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A VOICE FOR OUR FUTURE:

HIGH-RISK ADOLESCENT'S PERCEPTIONS AND EXPERIENCES

ABOUT HELP AND HEALING INTERVENTIONS

By

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THESIS

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Thank you -- everyone.

Cameron Norman

September, 1998

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Abstract

This critical ethnography examines the perceptions of adolescents at-risk with respect to their experiences of help, both formal and informal. Ten (10) adolescents who had been involved with the Bridges psychoeducational program, an interagency partnership intervention for high-risk youth in the Waterloo region, were interviewed about their experience with the programs and people who attempt to support them. Placing great importance on using the adolescent's words to speak to their own needs and experiences, this study's main findings suggest that adolescents are not given voice by many helpers; most help agents fail to truly help these adolescents in a meaningful way; that effective helpers and healers have specific qualities to them; families are very important; and that a supportive community is essential to effective service delivery. The findings are discussed in relation to the literature on healing communities and other forms of service delivery for adolescents at-risk. Recommendations for professionals and the community are offered.

You must strive to find your own voice because the longer you wait to begin, the less likely you are to find it at all.

- Professor John Keating (played by Robin Williams),
Dead Poets Society

Introduction

The way in which we as a society endeavour to assist our most vulnerable citizens

makes a statement about our attitudes and beliefs about help, the nature of helping

interventions and the people in our community. Our beliefs about helping and healing from

formal interventions to charity say much about what we are as a society. In our

adolescence we confront some of the most challenging experiences of our lives without

the wisdom of experience that we hold in our later years. Consequently, the life of an

adolescent is often viewed by young men and women as an interconnected web of hope,

despair, fear, extreme joy (and pain), hopelessness and hopefulness, dreams and adventure,

risk and punishment. Throughout adolescence, there are times when it is necessary to seek

help or guidance to survive.

The purpose of this research is to provide context and insight about at-risk

adolescents' experiences with formal and informal help and healing interventions. "At-risk"

is a term used to reflect the high level of needs and significant life issues this group of

adolescents face putting them "at-risk" for more serious problems later in life such as

serious mental and physical health problems, criminal behaviour, economic disadvantage,

and reduced coping skills (Burt, Resnick & Novick, 1998). I hope that this research will

inspire health-providers to assess what actions they take to help adolescents and the

method by which they interact with the at-risk youth in the community, critically

evaluating what can be done to improve help. Through an understanding of the

interventions provided for this often misunderstood and silenced population, existing and

effective services may be enhanced and those services which provide limited value for at-

risk youth can be re-examined. Helpers may better examine themselves and the role that they play in the healing process as well. In order to do this effectively, I believe we must invite the adolescents themselves to speak to the issue of help, and the interventions and people that have been a part of their healing process. Hearing their experience is the best way of understanding them. The hope is that the stories and ideas provided by these adolescents can initiate a dialogue around service provision for at-risk adolescents in our community; providing a listening ear for a voice that is rarely heard and solutions for the difficult task of addressing the complex needs of this population.

This thesis research is attempting to gain insight into adolescents' experience of help through their own voice. While there is a large body of research literature on adolescents at-risk, most of it uses the research experience and language of adult researchers and practitioners to explain the experience of adolescents. In doing so, such research speaks to other professionals, but it also denies the fundamental reality of adolescents by shutting them out of the research experience. In my study, I hope to provide context to adolescents' experience, using their own voice to present their own, unique experiences. Once their experience has been voiced, I attempt to frame this experience in the context of the current research on adolescents at-risk in order to suggest ways of integrating the wisdom of these young people's experience into the programs and professional practice of working with adolescents at-risk.

In order to provide context within the experience of help, I am also inquiring about the current needs of these adolescents, the aspirations they have for the future, and any recommendations they have regarding services for adolescents. This information was seen

as important to complement the information the adolescents gave with respect to the

following three research questions:

1. **How do adolescents at-risk perceive their needs and are these needs**

being met in their current life circumstances?

2. **How do adolescents at-risk view the professional and non-**

professional interventions (or people) that have attempted to assist

them and do they perceive them to be helpful?

3. **What aspirations, hopes and goals do these adolescents hold?**

The development of these questions emerged through my experience as an

evaluator and relief educational worker with the Bridges program/Dreams project in

Waterloo, Ontario. During the evaluation research, I found myself struck by the

perceptions the adolescents in the program had about the program, the staff and the

services that complemented the program. These adolescents spoke of help and healing in

very different words from those of the adults who worked with them. This language of

healing that they used prompted me to wonder what these perceptions meant in relation to

their education and treatment experiences.

Bridges is a recently developed psychoeducational program that encompasses a

partnership between three key agencies that deal with adolescents at-risk in the Waterloo

region: The Waterloo Region District School Board (WRDSB), the Waterloo Region

Separate School Board (WRSSB), and Family and Children's Services of the Waterloo

Region (F & CS). In addition to this partnership, the program also has linked with

numerous other agencies throughout the region that include hospitals, care facilities and

youth and children's mental health treatment centres. As a result of these partnerships, the adolescents involved with Bridges are very likely to have come into contact with numerous different services and service providers. Prior to their entry in the Bridges program, most adolescents have already been serviced by numerous community and school helping agencies or programs.

This research is very much a personal endeavour. For me, research is about relationships and the quest for knowledge occurring in symbiosis. My research traditions dictate that the process of inquiry become something personal and something almost sacred. It is not enough to present data and refer to the literature; a careful integration of the two in a manner that respects the stories of the people involved in the research, indeed the heart of the research, must be done. I spent much of my career conducting action research and using the findings to provide policy and program alternatives where there often were none (Norman, 1996, 1998a; Rucklos-Hampton & Norman, 1997). My belief is that the research process should be, wherever possible, empowering, enlightening and enabling for both myself and those who choose to participate in the research process. Eber Hampton, a Native scholar and healer, describes the research process as getting in touch with the human, emotional side of oneself and connecting that with what a researcher is interested in:

> We do our research, as abstract and intellectual as it may be...we do what we do for emotional reasons. Feeling is connected to our intellect and we ignore, hide from, disguise, and suppress that feeling at our peril of those around us. Emotionless, passionless, abstract, intellectual research is a goddamn lie, it does not exist. It is a lie to ourselves and a lie to other people. Humans - feeling, living, breathing, thinking humans - do research. When we try and cut ourselves off at the neck and pretend an objectivity

that does not exist in the human world, we become dangerous, to ourselves first, and then to people around us (1997, p.52).

Hampton describes his own experience of uncovering his memories of life in order to uncover his motive for doing research. I agree with this philosophy of conducting research and, when not temporarily (and misguidedly) drawn away from my motives by procedures, formalities, politics and bureaucracy, I try to embody this thinking in the research I conduct. This research will be no exception.

Eber Hampton's message initiated my own reflective process to determine my motives for conducting research into this topic. This research began where another long, personally-invested research project ended. That project was an evaluation of the Bridges program/Dreams project (Norman, 1998a), a program which was the first of its kind in the Waterloo region. The program was developed as a response to the growing need for psychoeducational services that addressed the whole person, not just the student. The program uses a humanistic approach to education along with cognitive-behavioural methods of treatment and takes a systemic approach to understanding adolescent-in-family issues. This melange of treatment methods -- in many ways a transtheoretical approach -- coupled with a staff to student ratio smaller than most any other program in the region, created an atmosphere conducive to positive growth that was not available in most schools or conventional out-patient treatment facilities.

Having never worked with such a population before coming to Bridges, I served as much as a student as I did a part of an educational team while with the program. While the staff taught me a great deal, it was the students who served as my greatest teachers during

my time at Bridges. The stories they shared with me about their lives, their thoughts and their dreams piqued my interest and curiosity about whether the help they were receiving was making a *real* difference in their lives. Bridges is a part of a larger culture that works for the health and maintenance of the at-risk adolescent population; a culture that involves adherence to certain models of treatment and certain ways of handling at-risk youth (e.g., Brendtro & Ness, 1983; Gil, 1997; Levin, 1996; Whittaker, 1997). Robert Fancher's (1995) term *culture of healing* best describes the help environment created by social service institutions in their quest to assist in the promotion and maintenance of public mental health. What I heard and saw while working with the adolescents prompted me to question whether or not these various cultures of healing are, in fact, genuinely effective in helping these adolescents. The nature of help in these adolescents' lives -- be it formal or informal -- was what I wanted to better understand.

I have attempted to obtain my understanding of the adolescent experience of help primarily through the use of the adolescents' own words, thoughts and feelings and, unlike most conventional research, less through my interpretation as an "objective" scientist. Through the stories and comments made by these adolescents with respect to help, I intend to use this research to advocate on their behalf to the services providers that work with them as well as the greater community. As such, I have chosen to use a critical ethnographic framework for the research.

To make sense of this research and the challenges that put an adolescent "at-risk", it first helps to understand what we know about this population through the research experiences of other professionals and, as such, I have done a review of the relevant

literature on adolescents at-risk and the issues they commonly face.

