregnancies. Street-involved youth are a vulnerable population dealing with many life issues as they negotiate developmental tasks within a demanding environment. Ongoing research and program planning are vital in order to better meet the complex needs of street-involved youth with a history of maltreatment.

Acknowledgements

The authors thank the many youth who participated in the study; Calgary youth and health agency staff on the research team for their contributions to the study; and the street outreach workers who acted as research assistants. Particular thanks go to the Project Coordinator, Dawn Dittmann, and to AIDS Calgary Awareness Association, the lead community agency partner on this study. This study was supported by an operating grant from the Canadian Institutes of Health Research (CIHR – CBR68751) and an establishment grant from the Alberta Heritage Foundation for Medical Research. C. Worthington receives investigator support from the Canadian Institutes of Health Research and the Alberta Heritage Foundation for Medical Research.

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OUTCOMES BASED SERVICE DELIVERY – A COLLABORATIVE JOURNEY TOWARDS IMPROVED OUTCOMES

Joni Brodziak, RSW

Preamble

The Ministry of Children and Youth Services (CYS) and the contracted agency sector in Alberta are collaborating on revising the way that services for children and families are accessed, negotiated and delivered. Agencies will be provided the opportunity to become much more engaged in planning towards specific child and family outcomes and overall agency performance will be measured using a consistent Outcomes Measurement Framework based on the National Child Welfare Outcomes Indicator Matrix (Trocme, MacLaurin, Fallon, Shlonsky, Mulcahy, & Esposito, 2009). Contract agencies and Regional Authorities have been working together on Outcomes Based Service Delivery (OBSD) processes in 'Phase-In' or pilot sites in two urban areas in the province. These sites include a flexible funding model and contract structure, a specific collaborative case planning process and a requirement to begin measuring against specific outcomes measures.

The history

There has been a great deal of discussion amongst both the contract agency sector and the Ministry about 'Outcomes Based Service Delivery' project however beyond communicating a vision of improving outcomes for children, the actual concept can be a bit more challenging to understand. To fully understand OBSD beyond being a noble goal of improving outcomes for children and families, it is important to appreciate how it fits into the context of the overall direction of Alberta Children and Youth Services. Over the past ten years, the ministry of children and youth services has been undertaking a significant shift in how child protection services are delivered. The Alberta Response Model (2001) signified a philosophical shift in child protection for Alberta, including the introduction of the notion of 'differential response', a focus on improving services to Aboriginal children and families, community partnerships, making permanency planning a priority, and measuring outcomes. Legislative changes to support this shift came with the introduction of the *Child, Youth and Family Enhancement Act,* (2004). In 2008, the Casework Practice Model (CPM) was implemented which established processes for ministry caseworkers consistent with the legislative changes all focused on improving outcomes. The contract agency sector plays a significant role in Child Intervention service delivery in Alberta. As such, true sustained improvements in service delivery systems and processes to support vulnerable children youth and families cannot be considered in the absence of the engagement, cooperation and expertise of that sector. In order to accomplish this, agencies need a stronger voice in the strategic planning and delivery of services. OBSD, then, is the next step in this decade long evolution of child protection reform in Alberta, ensuring that contract agency service delivery is in alignment with the overall ministry direction of improving outcomes for children, youth and families.

Our belief is that with an intentional focus and more flexibility, agencies will be in a better position to work with the caseworker and the family on the best way to achieve intended outcomes. For agencies to be jointly accountable for outcomes, they require a stronger voice at case planning. In OBSD, case planning is to occur within a collaborative environment, including the family, and invites multiple perspectives on how to best provide supports and services to meet identified needs. This process is in alignment with practice expectations of *Assessment, Collaboration and Engagement*, the three foundational principles of the Casework Practice Model (Alberta Children's Services, 2006).

There are multiple objectives to this initiative; however all are intended to result in improved child and family outcomes. The overarching goals of OBSD include:

1. To improve the effectiveness of services that children and families receive and experience as they move in and out of the Child Intervention System.
2. To provide agencies with more flexibility to respond to the unique needs of clients while focusing on intended outcomes and better supporting innovative practice
3. To use outcomes data to align the work between the formal Child Intervention System and contract agency service delivery
4. To develop a common quality improvement and learning process that will continue to guide joint practice and identify opportunities for improvement
5. To develop a service delivery system that has the capacity to measure and focus on achievement of agreed upon outcomes as the central driver for both casework and resource allocation decisions.
6. To establish joint accountability for outcomes for vulnerable children, youth and families

Human service delivery (which emphasize relationships) and legal contracting processes (which emphasize standardization and regulation) have often been thought to be incompatible, yet in order to accomplish the goals of OBSD, the nature of the relationship between the ministry and contract agencies needs to change. Components of 'Outcomes/Performance Based Contracting' are being utilized to inform Outcomes Based Service Delivery in the context of service provision in Alberta. “Performance based contracting is an attempt to move human service contracting away from its historical reliance on input and process design specifications (telling contractors how to perform the work) in favor of output, quality and outcome performance” (Martin, 2003). While the technical elements of contracting and financing may be easier to understand and are vital to supporting sustained service delivery capacity, they are tools to use to define the terms of an agreement to work together. Far more critical to the principles of OBSD is the actual relationship and the mutual focus on jointly improving practice and outcomes. In fact, as Lonne, Parton, Thomson and Harries (2009) indicate “reform which concentrates on modification of technical systems is quite inadequate” (p 99).

Why this, why now?

In a practical sense, agencies have identified significant challenges in agency funding and contracting. Agencies also expressed a desire to see changes in those processes to better support their ability to be sustainable and work with the ministry to improve outcomes for children and families. We are beginning to develop a solid understanding of data and see opportunity to use data to better inform and guide our systems. Fundamentally a system intended to serve should be focusing all activity on improving outcomes for those who are recipients of our services. We should commit to a " clear and unwavering focus on positive outcomes for children and families as the central goal of a dynamic system that promotes the well-being of children and their parents, families and communities"(Lonne et al, 2009, p. 100).