Introduction to the Literature Review

Research on adolescent behaviour is abundant and yet, possesses a relatively short history (Bergen, 1994; Brendtro & Ness, 1983). Historically, psychological research examined adolescents as being either children or as adults, but not as a distinct group. The focus on adolescence as a unique developmental stage in the developmental psychology literature has only occurred within the last 30 years (Bergen, 1994; Brendtro & Ness, 1983; Gil, 1996). Not surprisingly, this coincides with an increased focus on the maintenance of children and adolescent's behavioural treatment and residential housing for troubled children (Brendtro & Ness, 1983; Whittaker, 1997). Whittaker (1997) writes, "we only come to understand [an adolescent's] behaviour after attempting to change it" (p.19). From my experience, this is statement rings true.

Adolescents at-risk are not easily categorized or compartmentalized to fit into a specific social role. While there are distinct characteristics that are commonly associated with being "at-risk", each of them plays a distinct role in putting an adolescent at-risk. The literature identifies a history of abuse, neglect or maltreatment; exposure to an unsafe neighbourhood with high rates of crime and/or poverty; biological factors (such as poor temperament or low intellectual capacity); and familial poverty as being among the most key factors in determining risk for adolescents (Burt, Resnick, & Novick, 1998; Plomin, 1989). How an *adolescent* is defined in the literature and how *risk* affects adolescents will now be examined in greater detail.

Defining "Adolescent" and "Risk"

In order to effectively examine the lives of adolescents at-risk, it first is useful to properly define what an *adolescent* is and, secondly, what is defined as *risk.* The term adolescent can mean a variety of things to a variety of people. Research on adolescence typically has used the age span from 11 to 19 years to define it (Burt, Resnick & Novick, 1998); however, more recent literature has begun to increase the upper age limit to include those up to 24 years of age (World Health Organization, 1989 cited in Burt, Resnick & Novick, 1998). The majority of research utilizing the terms "adolescent" and "at-risk" together, focus on the ages of 12-18 years. Another common trend in the research is towards segmenting adolescence into an early and late period with *early adolescence* being defined as occurring between ages of 10 and 15 years, and *late adolescence* referring to ages 16 to 19 years (Burt, Resnick, & Novick, 1998; Santrock, 1991 as cited in Burt, Resnick & Novick, 1998). For the purposes of my investigation, I am planning on examining a group that could be described as being in early adolescence (ages 12-15).

The term *at-risk* is used to reflect the likelihood that a particular youth will be negatively affected by certain life circumstances and lifestyle choices (i.e., risk factors). In consideration of both individual and ecologically based theories of the person, my own perspective as a developing community psychologist, and also from the empirical evidence from the past 15 years, "risk" factors can include personal, familial, social and community factors simultaneously (see Burt, Resnick, & Novik, 1998).

Burt, Resnick & Novick (1998) define risk antecedents as "those forces operating at the community and family levels that have a negative impact on the developing

individual by producing an increased vulnerability to future problems in the family, school, or community" (p.41). In the literature adolescents are more commonly considered to be "at-risk" if they have either previously displayed or currently exhibit problem behaviours as a result of exposure to risk factors (Jessor & Jessor, 1977). While the theories about the etiology of such behaviours have changed since this definition was first presented, Jessor and Jessor's use of "adolescent at-risk" is still the most widely accepted term used to describe adolescents confronted with risk factors. Adolescents with a: single-parent family, low-socioeconomic status, familial history of alcoholism or substance abuse, exposure to family adversity, criminal activity within the family, little sense of community, and physical or sexual abuse or any combination of those qualities are generally considered to be adolescents at-risk (Chung & Elias, 1996; Fergusson & Lynskey, 1996; Gil, 1996; Gore & Aseltine, 1995; Hendryx & Ahern, 1997; Jessor & Jessor, 1977; McCusker, Roberts, Douthwaite & Williams, 1995). This research will use this frame of reference.

Risk Factors

Abuse, neglect and maltreatment. Among the most disturbing personal characteristics of adolescents at-risk is a family history of abuse (Anderson & Henry, 1994; Straus & Kantor, 1994; Sullivan & Fenner Wilson, 1995). In her work with abused adolescents, therapist Eliana Gil (1996) has discovered that the abused adolescent is at risk for many developmental disabilities or impairments in areas such as moral, social , and personality/identity development as well as identity formation. These impairments can leave an adolescent with few methods or skills in order to adequately problem solve around issues that commonly arise in adolescence such as drug or alcohol

experimentation, exploration of sexuality, and career choices.

McGaha and Leoni (1995) examined the role that the family system plays in the development of delinquency in adolescents and concluded that family violence and abuse were among the primary contributors to adolescent criminality. Alcoholism, divorce and family violence were all highly correlated with delinquent behaviour in their sample of 68 incarcerated youth. This finding brings together the findings of other researchers which suggest similar results when each individual factor (e.g., alcoholism alone with delinquency) was compared with delinquent behaviour (Haskell & Yablonsky, 1982). What the research literature is suggesting is that the role of the family is an important one and that support and protection in the home positively affects resistance to other delinquent behaviours. Conversely, an abusive and neglectful home can increase the likelihood for problem behaviours in adolescents.

Poverty. Lack of access to economic resources is among the most consistent contributors to risk among adolescents and children in the literature (e.g., Armitage, 1988; Burt, Resnick & Novick, 1998; Rothery, 1991). Lack of opportunity to increase economic sustainability has often been attributed to the development of delinquent behaviour (Gibbons & Krohn, 1991), health problems (Burt, Resnick & Novick, 1998) and greater ambivalence towards social or political concerns (Berman, 1997) in adolescents. Adolescents living in poverty or near-poor conditions are also at greater risk for academic problems, disciplinary problems in school and less access to adequate support services (Wilson, 1987).

Biological factors. The role of biology in the creation of personal and social

problems for adolescents is not denied in the literature, although the degree to which it

plays a role in shaping behaviour and intelligence is still being debated (Berger, 1994;

Goleman, 1995; Plomin, 1989; Winzer & Grigg, 1992). Qualities such as intelligence and

temperament have been found to possess some genetic qualities to them (Berger, 1994;

Plomin, 1989), however researchers have suggested that both are affected by social

factors as well (Gardner, 1991; Goleman, 1995; Winzer & Grigg, 1992).

There is much debate over the way that biology affects intelligence and what,

exactly, intelligence is (Gardner, 1983, 1991; Goleman, 1995; Herrnstein & Murray, 1994;

Sternberg, 1985; Sternberg, Wagner, Williams, & Horvath, 1995). Although there is no

firm agreement that traditional concepts of intelligence are entirely valid, there is

considerable evidence to suggest that those adolescents who score poorly on tests

measuring traditional I.Q. tend to be at greater risk for further problems in their life (such

as low numbers of career options; poverty; and reduced problem solving abilities)

(Fergusson & Lynskey, 1996; Herrnstein & Murray, 1994; Turner, Norman, & Zunz,

1995).

Temperament (i.e., the behavioural style of an individual), also has strong

biological components to it (Winzer & Grigg, 1992). Plomin (1989) suggests that there

are three areas that are most susceptible to genetic (biological) influences related to

temperament: environmental adjustment (ability to get along with others); activity level;

and sociability (degree of social interaction). Biological factors affecting temperament

could predispose an adolescent to being more difficult to work with or talk to, less

adaptive to certain social situations, and more likely to engage in socially inappropriate

behaviour than other adolescents.

Plomin (1989) also suggests that genetics play roles in academic achievement, reading disability, extraversion and neuroticism, attitudes, and beliefs. Clearly, given certain genetic circumstances, there is a greater inherent risk in some adolescents than others.

Neighbourhood and community. Neighbourhood and community conditions are strongly tied to poverty and socioeconomic status and, yet are an independent risk factor. Adolescents coming from an "underclass" neighbourhood are less likely to receive access to social supports than other youth by virtue of the fewer opportunity structures available to them in such an environment (Wilson, 1987). Rhodes and Jason (1990) found that the availability and quality of community resources played a mediating role in reducing problem behaviour in communities with adequate resources. Thus, the more services available and the higher the quality of the service provided, the less likely problem behaviours will occur in the community. Fewer potential positive neighbourhood role models (Wills & Cleary, 1996); chronic exposure to low-income, low-resource neighbourhoods (Hendryx & Ahern, 1997; Luthar & Cushing, 1997); and institutional inadequacy (Burt, Resnick & Novick, 1998) all play a role in promoting, rather than preventing, future problems and psychopathology in adolescents.

Problem Behaviours as Risk Factors

Problem behaviours are those behaviours that arise from chronic exposure to risk (e.g., an adolescent living in poverty (risk factor) begins to commit crimes (problem behaviour) to support him or her self). There are some problem behaviours that can also

serve as additional *risk factors* for adolescents. These behaviours are ones that, once engaged in, have the potential to leave an adolescent vulnerable for additional problem behaviours or harmful outcomes in the future. Four such problem behaviours (substance abuse, precocious sexual activity, social support, and mental and emotional health issues) are the most prevalent in the literature.

Substance abuse. Among the most prevalent characteristics associated with adolescents at-risk is the persistence of, or exposure to, substance abuse (McCusker et al., 1995; Rhodes & Jason, 1990). Substance abuse appears to be one of the most consistent factors associated with adolescents who are considered "at-risk." Substance abuse in adolescents has also been found to be highly correlated with other common at-risk characteristics; most notably depression and suicidal behaviour (DeSimone, Murray & Lester, 1994; Reifman & Windle, 1995), risky sexual behaviour (Langer & Tubman, 1997), lack of social support (Reifman & Windle, 1995), and smoking (Hopkins, 1994).

McCusker and colleagues (1995) examined those factors that were closely and remotely associated with the prevalence of illicit drug use among teenagers. The researchers recognized the tendency among teens to experiment with new activities, identities and so forth (particularly rebellious behaviours) and thus, classified adolescents into one of four groups: resistant, vulnerable, experimental and repeated users. Those adolescents who were classified as repeated drug users had a lower mean life-satisfaction score than those who were classified as resistant (one's who had never used drugs or planned to do so). Repeated drug-using adolescents also reported higher social deviance scores with their parents, school and the law than their non drug-using or resistant peers.

In addition, repeated users were found to have much higher scores on a rating of hopelessness and comprised the highest percentage as a group with a single parent upbringing in each household.

The reasons for substance abuse among adolescents has been widely theorized. Rhodes and Jason (1990) found that an adolescent's disconnection to the community along with poor social networking skills contributed to the likelihood of substance abuse. Hopkins (1994) stated that peer influence serve as a genuine contributor to substance use if members of an adolescent's peer group uses alcohol or drugs. Also, findings by Wills and Cleary (1996) suggest that substance use is mediated by the strength of the social support network surrounding the adolescent. The stronger the parental supports, the less likely an adolescent will be to use drugs, alcohol or cigarettes. This likelihood increases if the adolescent comes from a single-parent household or an environment with no parental influence at all (e.g., foster home, group home or custody facility), a common situation among many at-risk adolescents. Substance abuse with adolescents is also unique in that it serves as both a problem behaviour and as a risk-factor in itself.

High-risk sexual activity. Substance abuse has also been strongly linked to another common behavioural trait of adolescents at-risk -- precocious sexual behaviour (Langer & Tubman, 1997). The mixture of alcohol use (and misuse) by adolescents adds to a common misperception of risk and evaluation of the benefits and risks of sexual behaviour (Furby & Beyth-Marom, 1992; Millstein, 1993 as cited in Langer & Tubman, 1997). In their investigation of high-risk adolescents and substance abuse, Langer and Tubman (1997) found that the majority of the 120 participants that participated in their

study engaged in several types of risky sexual behaviour whether or not they were

currently consuming drugs or alcohol[1]. Buzwell and Rosenthal (1995) add to the literature

by suggesting that adolescent risky sexual behaviour is also affected by unemployment - a

common trait among at-risk youth and related to the risks associated with poverty.

The risks associated with unhealthy sexual behaviour are many (such as the

potential for sexually transmitted disease, unwanted pregnancy and emotional trauma)

(Francoeur, 1991). Emotional trauma could result from moral conflict, abusive sexual

activity, negative previous sexual experience or perceived public disapproval and may

have significant overall effects on a person's mental and emotional health (Francoeur,

1991).

Social support. The state of mental health that the adolescent is in plays a large

role in risk. The natural stress of developing through adolescence is great. When combined

with poverty, crime and other social factors that often accompany the lifestyle of the

adolescent at-risk, the intensity of this stress is magnified (Hendryx & Ahern, 1997; Luthar

& Cushing, 1997; Ungar, 1995). This can be exemplified by the high rate of depression

and suicide attempts by this population (Reifman & Windle, 1995). Among the major

reasons for such a high stress level among adolescents at-risk is the lack of social supports

available to them (Reifman & Windle, 1995; Seidman et al., 1995). In relation to suicide

attempts, Hendryx and Ahern (1997) determined that those without social ties to others

are at a higher risk for forms of psychological disturbance (including suicide and

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[1]

Risky sexual behaviour is defined as being sexual contact with numerous partners, casual
sex or un-protected sex.

depression) than those with established social supports. Another study by Meehan, Durlak and Bryant (1993) found that adequate social support is related to positive dimensions of mental health in an individual as well as the ability to savour positive life events. Other researchers who examined Meehan et al.'s findings found that adolescents at-risk typically lack social support *and* have fewer positive life events (or at least perceive fewer positive life events) (Hammond & Romney, 1994; Morris, 1995).

Mental and emotional health. Morris (1995) studied mental health functioning among student leaders, "normal" students and students (adolescents) at-risk. It was found that those in the at-risk category consistently scored higher on a measure of irrational beliefs than those of normal students and those established to be student leaders. This suggests that at-risk students may have higher degrees of difficulty succeeding in reaching their goals due to the irrational beliefs they hold about themselves and the world around them. Examples of these irrational thoughts include qualities like having visions of the future that have no link to present action (e.g., becoming a doctor while, at the same time, planning to drop out of school or that they can make become a starting quarterback on a football team if they have no experience playing the sport before).

Chung and Elias (1996) surveyed the literature and found considerable support for the theory that problem behaviour involves multiple risk factors and behaviour, not one single root cause. Behaviours such as cigarette smoking, use of illicit drugs, alcohol use, delinquent behaviour, risky sexual behaviour and emotional difficulties were found to be among the most common behaviour characteristics associated with problem behaviour syndrome and adolescents at-risk. Other studies have expanded this list of behaviours to

include a lack of social support (Meehan, Durlak, & Bryant, 1993; Seidman et al., 1995),

depression and suicidal behaviour (DeSimone, Murray, & Lester, 1994; Hammond &

Romney, 1995; Reifman & Windle, 1995; Tubman & Windle, 1995), a low resistance to

peer pressure (Hopkins, 1994), and a lack of connection to family and community

(Hendryx & Ahern, 1997; Pretty, Andrewes & Collett, 1994).

Protective Factors

Protective factors serve to minimize the effects of risk-factors and guard against

problem behaviours. These protective factors are usually related to peer support, family

support and the personal psychological resources available to the person (Gore &

Aseltine, 1995). These protective factors include a high degree of problem solving; social

interests, hobbies or activities; easy temperament; high-quality peer relationships; gender;

strong attachment bond with parent(s); high intelligence scores; resistance to peer

pressure; sense of humour; and empathy and compassion (Burt, Resnick & Novick, 1998;

Fugusson & Lyndsky, 1996; Turner, Norman & Zunz, 1995). These protective factors

serve to buffer against the effect of stress and minimize the chance of problem behaviours

occurring.

Community services. While neighbourhoods often serve as risk factors, they can

serve as protective factors when the needs of the adolescents are matched with the proper

social supports. In their examination of adolescent's social stress responses towards

alcohol abuse, Rhodes and Jason (1990) found that community resources played an

important mediating role in reducing problems among at-risk youth. Positive attachments

to parents along with effective coping skills were seen as important as community

resources in serving as protective factors against stress (which led adolescent's abusing alcohol to cope according to the author's social stress model). While the social and community resources are important, Gore and Aseltine (1995) caution that they only work well when they are "matched" with certain stresses. In other words, certain social supports are effective with specific stresses and a support system much match stressors with supports if it is to be effective in helping adolescents.

Gore and Aseltine's (1995) research suggest that protective factors work when they are matched with the social resources that fit with the adolescent in a particular circumstance. This "matching theory" suggests that social supports can only be effective when they specifically address the particular stresses in the adolescent's lives. Harachi et al. (1996) agree that programs that serve to enhance protective factors must specifically address the individual risk factors that are present in each adolescent involved with a program. The goal of such programs are to introduce or re-enforce protective behaviours and qualities such as *resiliency* and *empowerment*, two concepts I will now discuss.

Protective Behaviours and Qualities

In spite of the numerous challenges confronting this population, there can be great differences in the way that such adversity affects each individual. Some adolescents at-risk are able to persevere (and even flourish) in spite of the difficulties they face. This *resiliency* has been the focus of much of the literature on adolescents at-risk (e.g. Fergusson & Lynskey, 1996, Gore & Aseltine, 1995; Morris, 1992; Turner, Norman, & Zunz, 1995; Ungar, 1995; Wills & Cleary, 1996). Researchers have hoped that by understanding the qualities of the resilient teen, mental health professionals may gain

insight as to how to design preventative programs to target at-risk adolescents and reduce the chance that the problem behaviour experienced as a youth will continue beyond the teen years (Sullivan & Fenner Wilson, 1995).

Protective behaviours and qualities are those activities or states that enhance or maximize the effectiveness of protective factors. The most understood of these are resiliency and empowerment.

Resiliency. There are numerous risk factors that adolescents are exposed to, yet not all of them affect people in the same way. It seems for some adolescents at-risk the effect of certain negative life events can actually serve to strengthen them rather than disable them. For this resilient group, Nietzsche's claim, "that which does not kill you only serves to make you stronger" holds true. Resiliency is like a protective blanket of sorts to people and serves as a buffer against stress by maximizing the utility of available protective factors in one's life while minimizing the effect of negative factors. Resilient individuals make the best use of protective factors available to them while confronting tremendous risk factors (Neighbors, Forehand & McVicar, 1993).