The collaboration

The implementation of this project is being guided by the CYS Innovation and Improvement Framework (2006). The guiding principles of this framework are:

Client focused: Goal is to always examine and improved client outcomes.

Flexible: Within the context of legislation, initiatives and innovations reflect the unique needs of each region.

Collaborative: This work cannot be done in isolation. Collaboration is a powerful tool for substantive and sustainable improvements.

Reflective and Inquisitive: Questioning and searching for methods. Testing possibilities and seeking answers.

Capacity Building: Systemic professional development addressing learning needs of both agency and ministry staff.

Research-based: Solid research allows for regions and agencies to test the efficacy of the interventions.

Evidence- based: Decision-making is based on the collection and interpretation of data.

Culture of continuous improvement: A system is created that facilitates monitoring and searching for a better way to improve.

The OBSD initiative to date has been an exercise in collaboration and innovation. We began with some broad concepts about innovative business and practice processes that might work in the Alberta context, but are working directly with staff impacted to define and shape the more specific parameters. Speakers from other jurisdictions were brought in to talk about other models of service delivery that could be considered, such as Outcomes or Performance Based contracting. Subsequent to that, a governance structure was established that included a contract agency advisory committee to the ministry executive, but also placed staff from contracted agencies side by side with staff the ministry to guide specific areas including evaluation, data analysis, practice, contracting /finance and change management. Staff from, both small and large child intervention, agencies are actively participating in the design of an OBSD model. These organizations have contributed countless hours of work and expertise in the areas of evaluation, assessment, data, evidence based practice, communications, and change management through both active participation in committee work and engagement in pilot site activity. This way of working together on system improvements has been sometimes complicated and challenging, as there are multiple perspectives and opinions to consider, however has gone a long way in establishing a sense of common direction and purpose.

As OBSD is such a complex and important initiative it makes sense to write a series of articles to explain various components of the model as it develops. In light of this, the next article will look at:

- What outcomes are we talking about?
- What is actually happening at pilot sites and how well is it working?
- What lessons are being learned?
- How will we know we have been successful?

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Panic Attacks

Eileen Bona, M.Ed., R. Psych.

Abstract

This story is a true account of a boy, Allan (not his real name for confidentiality purposes), who could not go to school because he had severe anxiety. He was being home schooled while his mother desperately sought help to get him back in to school. The school board was involved to ensure that he would be returning to the classroom. This boy and his family were in crisis when he attended Dreamcatcher Nature-Assisted Therapy Ltd. as a last attempt to get the help he needed. Dreamcatcher is a program where rescued, once homeless or abused animals in a natural setting are helping people in need. Allan attended this therapeutic/counselling program for 6 months. Below is an account of his story which was written four years ago, followed by an update and some information on animal and nature assisted therapy.

Allan's Story

Tentatively and quietly he said "I can't go to school." The words came out as if they had been clawing in his throat all day and finally managed to narrowly escape. His penetrating stare was demanding an answer to an unasked question; silently screaming for help.

At 14, Allan was having panic attacks. In fact, this was his second year living with medication and one of the most frightening mental health disorders. Panic attacks strike without notice, unexpectedly stealing your breath and causing your heart to pound in your chest. There is only one word to describe them: Horrifying.

Allan had been to four therapists and two psychiatrists in the past year. He was desperately worried that there was no solution to his problem. He wanted to go back to school but he could not. He had been out for a month now and the fear of going back was holding him hostage. As I stared back into the depths of his fear-filled eyes, I prayed silently: "Please help me help him."

Although I have been a therapist and behavior management specialist for fifteen years, I am nowhere near as good at helping people as my 23 fur-and-feathered helpers are. It was time for Allan to meet my co-counsellors. We left the house and were guided by moonlight through the wet snow to the old shed where the chickens were sleeping. They were perched up on the highest shelf and started protesting the minute we opened the door, squawking and clucking; reprimanding us for disturbing their sleep. We invited Allan to help us deliver them a peace offering and a plea for forgiveness; oats, their favorite treat. Allan stood in the center of the coop with chickens kamikazying all around him as they left their roost to accept his gifts. The baby rooster stepped off the shelf and went awkwardly careening right past his head. Allan never flinched. He stood riveted in place and appeared fascinated by the chaos we were causing.

I picked up Molly, a huge laying hen who's named after my Aunt and whom we've had since she was three days old, and held her out for him to pet. He gathered her to him, took off his glove and gently stroked her dark brown head. Molly crooned. As Allan embraced her he heaved a sigh that had long since been held captive. I automatically heaved one too, releasing a breath I didn't know I had been holding since I met him.

Although Allan was visibly trembling from the cold night air, he wanted to meet the rest. Off to the three-way shelter. Loaded with alfalfa cubes, he stepped into the corral. Six heads reached out to greet him and the city boy stood tall amongst them. Three eager horses nudged their noses up against him and overtop of every horse was a curious llama, sniffing his hair and silently begging him to flip a cube his way. They teamed around him and for a split second he was gone, absorbed into the folds of manes, tails and foot-long ears. The boss mare, Buttons, forced a clearing with a flick of her tail and through the opening we saw the radiant face of a transformed child. He was laughing and held one hand against Buttons' cheek as she nuzzled his nose with her big fuzzy lips. If I didn't see him go in there, I would have sworn he was a different boy. In place of the fearful, mask-like expression he previously wore, was the face of a boy with not a care in the world. It was as if those few fleeting seconds rallied together to force the softening of his worried features. As he crooked his neck to look way up into the face of his new hairy friend, my pulse beat faster as I thought: “This is going to work.”