Fergusson and Lynskey (1996) have summarized the literature on resiliency and found that resilient adolescents were characterized by six major qualities and characteristics that comprise protective factors. The first quality is a high degree of problem-solving ability and above-average or high intellectual capacity. Secondly, external interests and affiliations, such as membership a club or participation in after-school sports, served as a resiliency builder. A third quality was a soft-temperament and a childhood history of being easy going. Fourth, high quality peer relationships was a contributing

factor to adolescent resiliency. Girls were found to be more resilient on average than boys, putting gender as a possible fifth factor. Finally, Fergusson and Lynskey found that resilient adolescents had a strong bond and attachment with their parents.

The Fergusson and Lynskey study concluded that the aforementioned qualities served to protect against cannabis use, daily cigarette smoking, conduct and/or oppositional defiant disorder, self-reported offending, police contact, frequent truancy, alcohol misuse and school dropout. In this study, resilient teens were distinguished from other adolescents at-risk through a lower exposure to family adversity, higher IQ scores, lower affiliations with deviant peers and lower rates of novelty seeking. Thus, resilient teens find ways of reducing their own exposure to risk.

Turner, Norman and Zunz (1995) also examined resiliency in adolescents. In their study, they found resiliency to be comprised of different characteristics than those described in the Fergusson and Lynskey study. While high intellectual capacity, easy temperament, and effective problem solving skills were found to be contributors to resiliency, numerous other qualities not mentioned by Fergusson and Lynskey (1996) were also found. Sense of humour, empathy and compassion, and an ability to separate oneself from "toxic" situations (e.g., peer pressure) were qualities that Turner and colleagues found that differed from the previous list mentioned. While there has been no empirical research suggesting that one particular set of qualities is a more accurate determinant of resiliency than the other, my experience suggests that teens are more likely to have qualities similar to the Turner et al. study than the list suggested by Fergusson and Lynskey.

In Turner, Norman and Zunz's (1995) study on resiliency, adolescents concluded that high self-esteem and self-efficacy may be the most important and central traits in resiliency among adolescents. Although the aforementioned qualities of resilient teens were a factor in resiliency, self-esteem and self-efficacy emerged as being the most important factors. These findings were partially supported by Gore and Aseltine's (1995) work which determined that self-efficacy was a determining individual level factor in resiliency. Self-efficacy was also found to be a trait of resilient teens by Chung and Elias (1996). Neither of these two studies made statements regarding positive correlations between self-esteem and resiliency.

The Chung and Elias (1996) study also revealed that social support serves as a factor in building resiliency at the protective social and community levels of interaction. As for self-esteem, it was found to be a critical factor in resilience by Neighbors, Forehand and McVicar (1993).

In his dissertation research, Mike Ungar (1995) examined the concept of resiliency and its relation to what he describes as "the protective process of empowerment" (p.209). His findings suggest that the qualities of self-esteem, self-efficacy, social support, sense of community and other protective factors commonly associated with resiliency are also tied to the individual experience of empowerment. Using in-depth interviews with adolescents at-risk, Ungar established an understanding of how the process of empowerment can lead to positive mental health outcomes. While Ungar's frame of reference was a solely therapeutic setting, he did use the words of the adolescents as the central focus of his methodology.

Methodologically, Ungar's work is similar to this study in that it attempts to give

voice to adolescents involved in healing interventions. However, this study differs from

Ungar's primarily in the focus on experiences with relation to a psychoeducational

intervention and the process of help -- both formal and informal -- whereas his research

focusses on the process of empowerment within a therapeutic context. In this study, I

allowed my participant's words to build a "bridge" between what the existing literature on

adolescents states from the professional's viewpoint and the experience of the adolescents

themselves.

Empowerment. Rappaport (1987) describes empowerment as "a process, a

mechanism by which people, organizations, and communities gain mastery over their

affairs" (p.122). Empowerment theory has the basic assumption that people have the

capacity to improve their lives through development of skills to influence their

environment, connect with supportive resources, negotiate problematic situations and also

realize the potential to change one's situation (Gibson, 1993). Empowerment theory has a

natural and logical application to the helping process for adolescents at-risk, particularly

because adolescents are also at considerable risk for a sense of disempowerment and

detachment from decisions affecting them (Levin, 1996). A few educators and social and

health service providers have developed such applications (e.g. Burt, Resnick & Novick,

1998; Fetterman, Kaftarian, & Wandersman, 1996).

Education has been one area where the use of empowerment with adolescents has

been shown to be effective in preventing high-risk behaviour. Levin (1996) describes his

view of using empowerment through education as taking stock of a school's resources,

activities, students, community and other necessary components in the educational context of at-risk youth. One way this was done was through the Accelerated Schools Program. The program embodied three main principals: a) unity of purpose, b) empowerment with responsibility, and c) building on strengths. Such a model was designed not only to meet the needs of students at-risk, but those of *all* students in the community. In this program, students were not separated based upon academic ability, behaviour or learning styles. Also, students and parents had equal say in the development of procedures, curriculum guidelines, vision for the school and administration of the program. For at-risk students, this new-found empowerment and responsibility created opportunities for growth and a sense of community. Behaviourally, the students also made progress towards reaching their goal of maintaining good behaviour and emotional control.

To respond to challenges posed by risk factors and problem behaviours, communities and schools have been forced to develop programs to respond. I will now look at some examples of programs established to address the needs of adolescents at-risk.

Innovative Community Programs Supporting Adolescents At-risk

Whittaker (1997) suggests that caring for troubled, at-risk teens requires an ecological approach that uses home, school, neighbourhood and community resources. Such an approach is echoed by VanDenBerg and Grealish (1996) who advocate for a process which utilizes a variety of community resources - both professional and non-professional - in an attempt to "wrap services around" the adolescent in need.

In recent years, a shift from residential and treatment facilities to the educational system as the main focus for treating and dealing with the adolescent at-risk has taken

place (Adelman, 1993; Adelman & Taylor, 1997; Bassuk, 1997; Brendtro & Ness, 1983;

Flaherty, Weist & Warner, 1996; Newton-Logsdon & Armstrong, 1993; Sedlak, 1997;

Zigler, Finn-Stevenson, & Stern, 1997). School-based mental health services have now

grown in size and complexity in an attempt to meet the growing needs of the student

population, thus creating a more integrated service (see Flaherty, Weis, & Warner, 1996;

Sedlak, 1997; Zigler, Finn-Stevenson, & Stern, 1997). These integrated,

psychoeducational models of learning offer the opportunity for students to obtain

educational instruction alongside basic treatment for emotional and behavioural problems

(Brendtro & Ness, 1983; Buchweitz, 1993), substance abuse (Favorini & Pryor, 1994)

and some criminal justice matters (Tapper, Klienman, & Nakashian, 1997).

Among the most vital components in an effective program designed to meet the

needs of at-risk youth is some form of inter-agency partnership (Arella, 1993; Burt,

Resnick, & Novik, 1998; Corrigan & Kirk Bishop, 1997; Tapper, Klienman & Nakashian,

1997; Whittaker, 1997). Arella (1993) determined that no one system is likely to meet the

demand for such comprehensive services required by adolescents, but rather, agencies

should strengthen their alliances with other service-providers in order to meet the needs

of the adolescent. Tapper, Klienman and Nakashian (1997) studied an interagency

collaborative effort that linked schools with social service agencies and the criminal justice

system to address the needs of a particular neighborhood. The implementation of the

Children at Risk Program (CAR) resulted in a closer coordinated response to adolescent

needs between the three areas (criminal justice, education and social services). This led to

improved service, creation of new services, increased support for adolescents in the

community and the maximum economic utility of community resources available.

Buchweitz (1993) examined the multi-disciplinary approach to tackling the challenge of working with students with severe emotional disabilities at the Birchwood educational program in New York State. This program focusses on treatment, education and skill-development with the outcome goal of fostering re-integration of the student back into the regular school system. Birchwood was found to produce not only a higher rate of attendance among students, but also a much lower dropout rate when compared with similar special education programs in the area that did not adopt a similar philosophy/approach of partnerships in treatment to education.

It is important when considering the lives of adolescents at-risk to consider the community context surrounding their lifestyle. For adolescents to experience a strong sense of community, the community must be willing to encourage adolescents membership. Due to the numerous stigmas attached to youth today (especially those with behavioural difficulties or social disadvantage) there may be a reticence from a community to allowing youth certain freedoms and responsibilities. This reticence may translate into alienating the youth from the community. Pretty, Andrewes and Collett's (1994) research found that adolescents at-risk lack a sense of belonging and, as a result, experience tremendous alienation from the community.

There are circumstances where integration into a particular community is not advantageous. If an adolescent's neighbourhood or immediate social environment is not safe or supportive, the adolescent may be at higher risk to stay in that neighbourhood rather than leave it (Hendryx & Ahern, 1997; Simons, Johnson, Beaman, Conger, &

Whitbeck, 1996). Through social disadvantage, adolescents are less likely to have access to conventional social supports and mainstream values such as education, community and justice. "Underclass" neighbourhoods serve as a risk-factor in many cases rather than as a protective factor, often failing to provide the "match" between need and support (Burt, Resnick, & Novick, 1998; Gore & Aseltine, 1995).

One means of matching supports to the individual is through the utilization of a Support Cluster or a wraparound model. Wraparound involves "wrapping services around" the person being supported (VanDenBerg, 1997). The appeal of wraparound is its community-based, person-focussed, comprehensive, individualized, strength-focussed and non-invasive approach to support. Wraparound is also unique in that it is one of the few professionally-originated treatment programs that stresses the involvement of as few professionals as possible (it is recommended that three-quarters of the helping "team" be comprised of non-professional helpers). John VanDenBerg, advocate for the wraparound process and widely considered its "founder," describes wraparound as being "community-based and unconditional, is culturally competent and includes the delivery of coordinated, highly individualized services in three or more life domain areas" (VanDenBerg, 1995a, p.1). Such domains could include residential, medical, social, educational and/or vocational, psychological/emotional, safety, legal and family (VanDenBerg, 1995a, 1995b; VanDenBerg & Grealish, 1996).

The wraparound approach to healing was developed in response to the need for a community-based intervention for high-risk families in Alaskan native communities (VanDenBerg, 1997). What was needed in these communities were interventions that

empowered the community and respected the rights, culture, traditions and values of the native community (Hampton, 1991). Wraparound's culturally relevant sensitivities supported the use of this process in traditional native communities and is similar to the model of community healing referred to by Katz (1983/84; Katz, Biesele, & St. Denis, 1997) as a synergistic or (Katz, 1990) healing community. While wraparound does serve to treat the problem behaviours, it does little to address the risk factors associated with this population.

Closer to the community healing model is the Support Cluster approach. This approach utilizes few (if any) professionals in the support of someone with specific needs. Support Clusters is community-based and is co-ordinated by a non-professional in the interest of the person being supported. Support Clusters is a program run through the Canadian Mental Health Association with the intent of keeping the individual in the community rather than having them rely on professional services for support (Support Clusters Network of Ontario 1996; Kendrick, 1996).

The most relevant programs for adolescents at-risk specifically address the risk factors involved in their lives (Burt, Resnick & Novick, 1998). One means of doing so is to enhance protective factors at the social and community levels and at the personal level. An effective means of reducing problem behaviour and minimize risk with adolescents is using *empowerment training* (Gibson, 1993). Empowerment training programs aim to provide an environment where participants are allowed to realize their own potential for influence in a supportive context. This empowerment framework is believed to be a suitable model for understanding adolescents at-risk because this population typically

share many qualities with other traditionally *dis*empowered groups such as women, the poor and the mentally and physically disabled. These qualities include a lack of experience, resources, economic vulnerability, helplessness (Gibson, 1993), and a sense of having little control or power in the decision making that affects their lives (Gibson, 1993; Prilleltensky, 1994b). Understanding the role that empowerment plays in the life of the adolescent at-risk may offer insight into adolescent behaviour and how such behaviour can be prevented in the future. It is possible that this lack of empowerment initiates many of these problem behaviours.

Empowerment programs have been seen as an effective part of treatment with at-risk youth (Gibson, 1993) and in the prevention of problem behaviour with both children and adolescents (Harachi, Ayers, Hawkins, Catalano, & Cushing, 1996; Rappaport, 1987). Such programs are viewed as being among the best methods of solving social problems associated with adolescents at-risk in schools (Levin, 1996) and complement existing mental health programs (Adelman, 1993; Bassuk, 1997; Newton-Logsdon & Armstrong, 1993; Sedlak, 1997; Wassef, Collins, Ingham, & Mason, 1995). Empowerment programs can also be used with other students in the school who are not at-risk to support those that are (Fertman & Chubb, 1992; Gibson, 1993; Levin, 1996).

Program and Philosophical Problems Associated with Interventions for Adolescents At-Risk

Intention and result are not always in congruence in service delivery. Iatrogenic effects, oppression or disempowerment from social or therapeutic interventions may occur in spite of the best intentions to serve (Prilleltensky, 1994a). If we are to understand the

services provided for adolescents at-risk, we must ensure that we also take into account the larger culture of healing that these services are a part of. Influential community psychologist Seymour Sarason, contends that psychology has largely followed the dominant social norms in its establishment of its own culture of healing (Sarason, 1981). These social norms have evolved in mental health treatment out of the culture of individualism and individual responsibility in North America. Thus, the socio-cultural expectation is that each person is responsible for their own healing process alone rather than having such responsibility fall onto the community as a whole (Katz, 1991). Such a belief in individual-focussed treatment has created a "victim blaming" that has done many groups in society (and arguably everyone) a disservice by failing to acknowledge forces beyond the individual (Caplan 1995; Caplan & Caplan, 1994).

Community psychology's genesis was a reaction to psychology's exclusion of the role the community plays in social problems (Walsh-Bowers, 1996). Soon after its development, a move to a critical (community) psychology followed reacting to the largely ameliorative not transformative effects community psychology produced (Prilleltensky & Nelson, 1997). Critical "movements" are emerging in the mental health and educational arenas (e.g., see Fox & Prilleltensky, 1997; Martín-Baró, 1990; McLaren & Giarelli, 1995; Norman, 1998b) , but they are far from the norm which permeates today's cultures of healing.[2] I believe taking a critical approach to addressing the needs of adolescents at-risk

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The current norms that prevail in our cultures of healing are not based on reflective practice or critical self-examination. While there are elements of such practices in various helping disciplines, they are not considered mainstream, pervasive in practice, or widely accepted by the majority of academics and professionals in such disciplines (Parker &

is essential if we are to make a difference in these young people's lives, rather than simply prescribing another version of the same type of services they are already receiving.

Two areas that warrant considerable critical analysis are developmental psychology and school psychology, arguably the two most influential areas of psychology on adolescent treatment and psychoeducational programs. Developmental theories, until recently, tended to focus on the individual factors of development, rather than contributing social factors to development (Burman, 1997). Although social scientists frequently "control for environmental factors" in research, much of conventional developmental psychology still places emphasis on the child as being apart from the social circumstances surrounding him or her (Burman, 1997). Thus, the implication for youth programs is that they attempt to make adolescents fit a certain standard of developmental capability and performance rather than working from where the adolescent is. Such practices fail to take into account learning styles, cultures, and the individuality of the student (Rowan, 1988). These results can't be attributed exclusively to developmental psychology. However, these practices do exemplify the prevailing attitude towards adolescents in school.

School psychology has done no better in moving toward an orientation that examines context as well as individual characteristics. Psychological or educational testing for example, rarely (if ever) includes any measure or determinant of school contextual influence. The assumption made is that there is something wrong with the adolescent, not

Burman, 1998). Critical psychology is but one "movement" that embodies an approach, challenging the prevalent thinking amongst the helping professions (most notably psychology). Critical psychology endeavours to challenge the status quo and replace it with a more inclusive, respectful and self-critical model of thought (Nightingale & Neilands, 1997; Parker & Burman, 1998).

that there is something wrong with the schools or the staff within them. Furthermore, school psychology also contends that: a) it can "know" what is wrong with the adolescent and that b) that special education and treatment programs are the means to "fix" the problems (Prilleltensky, 1994a). My experiences with psychoeducational treatment programs suggest that such programs are only partially effective at achieving either assessment or treatment/remedial goals.

Removing social context from the assessment of an adolescent's life also denies the opportunity to examine the role that social disempowerment and oppression play. Traditional public suspicion of teenagers, limited opportunities for employment and income, neighbourhood environment, social class, absence of positive role models and minimal access to community resources are all examples of significant factors that can influence the life of an adolescent — mostly in an adverse manner. Educator Paulo Friere (1970/1990) identified the role that many oppressed individuals assume as one of passive recipients of ideas (and ideology) instead of critical learners . For adolescents at-risk, their oppression by mainstream societal views may manifest itself in labels such as "delinquent", "lazy," "trouble maker," or "nuisance." It is possible that these adolescents may adopt many of these labels or attitudes as ones that fit who they are rather than choosing to see these statements as value-laden descriptors of behaviour. Hence, labels such as "delinquent" become a self-fulfilling prophecy for these kids rather than serve as a comment about a prior behaviour.

Summary and Conclusions

Emerging from the literature is a sense that adolescents at-risk are a population

that present unique and formidable challenges to educators, treatment facilitators, and also to researchers hoping to understand them. Much of the existing research investigating the experiences of this population is done by academics and clinicians in clinical rather than community or educational settings (Brendtro & Ness, 1983; Gil, 1996; Mosher & Burti, 1994; Whittaker, 1997). In addition, the absence of a body of empirical qualitative research on adolescents at-risk leaves a tremendous void in the literature. This absence leaves us with a body of research that has largely failed to examine the adolescent-in-context. It also leaves us without understanding of what the adolescent's perspective is.