The bond was instant, Allan chose Buttons to work with. I was dumbfounded. Children don't usually choose Buttons because when they greet her she tosses her head, flattens her ears and bares her teeth at them. Something was different about Allan. She wanted to be with him and followed him around; she was nice to him and kept kissing his face, giving me a heart attack each time her muzzle came into contact with his vulnerable skin. When I asked Allan why he picked Buttons he said: “Because she's like me.” I looked at my assistant, who is a horse professional, and she just smiled and nodded her head. She had been trying to get me to see this side of Buttons for a year and I just didn't get it. I went with the flow and confirmed Allan's statement: “You're right, she's like you” even though I had no idea what they were talking about.

Allan led Buttons away from her herd and we tied her just on the other side of the fence, away from them. She began to pace. When we held her still, she put her head way up and looked wildly down at us. She pawed the ground with her perfectly manicured hoof and tossed her head violently up and down. She was panicking. Allan said: “She's afraid, like me” and he was right. We worked together to calm her down, teaching Allan how to help her through her fear, how to help her feel safe. He had no horse experience but within two hours, she followed him around the shelter and out of herd sight with no coercion, no lead rope. There was a magnetic force between them that was so strong it was almost visible. I truly had never seen this side of Buttons.

After working with her for just three short weeks, Allan has helped Buttons learn to remain calm whenever she is away from her herd. At the same time, he has been able to go to school for up to half an hour on five different days and though he has a ways to go, he is determined to get there. Allan says if Buttons can do it, so can he. Although they are different species, they share the same torment and are teaching each other how to feel safe in the world. Allan hasn't had a panic attack since he started and Buttons is calm and quiet in pasture, a thing we have never seen. These two souls are connecting on a level that defies my eight agonizing years of university and fifteen years of therapeutic experience. I could never have done for Allan or Buttons what they have done for each other. They are healing and my prayers have been answered.

Update

Allan continued to attend the Dreamcatcher program for 6 months. Every week, he spent an hour working with Buttons. With professional assistance, he took her farther and farther away from her herd, observed her natural coping skills and taught her new ones while he practiced his own. He rode her while role playing his own anxiety-provoking situations which he had to do in a calm state because Buttons suffered from anxiety too and while on top of her, she was extremely sensitive to him. Allan learned to discuss his feelings and communicate them in a healthy way rather than bottle them up and become anxious in a way that was beyond his control. Allan last attended the program in 2004.

In the summer of 2009, Allan's mother sent a heartfelt letter to Dreamcatcher. It contained Allan's high school graduation picture. He had graduated with honors. Allan thanked Buttons and her human helpers for helping him get back to school and stay there but it was Allan who did all the work.

About Animal and Nature-Assisted Therapies

Animal and nature-assisted therapies are new to our Canadian concept of counseling. Unfortunately, they have not yet been fully accepted by the medical professions but the research is becoming more and more scientific and ground breaking which is propelling these alternate forms of helping people forward.

Sometimes children and youth need help because they are too afraid or too angry or too shy to get along with others or succeed in the school setting. Some children and youth do well with the school counselor or with a play or talk therapist in an office setting and are able to get the help they need in these settings which are plentiful. There is a percentage of children and youth however, who do not fair well in these traditional therapeutic settings. These children may have diagnosed disabilities or mental health disorders, brain abnormalities, behavioral symptoms or many other things affecting their ability to do well in traditional counseling or in school. Animal and nature assisted therapies provide a natural motivation for this population to get the help they need. In a relaxed and natural setting, young people are partnered with a non-threatening, loving animal and a highly skilled human professional.

According to anthropologist Elizabeth Atwood Lawrence and entomologist E.O. Wilson (1984), winner of two Pulitzer prizes, humans are genetically attuned to pay attention to animals and nature due to the fact that we, as a species, evolved with animals in a natural setting. They claim that we have a need to affiliate with other living organisms, that animals and nature optimize our health and bring about positive changes in our behavior and that contact with animals and nature influences our cognition, health and well being. This is the foundational belief behind working with animals in a natural setting to help people in need.

Animal and nature assisted therapies are becoming more popular and being accepted in a wider variety of therapeutic settings. More research must be conducted before it is fully funded in our country but it is well on its way. Animals provide unconditional love and acceptance, honesty, immediate responses to our feelings and actions and have a way of putting people at ease in social situations. The research that has been done states that animal interactions can facilitate language, enhance verbal skills, increase attention span and stimulate and improve cognitive abilities in children and adolescents (Nathanson & de Faria, 1994); pet owners have higher self esteem and confidence (Terpin, 2004); interacting with a dog can lower anxiety (Barker & Dawson, 1998); interacting with an animal can reduce anxiety during therapy (Allen, Blascovic & Mendes, 2002); children with behavioral and mental health issues showed an increase in General Functioning

Mendes, 2002); children with behavioral and mental health issues showed an increase in General Functioning scores when an animal was included in their therapy sessions (Schultz, Remick-Barlow & Robbins, 2007); and interacting with animals can improve empathic ability (Ascione, 1992).

Research and anecdotal evidence also clearly identifies that animals can act as a buffer in traumatic experiences, can help people adjusting to serious illness or death of a loved one, can support sexual and physical abuse victims, can reduce Post Traumatic Stress symptoms and can decrease loneliness and depression. Research in this field is ongoing and is becoming and more scientifically based. Animal and nature assisted therapies have been in existence for hundreds of years but are only recently being recognized as effective alternate therapies in Canada.

Dreamcatcher has been in operation since 2003. It is run by a Registered Psychologist and currently has 20 fur or feathered rescued or adopted animals all of whom come with their own life story, personal issues and life obstacles. At Dreamcatcher, rescued and once homeless animals that have been specially screened and chosen as co-counsellors are partnering with children and youth to help them overcome their life issues, whatever they might be. Together, young people are healing animals and animals are healing young people.

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Handling Life's Problems in a Hopeful Way: A Hope and Strengths Program for Parents Who Have Fetal Alcohol Spectrum Disorder (FASD)

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Abstract

This article describes the development, delivery and evaluation of a six-session hope and strengths group for parents who have fetal alcohol spectrum disorder--FASD. The program was designed to create positive emotion and build social connections. It was offered at the Hope Foundation of Alberta in January 2010 to six women who were receiving mentorship services from three community agencies.

Introduction

"The [Fetal Alcohol Spectrum Disorder] demonstration projects in Alberta are widely regarded as emerging best practice in the support of individuals and families affected by FASD" (Government of Alberta, 2007, "FASD Demonstration Projects", para. 4). Most notable among the demonstration projects for their individual focus and tailoring are mentorships which pair professional facilitators with adults experiencing significant life stress. Working to link resources through a coordinated community-based model, (Grant, Toggins, Connor, Pedersen, Whitney & Streissguth, 2004) the mentors provide personal support for problem-solving and play a pivotal role in helping their clients overcome the cognitive, emotional and organizational barriers that make it difficult for them to access health and community services (Streissguth, Barr, Kogan, & Bookstein, 1997).

The life challenges FASD creates for adults become even more significant when these adults become parents. The mentors who assist these parents deal with a complex web of challenges that affect not only their clients, but the welfare of the children. They provide support for problem-solving and decision-making amid a combination of cognitive deficiencies, lack of impulse control, increased risk for poverty, mental illness and addictions (Chudley, Conry, Cook, Loock, Rosales, & LeBlanc, 2005; Streissguth, Bookstein, Barr, Sampson, O'Malley, & Young, 2004).

While mentors deal with crises on a daily basis, they also look for community resources that can meet the needs they see as they work with their clients. Mentors working in Edmonton with parents who have FASD cited isolation as a problem and sought helpful social connections for their clients, noting that they typically had little positive support from family and friends. Lack of financial resources and difficulty in forming relationships limited their ability to connect and socialize with people who might offer them friendship, support and advice. One possible way mentors could create social links was to connect parents with FASD to each other. But this was not an obvious solution, given the number and severity of barriers faced by the individuals who qualify for mentorship programs. Herein lay a question: Given that the participants would be dealing with depression, addictions, isolation, social anxiety, poverty, overcrowded housing, family conflict, child welfare supervision, cognitive disabilities and mood swings, what kind of group design would bring parents with FASD together in a constructive way?

Seeking expertise and leadership in the development of a positive group opportunity that could reduce isolation, Catholic Social Services turned to the Hope Foundation of Alberta, an Edmonton-based centre for hope studies affiliated with the University of Alberta Department of Educational Psychology. The Hope Foundation was targeted because of its experience in developing and delivering positive group programs for populations with complex needs. This experience began in 1995 with the pilot offering of a comprehensive hope-based program for teachers on disability leave (LeMay & Edey, 2008). The knowledge gained there was later applied in groups for parents whose children had reported sexual abuse, and groups for people with chronic pain.

The collaboration between Catholic Social Services and Hope Foundation led to the development of a six-session twelve-hour hope and strengths group experience for parents with FASD. The program was called Handling Life's Problems In A Hopeful Way. Bringing together three leaders and six participants who previously did not know each other, the program was designed to increase positive emotion and build social connections. It ran on Tuesday afternoons in January and February 2010. Acting on a positive psychology premise that positive emotions play an important role in helping us respond to problems (Frederickson, 1998; Seligman, 2002), we aimed to make the program accessible, enjoyable, and effective as a vehicle for personal growth. In this paper we share information about the first offering of Handling Life's Problems In A Hopeful Way. We describe how we prepared for the group, what we did during sessions, how we collected data about the process, and what we observed as we went along.

Preparing for the Group

In the simplest terms, a hope and strengths group is a positively structured set of activities for people who have some problem or issue in common. It is not a therapy group per se because the focus is not on the problem itself, but rather on the problem in the context of hope and strength. The participants bring the problem and talk about the problem while participating in the program. The job of the leaders is to conduct the program and maintain a respectful and positive atmosphere.

We built our hope and strengths group for parents with FASD on the foundation of informed experience. The project was funded by the Edmonton Fetal Alcohol Network. Contributions of time and expertise were made by Catholic Social Services, Hope Foundation of Alberta, Bissell Centre, and Bosco Homes. Participants were identified and recruited by mentors from Catholic Social Services, Bissell Centre and Bosco Homes. The mentors took responsibility for removing barriers to attendance. They ensured that transportation and child care needs were met. Sessions were planned around school schedules and lunch was served at the start of each session.

Group leadership resources came from Catholic Social Services and Hope Foundation of Alberta. The group had three leaders, Sharon, Wendy, and Dave. Sharon is a social worker and experienced FASD mentor currently working for Catholic Social services. . She brought personal knowledge gained from having had contact with a number of the participants prior to the start of the program. Wendy is a counselling psychologist who has been running hope and strengths groups at the Hope Foundation of Alberta for various populations since 1995. She has used some of her knowledge about positive psychology to augment communication with her adopted son, an adult with FASD (Edey, in press). Dave is a doctoral student in educational psychology. He was working in a field placement at the Hope Foundation during the program.

Group Process and Activities

We wanted a group program that would promote positive emotional development, an environment that would encourage adults with FASD to show their most functional selves and be recognized for it. Based on Wendy's personal communication experience with her son (Edey in press), and the feedback received from participants in other hope groups (LeMay & Edey 2008), we predicted that the group members would be receptive to, and able to engage in a carefully structured program of hope- and strength-based activities. With this in mind, we designed six two-hour sessions.

Sessions one, two, and six centred on activities designed to create the emotional and cognitive experience of hope. We wanted the participants to feel hope during the sessions and to think of the future as a time to anticipate with hope. To achieve this we used some tools and activities typically employed in the counselling program run by the psychologists at the Hope Foundation (Edey, Larsen, & LeMay, 2005; Larsen, Edey & LeMay 2007). In the first session, leaders and participants were asked to state our hopes in the language of "I hope." We expressed hopes for ourselves and hopes for our children. In the second session we reflected on hope, looked at magazines, cut out words and pictures, and made hope collages. We talked about hope during and after collage making. In the sixth and final session we expressed our hopes by playing a game called Time Machine. In this game we projected ourselves forward to future dates and answered imaginative questions about ourselves in those future times. Based on previous experience we predicted that the participants would have some initial difficulty with the activities, that they would find it hard to talk about their hopes and their strengths. Right from the start the leaders set an example by participating in all activities. They were, for example, expected to state their hopes, make collages and answer the questions in the Time Machine game.