Much of the research conducted on the adolescent at-risk has focussed on the either the treatment of the adolescent, the risk and protective factors they encounter or the problem behaviours that result from exposure to risk factors. The dearth of published qualitative data on adolescents combined with the dominant research practices in psychology of utilizing a quantitative, "objective" epistemology to guide information gathering has not given adolescents much of an opportunity to give voice to their concerns and have that voice heard by academics and professionals. Hopefully, this study can offer us a different, new understanding of the adolescent at-risk.

Method

Participants

Participants in this study were, at one time, students at the Bridges program/Dreams project at Alexandra school in Waterloo, Ontario (See Appendix 1 for program description). Some of the adolescents involved in the research had completed the Bridges program while others were enrolled in the program at the time the data was collected. Ten adolescents were selected using a purposeful sampling technique which involved choosing a subgroup of adolescents from the roster of students who have been involved with the program on the basis of their adherence to the selection criteria (Patton, 1990).

The Bridges program is an example of how empowerment training, education and mental health interventions are combined. The program was established as a response to the lack of adequate supports for adolescents at-risk in the Waterloo Region. My familiarity with the Bridges program comes from having served as a member of the Bridges staff and as the program evaluator and research consultant with the program in its first and second year. Bridges utilizes an approach that focusses on the student's strengths and respects the rights of the students to make their own decisions about their lives while educating them about the responsibilities associated with decision-making. Through introducing the element of choice and responsible decision making to the students, the program facilitates their empowerment by allowing their input and influence in their own in-school experience.

Selection criteria. The adolescents selected for this study met the following

criteria: an involvement in the Bridges program for at least three months and a history of difficulty integrating into traditional educational settings in the past four years. These adolescents have been labelled as being *at-risk* due to life circumstances which have contributed to a high predisposition for problem behaviour as outlined in the introduction.

The students at Bridges are considered the "highest risk" adolescents (still in the school system) in Waterloo Region for their age by most professionals. By involving the adolescents from Bridges, I ensured that my sample was comprised of those that best "fit" the adolescent at-risk profile. Another advantage to involving this group of adolescents is that I had worked with each one of them in some capacity. I also was aware that these adolescents had exposure to different forms of help through the community partnerships with Bridges.

Each of the adolescents that fit the aforementioned criteria were approached individually and asked to participate in the research project. Each participant was informed as to what involvement in the research would entail, the purpose of the study, the ethical boundaries and limits that surround the research and how the research findings would be used. Because literacy was an issue with many of these adolescents, I gave a verbal overview of the consent form and explained what it said and what it meant. All procedures were done in accordance with the ethical guidelines set forth by the Canadian Psychological Association, the Social Science and Humanities Research Council, Wilfrid Laurier University and the Waterloo Region District School Board.

Whenever possible, I met with parents or guardians in person to discuss the research process and the consent form as well as provide them with the same opportunities

to ask questions as the adolescent was given. All participants were given copies of the

transcripts to keep and were offered an opportunity to discuss the interview transcript

after it was reviewed. The participants were also encouraged to contact me at any time if

they had any questions or concerns related to their involvement in the study.

Collaborative process. This research was inspired both by my own personal

desire to help adolescents at-risk and also by the requests and ideas presented by those

who work with these adolescents in the community. When I was involved in the data

collection for the Bridges program evaluation, program staff, board trustees and other

stakeholders in the program wished to know what the adolescents thought of the program

and whether or not it was a "success." Determining what a "successful" experience in the

program was a difficult task to accomplish (for a variety of reasons); however, this study

has provided a sense of what the students' perceptions of the program was like within a

larger context of formalized and informal help. The findings within this study will,

however, offer the Bridges program information about what adolescents' experiences with

help were.

The design of this research was done in collaboration with some of the program

staff at Alexandra school, Steve Chris (my thesis advisor), and through the input and

suggestions of Geoff Nelson and Gary Cameron from my thesis committee. Very

importantly, however, collaboration was done with the adolescents themselves. The

adolescents themselves suggested that talking to them (interviews) was the best means of

understanding them. And it was these adolescents who express a wish to be heard, to be

given a voice and vocally expressed their concern around their experiences with social

services and the school system. This research respects those needs and requests.

Data Collection

Manning (1992) advocates for the use of qualitative methods in education-related research by contending that they are best-suited for research intending to provide understanding of student environments (such as Bridges). Trifonas (1995) goes further by adding that "when numerological intensiveness and observational aloofness are replaced by the critical discourse of evaluative interpretations engaging in *thick descriptions* of an ethnographic kind, the self-conscious immersion of the researcher in the 'lived-through-experience' of the research is demanded by the act of educational research of itself" (p.95, italics in original). Similar recommendations are echoed by other researchers examining education-related environments (Creswell, 1995; McLaren & Giarelli, 1995; Patton, 1992). For community psychology, qualitative methods can be regarded as effective means of understanding the fit between the personal and the community (Tolan, Keys, Chertok, & Jason, 1990) and as such, fit with my social action-based intentions for this research.

This research has used an emergent design that employs a critical ethnographic framework to data collection (Reinharz, 1992). Ethnography is a method of qualitative data inquiry that attempts to understand the population being researched in terms of their personal stories, observations and cultural context. *Critical* ethnography involves the researcher acknowledging the values that guide the research process instead of assuming objectivity and a value-free research base (Creswell, 1995; McLaren, 1995). Critical ethnography expands on the traditional ethnographic perspective by also taking into consideration the socio-political context of the lives of the participants with particular

attention to issues of oppression and marginalization. This method supports researchers

who intend to use the findings to advocate for vulnerable groups or the disenfranchised as

I do with this study (Creswell, 1995).

Like traditional ethnographies, I will attempt to understand a particular cultural

group through qualitative inquiry. Unlike traditional ethnographies, I will not centre my

focus on what "is," but rather what "may be" (from a certain point of view) and what "may

be missing." Such a viewpoint recognizes what Sultana (1995) describes as being the

"silences of the ethnographer." This postmodern viewpoint holds that the stories or

narratives told will not be the "grand narrative," but rather an attempt at understanding the

master narrative that the participants use to guide their lives. Such a narrative does not

provide us with the ultimate "truth" about someone, instead it provides us with one

particular, yet incomplete, "truth" for which we can gain some appreciation and

understanding of (Giroux, 1988).

The critical ethnographic framework suggests that the findings from the research

will be used as a tool to assist advocacy efforts and promote social change (Creswell,

1995; McLaren, 1995). Such a method pre-supposes that results will support a research

assumption that the population being researched is marginalized in society (McLaren &

Giarelli, 1995). My experience strongly supports my claims that adolescents at-risk are

marginalized. I also contend that these "kids in conflict" are creations of the social

structures that have failed to support them. The identity of the adolescent at-risk as it is

known in our society is largely determined by what the service providers consider "at-risk"

or problem behaviour. Critical ethnography serves as a vehicle for both allowing me to

understand this population and also to frame the results in a way to provide meaningful

advocacy on their behalf (McLaren, 1995).

Creswell (1995) describes critical ethnographers as ones who "attempt to aid

emancipatory goals, negate repressive influences, raise consciousness, and invoke a call to

action that potentially will lead to social change" (p.12). Fetterman and Pittman (1986)

describe ethnography as being a study of culture within a specific context. In these two

terms, one can view this current study as focussing upon the culture of at-risk youth

within a context of help and healing. Critical ethnography combines the use of various

means of qualitative inquiry to establish a theory relating to a specific cultural phenomena

(Creswell, 1995; Fetterman, 1984). The cultural phenomenon here is the community's

efforts to assist the adolescent at-risk and the perceptions that these adolescents have of

such efforts.

As is consistent with modern sociological ethnographies, it is my intention to give

voice to this population through the use of direct quotations taken from tape-recorded

interviews. The material, as Alasuutari (1996) suggests, ought to be treated as a reality

unto itself and not as a description of a reality that is intended to exist apart from the

participants. Observations collected from field work were used to describe such a reality in

my own terms and also served to complement the narratives that were provided by the

adolescents during the research process.

To conclude the summary of my methodology, I feel it is important to state some

further assumptions I had as I began my research. I completed the research process with

nearly two years' experience working with this adolescent population in some form. From

those experiences I had already established a particular view of adolescents at-risk.

Among the assumptions that I held was that adolescents at-risk have a much greater

insight concerning psycho-social interventions than they are given credit for by service-

providers. I also believe that, while much of these adolescents' experience is shrouded in

negative influence, it is those experiences that can be used to create positive solutions (i.e.,

resiliency enhancers) for them and that such solutions can be practical and useful to those

who design programs to help this population. Another guiding belief that I own is that

society places these adolescents near the bottom of the social power hierarchy. The

marginalization of these "troubled youth" contributes to their current life situation and

their difficulties with service agencies that the effect of this marginalization ultimately will

hurt us all in the future. After all, these kids *are* the future of our community.