Activities in sessions three, four, and five focused on identifying and owning personal strengths. We wanted the participants to see themselves as people with strengths and to be proud of their strengths. In the third and fourth sessions we identified and named personal strengths of participants and leaders using the inventory of personal strengths developed by Martin Seligman (2002). This inventory recognizes 24 basic strengths, for example, appreciation of beauty, bravery, and creativity. In this group it was impractical to use Seligman's questionnaire for identifying the strengths, so we developed a discussion format that could bring them to light. In the fifth session we identified personal resources by asking the question: Who do you turn to when you need help?

Gathering Evaluative Data

In the process of program design we developed a logic model that identified a number of desired outcomes and indicators of success. We wanted to create a respectful environment where people would feel comfortable. Success would be indicated by consistent attendance and positive reports. We wanted participants to benefit from the use of hope strategies. Success would be indicated by increased ability to relate to hope language and symbols and increased ability to talk about the future. We wanted participants to form positive social connections. Success would be indicated by their pleasure at seeing each other and their willingness to help each other. We wanted to see positive emotional benefits for participants. Success would be indicated by group laughter and eager participation. We wanted to create a safe place where participants could raise concerns. Success would be indicated by participants sharing concerns.

We wanted the group tobe a place for education around issues of concern. Success would be indicated by observed changes in behaviour and self-report of having learned.

Observations by Leaders and Participants

Six participants began the program and were present at the first two sessions. In session one, all of them expressed doubt about their ability to keep consistent attendance. At the end of session two, all of them said they were benefiting and expressed the hope of being there for session three. Three participants were present at the final session. Two of them had been present at every session. Two attended four sessions. Two missed sessions three and four and were officially advised that they should not return to this group, but should start again with the next group.

All participants at the final session were more articulate about hope than they had been at the beginning. The hopes expressed in session one tended to be general and distant: for example, “I hope to give as much as I get”; “I hope to be a healthy grandmother”; “I hope to give my kids everything I didn't have”. Later there was more immediacy and specificity: “I want to go to school and I wonder what I'm waiting for”. Pictures in the hope collages spoke to hopes for travel, family closeness, artistic achievement, and fun.

Social connections formed in session one and continued to deepen. On their own initiative participants exchanged contact information and made contact between sessions. They showed pictures of their children, promised to share kittens from future litters and brought items they thought others could use. They laughed and cried together, pointed out strengths they saw in others, and offered advice on relevant topics. For example, in session one they gave each other tips on how to have a happy visit with children who have been apprehended and how to stay clean and sober.

Notable to the leaders was the manner in which three of the participants appeared to internalize and take seriously the conversation about them as people of strength. One began to speak of herself as an advocate for her children, another self-identified as a creative person, while a third identified herself as a person who had something to give to others.

Reflecting on the program after the final sessions Sharon said: “I had prior experience with several of the women in the group and here I saw a side of them I had not seen before. It was as if they now appeared 3-dimensional.”

Asked what they liked about the group the participants wrote:

- “I liked how people here had shared their personal stories and how they plan/over came it. Also the confidentiality, support as well, and understanding.”
- “The focus on hope, future and solution.”
- “I really enjoyed meeting new people.”

The suggestions they had for change were: “to have more sessions and let this group come together again.”

Asked how this group differed from other groups they had attended, they wrote:

- “Confined boundaries.”
- “That it was for FASD”
- “Different people, place, situations. Something new, with new learning experiences.”

Asked if there was anything else they wanted us to know they wrote:

- "The facilitators are awesome. Should do another this year!"
- "Thank you. Thank you. Thank you."
- "I want to let you know just how grateful I am for this experience! Also: need more magazines for the collages, newer and more."

Conclusion

If we take at face value all the feedback we gathered through personal interview, written evaluation and leaders observation we have good reason to believe that the positive environment created in a hope and strengths group is a new experience with the potential to make a genuine difference in the lives of parents with FASD. In the short term, this group gave participants an opportunity to network in a positive way with people who had similar disabilities and life challenges. It also gave them some exposure to feeling positive emotions and expressing themselves in a context of hope and strength.

We did not find evidence that such a program has been offered in the past. This is quite understandable given that most contact between professionals and people with FASD occurs in the context of problem-solving. We did find that the participants had the ability to participate, and that they were grateful for the opportunity to do so. It is our intention to run a second group using a similar format. Knowing from previous experience that we will be admitting people who struggle with homelessness, depression, substance abuse, and child welfare issues we will seek ways of boosting the percentage of participants who attend most or all of the sessions. We will continue to evaluate the process and learn by doing.

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The Alberta Scene on Fetal Alcohol Spectrum Disorder (FASD) – Focus on Children and Youth

Dr. Jacqueline Pei, Dr. Dorothy Badry and Dr. Aileen Wight-Felske

The Alberta Response to FASD

Alberta has become known for their leading contributions in Canada and North America in response to FASD, largely due to strong partnerships between government and community, locally, provincially and nationally and internationally. Through activities such as the annual Alberta FASD Conference, the FASD Video Conference Learning Series and the development of the FASD Service networks throughout the province, Alberta has been engaged in the development of leading edge practice ranging from diagnosis, assessment, emerging interventions, human service practice, research, and social policy creation that is critical in responding to the complex needs of individuals with FASD. Key issues requiring ongoing responses and resources specifically in relation to youth and child care work include program offerings such as in-home support, out of home placement, respite, culturally relevant responses, education, prevention strategies related to drug and alcohol use, youth mentoring, and training and education on various aspects of FASD. It is important to be aware of local responses and resources related to FASD, develop common practice guidelines and integrate research to practice competencies.