As a researcher, I acknowledge that my experience has shaped the lens from which

I view the world. It has affected how I reflect upon the experiences I have had with these

adolescents and the service system intended to assist them (indeed, a system I've been a

part of). As such, I see the narratives provided to me through this research as having

value-laden judgements and experiential parameters placed upon them. It is my intention

to view the research as a socially constructed reflection of adolescent culture- both

constructed by the participants and constructed by myself, the researcher.

Interviews. The method of data collection I used was individual, semi-structured

and open-ended interviews (Creswell, 1995; Patton, 1986, 1990; Posavac & Carey, 1997).

The semi-structured interview format allowed me the freedom to use structure to frame

the issues that I wished to be discussed as well as the opportunity to follow-up on certain

perspectives and ideas that the student wishes to express (Manning, 1992). Such a method combines elements of both the informal conversational interview and the interview guide approach by offering some structure and some unstructured components to each interview (Patton, 1990). This allowed me to acknowledge the individual differences in each adolescent while capitalizing on certain strengths or weaknesses the adolescent had in responding to the questions.

After consulting with teachers and staff at Bridges, behaviour consultants with the school board, my committee, the adolescents, examining the research literature, and reflecting upon my own experience, I constructed a generalized interview guide that highlighted themes rather than questions to pursue in the interviews. The guide covered themes that I believed were salient to the lives and the experiences of the adolescents as well as addressed the issues I was interested in. These main areas were: the experience of formal helping interventions such as school, mental health and the justice system, informal help (e.g., social support, family, peers), personal coping strategies, goals and dreams, and recommendations for helpers and the community.

The informal component of the interview allowed me to tailor questions to match the individual adolescents' ability to concentrate with the circumstances surrounding the interview (Patton, 1990; Posavac & Carey, 1997). The structured component, provided by the interview guide, "increases the comprehensiveness of the data and makes the data collection somewhat systematic for each respondent" (Patton, 1990, p. 288). The combination of the two components of conversational (informal) and interview guide (formal) approaches reduces some of the problems associated with each method when

used independently. By allowing a combination of structure and flexibility, such a mixed-method approach ensured greater consistency among the questions asked and the comprehensiveness of responses. This approach to interviewing allowed me to add questions as the research process evolved based on the adolescent's comments, and to continually survey recent literature in search of new directions or theories relevant to this study (Patton, 1990).

Interviews were conducted at a time and location most convenient for the participants. Two pilot interviews were conducted to assess the degree to which the interview format was effective in eliciting opinions and ideas. After two pilot interviews were conducted, it was suggested that offering the adolescents an opportunity to see a collection of potential questions may prove beneficial to their ability to respond (something not done during piloting). Upon utilizing a question sample sheet to the participants in advance, I found the responses of the participants somewhat more detailed[3]. I could not, however, determine whether this was due to the participants seeing the questions in advance or the increased comfort I had with the interview format.

The interviews ranged from 25 minutes to 90 minutes in length. All interviews were recorded on a hand-held tape recorder and transcribed on to a computer disk. The data were reviewed and coded based on the emergent themes. Themes were noted and those that were prevalent throughout the data or were emphasized and focussed on by the participants were used for analysis. A content analysis of the data was conducted to look

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[3] I would like to thank my mother, Naomi Norman, for contributing this idea to the research.

for the meaning and context of each quotation. I have chosen to present the results based on the emergent themes from the data.

Field notes. Analytic field notes were taken throughout the research process. In these notes I recorded observations, pre and post-interview comments made to me by the participants, personal reflections and biographical information. The use of these notes helped to clarify some of the interview transcripts as well as serve to complement the interview data.

Ethical Issues

There were many ethical considerations that had to be taken into account before inviting adolescents to participate in the research. All informed consent forms used with those participants required parent or guardian approval in order to proceed. One of the ethical concerns I had was with the potential for the disclosure of information regarding a past history of abuse or neglect that had not otherwise been mentioned to a professional. As a researcher, it was important to acknowledge the participants' right to confidentiality in research while also recognizing professional responsibility to report such statements to appropriate authorities. All participants were informed of the obligations I had as a researcher in such a case. No reportable issues arose from the data.

Due to the difficulties some of the participants had with literacy, I outlined for them and their parents or guardians what the consent forms stated and what they meant (see Appendix 4). I also invited all participants, parents and guardians to contact me at any time to discuss any questions or concerns they had about the research. Everyone involved in the research process was informed about the purpose of the study and how the results

were to be used.

Ethical review applications for this research were filed with, and approved by,

Wilfrid Laurier University, the Waterloo Region District School Board, the Bridges

program and Family and Children's Services of the Waterloo region at both the Kitchener

and Cambridge offices.

Study Limitations

While this study has offered insight into the adolescent at-risk and their experience

of help, it does not tell us the whole story, nor does this study offer a prescription for

every community. This study is limited in that it examined adolescents from only one

region with links to the same program, therefore their experiences with help are limited to

those available in the Waterloo region and the Bridges program. The number of

adolescents (10) is small and, therefore, broad generalizations based on this sample will be

difficult to make. Another limitation is the small proportion of female participants to male

participants (one fifth). Future studies into the experiences of adolescents at-risk with

helping interventions would benefit from hearing more about girls experiences with help.

Results

The primary objective of this research was to obtain an understanding of the experiences and perceptions of adolescents at-risk with respect to help and healing. In order to better understand what their experiences of help were, I also felt it necessary to inquire about what their current needs are and what their future aspirations were.

In presenting the results of this study, it became evident that offering the words of one (the adolescent) presented by another person (myself) would be a challenging task. As such, I acknowledge that there is, however much I attempt to remove myself from the data, some form of myself that lies behind the words presented. The practicality of presenting every word and every transcribed question simply prevents me from excluding *myself* from the data presentation. In all cases, I do my best to be accurate and respectful of the words offered to me by the 10 unique individuals who each spent time sharing their stories and ideas with me during the months spent on this research.

Experience has taught me that there is no such thing as a "typical" adolescent at-risk. As such, I could not isolate two or three of the participant's stories to present as being examples of adolescents at-risk. Therefore, I have chosen to present a summary and brief discussion of each participant's story as told to me (with greater detail presented in those stories that best exemplify a specific point).

After examining the data as a whole, consistencies emerged and patterns took shape which I could not (and would be foolish to) ignore. It is perhaps the similarities in experiences that may provide the most important information to service-providers and helpers who work with adolescents at-risk. In recognizing the benefit of such information

for advocacy and service improvement, the data presentation has been organized around the specific themes that emerged from the research.

As the reader reviews each story, I ask that the reader try, as I did, to empathize with the adolescent and ask him or herself the question "what is it like to be this person?" In doing so, I anticipate the reader will understand the perspective that these adolescent's hold and the experiences they have as an "adolescent at-risk." My research here is only a vehicle for these stories, and certainly cannot reflect the depth of understanding that these adolescents truly need. However, it can provide a place for adults to start from. In respect of the adolescents who participated and in accordance with my personal and professional ethics, much of the identifying information has been omitted to protect the anonymity of the participants. When describing the data, a pseudonym chosen by the adolescents themselves will be used to refer to the name of the participant. I will introduce each participant and briefly explain a little about who they are and some of their personal history first so the reader may appreciate the uniqueness of each adolescent and follow the results better.

This study gives voice to a population that is very often silenced. What I found during the course of this research is that voice is often difficult to present for many of these adolescents. One of the most challenging tasks was to obtain depth and reflection from adolescents who had considerable difficulty doing so due to a host of factors. Such factors included poor verbal expressive abilities, learning disabilities and a lack of practice offering their perspective (in depth) to adults. The reasons for this, which will be hypothesized in the discussion, were not as important to me as my ability to learn from

these adolescents based on the words they were able to use.

The Research Process

This research endeavour has been the most challenging one I have ever undertaken. The data collection process presented me with many challenges from both the university and community level in terms of ethical approval and institutional co-operation. Equally challenging was the task of meeting these adolescents on their terms, often requiring rescheduling meetings in a variety of locations throughout the community. During the research process I had one prospective participant who was arrested moments before he was to meet me. Another prospective participant spent two weeks not speaking to her parents (who had already consented to the research) and thus was not able to pick up her consent form.

The daily challenges I faced in collecting the data were many. Conducting this research brought me in touch with the complex nature of adolescent life. How easy it is to forget one's teen years (even if they are only a decade gone by) and the daily struggles, trials and tribulations that accompany that time of life. The lived experience of these adolescents is much different than the life that is exposed for adults to see. What adults may experience as an inconvenience, adolescents may view as a crisis. The data collection process brought me much closer to these adolescents' realities than I ever expected it would and demonstrated how my reality and their reality are quite different.

Food: The Social Mediator

> [As] you eat, know that you are feeding more than just a body. You
> are feeding the soul's longing for life, its timeless desire to learn the lessons
> of earthly existence -- love and hate, pleasure and pain, illusion and truth --

through the vehicle of food. Ultimately, the most important aspect of
nutrition is not what to eat, but how our relationship to food can teach us
who we are and how we can sustain ourselves at the deepest level of being.
                                                                    --Marc David

Among the most important research tools I used was food. Experience has taught

me that people are attracted to food's hypnotic effect in our social lives (the crowds

gathered in the kitchen at any home during a party is evidence of this). I find people

socialize better over a meal or a snack or a drink -- something digestible. Food has always

been a part of my most intimate social gatherings. Whether it has been snacks, appetizers

or a full-course meal, people have always socialized around food (from my experience).