Brief Overview of FASD

Prenatal alcohol exposure can lead to a variety of cognitive, behavioral and neurological deficits, including permanent damage to the brain, all of which fall under the umbrella term of Fetal Alcohol Spectrum Disorder (FASD); (Chudley, Conry, Cook, Loock, Rosales & LeBlanc, 2005). In particular, problems in those areas important to independent function (e.g. deficits in adaptive functioning, memory, attention, abstract thinking, judgment, and cause and effect reasoning) may seriously impact the ability of individuals to function effectively, throughout their lifespan. The overall Canadian cost of FASD for individuals aged 0 to 53 years of age is reported as being $5.3 billion annually, with an average annual cost estimated at $21,642 per individual (Stade, Ali, Bennett, Campbell, Johnston, Lens, Tran, & Koren, 2009). In addition to these fiscal costs, come the human expense of secondary disabilities, lost potential, caregiver stress, and professional burnout. Addressing these needs, and preventing many of the potential adverse outcomes requires a coordinated response between disciplines as well as levels of decision-making, from service delivery to policy making in many areas of functioning. It is important to respond to FASD in collaborative response models that facilitate community, researchers, and government working together. One example of child-focused, collaborative research is the FASD Community of Practice (CoP) Project that is taking place in five regions of Alberta Children's Services within the province. This research is a collaborative effort between the Faculty of Social Work, University of Calgary (Dr. Dorothy Badry and Dr. William Pelech) and Alberta Children's Services (Dr. Sandra Stoddard, Senior Manager Innovation and Improvement, Research and Innovation Branch, Children and Youth Services; and Denise Milne, MSW, RSW, FASD/Children's Mental Health Community Partnerships). The research is based on the implementation of specific interventions promising for children with FASD and intended to inform practice and intervention related to youth and childcare.

Individuals with FASD can grow, improve and function well in life with supports… We must move from viewing the individual as failing if s/he does not do well in a program to viewing the program as not providing what the individual needs in order to succeed (Dubovsky, 2004).

Children and Youth with FASD

Education is a critical issue in childhood and one that requires special attention in the school system in response to FASD. The educational needs of children with FASD are highly individualized and as a group, those with FASD have differing needs from the majority of children receiving special education. Children and adolescents exhibit a range of co-occurring disabilities such as Attention Deficit Hyperactivity Disorder, behavioral problems, and a range of intellectual functioning that are not necessarily reflective of adaptive and social functioning (Clark, Lutke, Minnes, Ouellette-Kuntz, 2004). Consequently, the classroom may be a challenging environment for children with FASD without intensive and proactive behavioral supports and an individualized program plan collaboratively designed to meet specific needs. It is important for youth and child care workers to be aware of relevant educational resources that can be accessed online as this can help in planning the support required for children and youth whose spend many years in the educational system.

Important Resources for Youth and Children FASD

Some important resources that are currently available are:

- In the interest of supporting children with complex needs and dealing with problems such as bullying, attendance, and serious behavioral concerns the Government of Alberta has partnered with academic and community agencies (Mount Royal University; Teaching & Learning Centre, University of Calgary; Society for the Treatment of Autism; LEAD Foundation and Media Learning Systems) to launch the *Positive Behavior Supports for Children Website* in 2010 (http://www.pbsc.info/). Resources of this nature tap into the world-wide-web (WWW) and can be a viable mechanism for sharing of knowledge and resources relating to supporting children with complex needs.
- A curriculum for students with FASD, Alberta Education has also developed, entitled *Teaching Children with Fetal Alcohol Spectrum Disorder: Building Strengths, Creating Hope* (2004) and this resource can be located online at http://education.alberta.ca/media/377037/fasd.pdf.
- Reach to Teach is another resource found on the website for Substance Abuse and Mental Health Services Administration (SAMHSA) for Fetal Alcohol Spectrum Disorder Centre of Excellence. US Department of Health and Human Services. Retrieved online March 12, 2010 from: http://www.fasdcenter.samhsa.gov/documents/Reach_To_Teach_Final_011107.pdf)

Identifying these resources offers one step in facilitating the development of knowledge about educational supports for children with FASD as issues in school affect home life whether the child is in care or with family.

Alberta Partnerships

Examples provided below highlight what is happening and demonstrates initiatives where government and community are working together to improve the lives of children, youth and families:

- The FASD Cross Ministry Committee (CMC) of the Government of Alberta has incorporated several service areas in government and represents an outstanding example of various Government of Alberta ministries, provincially and federally, and engages community stakeholders in sharing and exchanging resources and knowledge to develop relevant policy and practice. [Government of Alberta, 2010). Additionally the CMC has established a 10-year strategic plan aimed at responding to and preventing FASD, which can be found at http://www.fasd-cmc.alberta.ca/home/index.cfm. One result of the strategic plan was the development of twelve FASD Service Networks representing all regions of Alberta. The networks are comprised of community agencies and organizations from all disciplines that offer FASD-related supports and services. Because the needs of individuals, children and families living with or affected by an FASD are so diverse, a cross ministry and cross discipline response is essential to providing a coordinated and comprehensive response over the lifespan;
- To facilitate communication and learning Alberta supports an annual FASD Conference. In 2010 conference attendance reached capacity in Calgary. Keynote speakers Dr. Bruce Perry, Myles Himmelrich [Youth Mentor] and Senator [General, ret.] Romeo Dallaire was all in attendance;
- Additionally, the FASD-CMC has organized the FASD Learning Series and provides lectures on site or via videoconference in order to include those in rural, remote and urban communities. Information on the latest series can be found at: http://www.fasd-cmc.alberta.ca/home/videoconferencingSeries.cfm.

Within a larger framework, Alberta has a role in relation to the national picture, particularly in relation to research and intervention.

The Canada Northwest FASD Research Network (CanFASD Northwest)

CanFASD Northwest was established in March of 2005, through the support of the Canadian Northwest FASD Partnership. This network is an alliance that works towards the development and promotion of an interprovincial/territorial approach to diagnosis, prevention, intervention, care and support of individuals affected by FASD. To enable the networking of research across jurisdictions the Canada Northwest formed a group of five Network Action Teams (NATs) that are conducting research in a number of areas related to FASD. (http://www.canfasd.ca/). There are three NATs focused on prevention, one on intervention and one on diagnostics.

The Intervention NAT led by Dr. Jacquie Pei from the University of Alberta is focused on the area of intervention needs for individuals with FASD and their families. It is the goal of this NAT to engage in "bridge-building"– to develop and facilitate the meaningful connections, relationships and networks required to build research capacity into interventions. The Diagnostic NAT is engaged in research activities to help promote increased consistency, clarity and accuracy to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD), and has several projects underway to improve practice and consistency in diagnostic practices.

The three prevention NATs each have a different focus. The first prevention NAT is focused on evaluating FASD-specific public health and education materials. The second prevention NAT is focused on evaluation of FASD mentoring programs and is presently in the development stage. The third prevention NAT is engaged in prevention from a women's health determinants perspective and has been very active since 2005. This team is committed to building the knowledge base related to FASD prevention through work with women and their support systems on a range of health and social issues, and brings this knowledge into research, prevention, treatment, policy, and community settings.

In short, the role of the research network is to support the development of best practices in FASD service delivery. To do this integrated efforts are needed to provide continuity and quality in our efforts, and this commitment is evident in Alberta's key place within the research network.

Conclusion

The need for collaborative care across disciplines responding to FASD is clear; bridging a large number of fields and disciplines including psychology, social work, disability supports (personal and financial support), education, medicine, justice, youth and child care, mental health, medical and social research. Consequently integrated and collaborative approaches to prevention, identification, and intervention strategies to both reduce the rate of FASD and enhance the functioning of those affected are needed. Moreover, the importance of merging our response efforts with quality research and evaluation to ensure best practices are implemented is key to continuing success and meeting the complex challenges of FASD within families, communities and society. In addressing these issues, Alberta has established itself as a leader. With involvement at all levels of service delivery, policy development, and research, the province has implemented many key strategies and partnerships that are bringing us closer to our goals of effectively supporting children and youth with FASD.

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The Alberta Association of Services for Children and Families would like to thank Gayla Rogers for her dedication to social work and the children and families of Alberta. We wish her well in her well deserved break and look forward to seeing her in the future in new and exciting projects.

A day in the life
Gayla Rogers, PhD, Dean and Professor, Faculty of Social Work, University of Calgary
Faculty's first female dean reflects on her career as final term nears completion

Joan Marie Galat

Though she has been officially named a Global Television/YWCA "Woman of Vision" and the Calgary-based "Woman of Influence" by Deloitte Women of Influence Inc., it did not take these most recent honors for those who interact with Gayla Rogers to know she is an outstanding social worker, leader, and administrator. The University of Calgary, Faculty of Social Work's first female dean, Rogers has completed more than two terms of service.

While her career highlights form an inspiring list of what one person can achieve, Rogers is the first to point out she's part of a dedicated team. Her genuine appreciation for the efforts and accomplishments of her colleagues are just one of the factors that make her a leader to emulate.

Early in her career, Rogers directed her faculty in creating a governance structure that would enable them to share the administrative load. "Everybody participated in a collective effort to transform the faculty. It continues to this day," says Rogers. "We have a well functioning, highly engaged faculty and staff. Everyone's passionate about social work education, research, and our students."

When Rogers became dean, the Faculty of Social Work was experiencing very low student satisfaction. "Working as a collective to develop a vision and mission supported by values allowed us to develop strategic plans and move together in the same direction," says Rogers.

She led the faculty in developing curricula relevant to learners' needs and backgrounds. As a result, the faculty now serves a highly engaged and satisfied student body—as evidenced by consistently high scores on the National Survey on Student Engagement. Rogers especially enjoys celebrating her students' progress twice a year at convocation. Almost 3,000 students have graduated during her time as dean.

"I love presiding at convocation. I consider it one of the highlights of my role, and am always impacted by the magnitude and significance of the moment. I've watched our graduates evolve from eager students with a vision for a better future into promising professionals, ready to turn their dreams into reality. As I watch the convocants walk across the stage towards me, it always reminds me how privileged I am to help nurture and educate the next generation of social workers—and how lucky I am to be able to hug each of them as they graduate!"

With trademark dedication and passion, Rogers has given back to her students and the community as a social worker, educator, and scholar. "That vision has driven all our faculty's decisions—curricula, fund development, resource allocation, and research priorities," says Rogers. "Our plan is adjusted and reaffirmed annually, and allows us to respond to challenging times."

Rogers says she is most proud of leading the growth of her faculty into a cohesive and highly regarded school of social work in North America. "We are known for our teaching innovation, research intensity, knowledge mobilization, scholarly impact, strong partnerships, and contributions to the community. I'm especially proud of the expansion of the Bachelor of Social Work program in 1999 that created the BSW Learning Circles program in rural, remote, and Aboriginal communities, and the tremendous impact that it has had in many communities across Alberta, especially with First Nations and Métis people."Successfully increasing the number of Learning Circles graduates led the faculty to offer culturally appropriate MSW programs in partnership with Blue Quills and Red Crow colleges.

Rogers is also proud of the faculty's establishment of the Centre for Social Work Research and Professional Development. Opened in 2000, the centre supports and promotes excellence in community-based applied research and professional development throughout Alberta, as well as nationally and internationally.

It began with a summer job

Rogers' path to social work and eventually dean began with a summer job taken after graduating in 1973 with her first degree, a University of Alberta bachelor of arts with distinction. She took a summer job in the Alberta government department of Health and Social Development in the "Unemployed Employables" section—a position that also involved child welfare work. "That's when social work began to look like a career possibility I hadn't considered," reflects Rogers.

After taking advantage of an expedited program for those with degrees, she graduated in 1974 from the University of Calgary with a bachelor of social work with distinction. Rogers accepted a City of Calgary position in juvenile probation in the Bowmont area office. "It turned out to be a job that prepared me very well for my future role as dean," she smiles. "After three years, I realized how complex a situation youth in conflict with the law really was. I decided I should return to school to better prepare myself."

In 1978, Rogers graduated with a master of social work in clinical studies. Already working as a teaching assistant throughout her studies, she became a sessional instructor and co-taught Social Work 201. “I was heading towards family therapy and a clinical practice,” says Rogers. Now the mother of two young children and expecting a third, she wanted part-time work and found teaching a good fit. Continuing as a sessional instructor for the next nine years, in 1987 Rogers became the faculty's first director of field education and a tenure track assistant professor.

As field director, Rogers found a tremendous opportunity to build field education policy, procedures, and practices. She professionalized field education by creating a consistent approach across the faculty and finding ways to better integrate field work into the curriculum. “When you turn 'doing' into 'learning,' you integrate theory with practice,” says Rogers.

While director, Rogers pursued a doctorate in social policy at the University of Newcastle-upon-Tyne, in the United Kingdom. She credits this experience with allowing her to gain a much broader perspective on social work education. Rogers convocated in 1995 and continued directing field education until 1996, when she was seconded for 18 months to participate in a university-wide strategic development initiative. “That gave me a pan-university perspective on post-secondary systems.”

In 1997, Rogers served as associate dean alongside acting dean, Kim Zapf, and then took over as dean in 1998.

Leadership

Rogers credits her success with having passion around a purpose. She recognizes the importance of understanding relationships and building on people's strengths, while aiming to be a leader open to a creative management approach. “A good leader gets out of people's way! Enabling and facilitating are of primary importance, rather than dictating and directing.”

As dean, she took frequent advantage of professional development opportunities. “I laughingly call them 'dean school.'” She read a lot, attended week-long programs, conferences, and worked collegially with other deans. “There's no question there's a lot of on-the-job learning. I would share my experience, and gather people around me who could hold up the mirror and help me reflect and gain perspective.”

Rogers fondly remembers the origin of one of her best coping skills. “It was something I learned from my daughter when she was seven, on one of those mornings when a boot was lost, another child was looking for mittens, and I couldn't find the car keys. I was at my wits' end, and she turned to me and said, 'Exhale, Mommy.' It's been a very good strategy! So now when I'm at my wits' end, I exhale. I don't press the send button on a sensitive email; I wait a day. I close my door and debrief. I consult extensively about a next move when I'm perplexed or uncertain. I have no trouble seeking advice. These are the kinds of strategies that work for me.”

When considering the ambitions of social workers interested in administration, Rogers' advice is, “Consider opportunities to shape attitudes and be part of creating an organizational culture that is conducive to good professional practice. Some people think if you move off the front lines, you give up 'true' social work. It's important to see administration as building capacity both on personal and professional levels—you can't do one and not the other—by shaping the practices that guide our work.” For social workers in the field, Rogers says, “Keep your eye on the importance of relationships and the need to work at a systems as well as an individual level.”

Rogers' advice for her successor is, “Have fun, and embrace innovation and new challenges! It's an honor and a privilege to be a dean of social work. This is a significant leadership role in both our profession and the university.”

When it comes to the honors she has received over the years, Rogers says, “I'm pleased to accept these awards because they don't just recognize me. I accept them on behalf of what this recognition brings to university educators, academic leadership, and the noble profession of social work.”

After a well-deserved sabbatical leave in which she says she will remain open to interesting projects that reveal themselves, Rogers will return to the University of Calgary as a faculty member. She anticipates the pleasure of taking time to read, write, and reflect, as well as providing consulting, and continuing with board work.

“Overall, my time as dean has been an amazing and rewarding journey, both personally and professionally. I'm honored to have led our faculty's transformation into the strong and healthy institution it is today. We've seen tangible results, significant outcomes, and long term impact within the faculty, our communities, and more importantly, for our students and the people they will eventually serve. It's been a privilege to serve the Faculty of Social Work.”

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Joan Marie Galat is the ACSW Advocate's contributing editor, as well as a full-time writer and presenter. Her latest book is *Day Trips from Edmonton.*

AASCF Journal for Services to children and families
Call for Contributions

The AASCF Journal for Services to Children and Families is intended to be a forum for significant, critical and serious inquiry into issues related to the work of the agencies – children, youth, families, organizations, leadership, and wellness. We want to bring research and evidence informed practice to the members. We want to share and disseminate critical research finding.

Our goal is to give strategies, suggestions and support in terms of creative and innovative ways for agencies and workers to develop a culture of evidence informed practice. Our mission is to bring professionals together to advance the knowledge pertaining to the continuum of services for children, youth and families. One way we plan to accomplish our mission is through a Journal. At this time we are planning on having the Journal come out two times per year.

We ask for your help in this effort. We are open to conflicting and contrasting viewpoints. Categories that will be considered are:

1) Original research or evaluation
2) Innovations in program development
3) Policy and practice reviews
4) Books or article reviews
5) Conference reviews or updates,
6) Work from youth and
7) Editorials, reflective views, etc.

Our primary interest is providing members with a varied and rich source of materiel to consider. All articles submitted for publication will be reviewed by an editorial committee prior to a decision on publication.

Articles can be submitted to Rhonda and then they will be sent to the editorial committee. Our goal is to have the 3nd edition published for September 2010. Submissions will be accepted for this volume until July 31, 2010. Article should not be longer that 2000 words, APA compliant, well research and cited. We will also take pictures, links, and funny tidbits if you are interested in sharing them. The Editorial Committee reserves the right to alter the articles for esthetics purposes.

If you have questions please do not hesitate to contact, Rhonda Barraclough
Phone (780) 428- 3580 or email: RBarraclough@aascf.com