As such, I thought involving some form of food would help make the climate of the

interview more sociable. It proved to be very effective in this respect.

Whenever possible, I conducted the interviews over a meal or drink. Coffee shops

were common research centres, fast-food outlets became meeting rooms, a picnic table

and french fries served as a veritable Speaker's Corner. Food has also been provided

through the Bridges program for all participants and meals at the school always served as

discussion time; time used by staff to get to know the students better.

The Adolescents (Participants)

Ten adolescents at-risk who have been involved with the Bridges program

participated in this study. The following is a brief introduction to the participants with a

summary of the current risk and protective factors that each adolescent is exposed to. All

identifying information has been removed and, as mentioned previously, the names used

are pseudonyms selected by the adolescents themselves.

All Star

All Star's name fits with his lifestyle very well. A well-rounded athlete, All-Star prides himself on his ability to excel at almost any sport. All-Star lives with his father and older brother (who currently is away at a custody facility). His mother lives in Kitchener and he also has an older sister and brother who have both moved out. At 15 years of age, All-Star has been to many schools already and Bridges marks the second secondary school for him. All-Star was recommended to Bridges because of his serious truancy from school and his behaviour control problems.

Risk factors for All-Star include his older brother's criminal behaviour, a low intelligence, exposure to drugs through peers and family, and negative peer influence. Protective factors include a strong commitment to sports (and thus, a need to follow the rules at school and stay out trouble at home), an involved father at home, and support from teachers.

Bobby

Bobby is 13 years old. He is an avid skateboarder, snowboarder and a cyclist all rolled into one. Bobby lives at home with his mom and dad and spends much of his free time on his bike hanging out with his friends. Bobby's plans are to get through school and eventually turn professional as a "skater" (or become a construction worker, whichever turns out). Although Bobby is a rather quiet person, his actions speak loudly. Bobby has been in conflict with others throughout his school career and frequently was sent to the principal's office for getting into fights. Bobby has been diagnosed with ADHD and various learning disorders which has brought him into contact with special education services for many years, including the Lutherwood Day school/treatment facility. Coming to Bridges has allowed Bobby to express himself better and bring out his very wry sense of humour.

Risk factors for Bobby are his exposure to drugs, his learning disabilities and low intelligence, communication difficulties, and limited access to psychological assistance to control his ADHD. Protective factors include his interests in skateboarding and bike riding, his strong math skills, concerned parents at home and a relatively stable home life.

Crip

Crip is a 14 year old male, born in Canada, but with a strong Latin American heritage. The name Crip is well suited; after all he is a member of the Latin-American gang known as "The Crips". This gang serves mostly as his source of social support, although his family also serves in this role. Crip has an older brother and a younger sister and lives with both parents under one roof. Socially, Crip finds himself immersed in sports such as soccer and hockey as well as playing

in a Latin-American band (with his dad, uncle and cousins) in the Kitchener-Waterloo area. Crip came to Bridges because of serious behaviour problems -- much of which is believed to stem from his poor language skills and communication challenges. Bridges was seen as suitable because of the amount of special education resources available to Crip there and the low student-staff ratio.

Risk factors for Crip are his poor language skills, influence from a gang that has criminal ties, low intelligence, exposure to drugs and criminal activity among peers. Protective factors include a strong connection to family including his supportive and involved parents, exercise/workout coaching by his uncle, access to sports activities year-round, musical interests and a strong sense of community with the Latin-American community in K-W.

John

John is 14 years old. Currently in foster care, John has been separated from his family for many years and is currently under the care of Family and Children's Services. Born with Fetal Alcohol Effects and diagnosed with ADHD later in life, John has had to overcome many adversities to success. In spite of the challenges he faces, John accomplishes many of the things he sets out to do in school and in his personal life. An avid hockey fan, John is a veritable encyclopedia of knowledge on the subject and has a tremendous passion for sports in general. His sense of humour made him one of the most popular students (among staff) ever to enter the Bridges program. John arrived at Bridges because of his in-school behaviour problems and numerous learning difficulties.

Risk factors for John include his lower cognitive functioning as a result of his FAE, negative peer influence from friends, low intelligence, drug-use by mother and communication difficulties. Protective factors include a supportive connection with program staff at Bridges, a prominent sense of humour, a supportive foster parent and an interest in school.

Nirvana

Nirvana is the "eldest" of all the participants in this study. At 16 years old, he has already finished (but not graduated from) school. Nirvana left Bridges to move into the workforce to satisfy a personal dream and become a mechanic. Nirvana has spent his life living with his dad and with numerous mother-figures (his real mom left the family when he was an infant and since then, his dad has had three marriages and many other live-in relationships). Nirvana has moved around southern Ontario seven times and been enrolled in seven different schools in nine years. Much of the moving was due to the problems that Nirvana encountered at school with problem behaviour and truancy. These are the reasons why he has been to counsellors, psychologists and other mental health (and corrections) professionals; this was also why he was referred to Bridges. Bridges allowed him

to learn at his own pace and also to gain some of the self-confidence that years of moving around had eroded.

Risk factors for Nirvana are a history of heavy drug and alcohol use, limited education, low socioeconomic status as an adolescent, history of behaviour regulation problems, unemployment and a negative influence from peer group (primarily with respect to criminal activity and drug use). Protective factors include a supportive father and current mother figure, sense of self-efficacy around working with mechanical devices and a close friend to confide in when necessary.

Out

Out has been involved with Bridges for a year. An energetic and determined prankster, Out has been among the best liked students in his class. His mother and brother comprise his family (his father is not allowed to have contact with them due to a court order). Both his brother and he have a strong sibling rivalry (which has often led to extreme violence). This rivalry has repeatedly led both of them to different counselling services and therapeutic interventions. Out's temper and poor behaviour controls have created problems at school and, consequently, led him to Bridges. At 14 years old, Out is planning to take the skills he has learned at Bridges and apply them to a new high school setting in the fall.

Risk factors include poor behaviour regulation abilities, few social skills, poor communication skills, and low self-esteem. Protective factors include a supportive parent, high intellectual ability, and a supportive pastor along with other formal help resources.

Raiden

Raiden is a 14 year old boy. Raiden has the ability to do well at school, is an avid reader and has a strong intellectual curiosity. What has held him back from many opportunities has been his persistent lack of focus on school and disruptive behaviour in class. Much of these disruptions have come from having a volatile home life. Problems at home with his mother led Family and Children's Services to intervene and place Raiden into foster care. Although he gets along with his foster family, he would prefer to live at home with his mother. Living with his father is not an option due to his father's chronic drug addiction and abusive tendencies.

Raiden's major risk factors include separation from father (and father's drug use), his tendency for disruptive behaviour and the stigma attached to him as a "trouble maker." Protective factors include good problem-solving skills, a close friendship with a supportive peer and exposure to supportive teachers.

Sporty Spice

Sporty Spice has had considerable experience with help. In and out of

trouble with the law for the past three years and having been in five different foster care placements, Sporty has a breadth of help-related knowledge. Currently she is in the care of a foster parent and visits with her natural mother on a weekly basis. At 15, she is looking toward getting her driver's licence and finishing high school so that she can move on and leave much of her experiences behind. Very personable and friendly, Sporty has never had difficulty drawing people to her, rather it has been keeping people in her life for long periods of time that has been the problem. Sporty has had four different probation officers, multiple counsellors, a social worker, a psychiatrist, psychologists and behavioural resource personnel all involved with her over the years. In spite of all of those interventions, she still has difficulty attending school, controlling her temper and paying attention in class. These are among the reasons why Bridges was seen as a suitable place for Sporty.

Risk factors include a history of poor behaviour regulation, separation from parents, history of criminal behaviour, past drug use, low self-esteem and few close friendships. Protective factors include access to supportive mental health professionals and teachers, and clear moral values.

Stephen King

Stephen King was among Bridge's first students. It was for students like Stephen that Bridges exists. Stephen lives with his mother (and has so for many years) -- far away from his physically and emotionally abusive father. Stephen's troubled home life parallelled his life in the community; he has been arrested on numerous charges and has served two sentences in closed custody facilities. Alcohol and heavy drug use have also been a part of Stephen's life on and off for the past few years. Although he has had drug and alcohol treatment, he still is at high risk for further substance abuse. In addition to that, Stephen has also seen mental health professionals from many fields at both the community and school level. At 15, Stephen has experiences that many adults don't acquire in a lifetime (most of them negative ones). Stephen is now working in the community and attempting to put his past behind him. Well read and eager to learn, Stephen hopes that most of his future lessons are more enjoyable than those from his past.

Stephen King's risk factors include potential for drug and alcohol abuse, negative influences from peer group, poverty, and few supports available in the community. Protective factors include his current employment (and income), connection with Bridges aftercare and a supportive mother.

Tanisia

Tanisia, a 15 year old girl, is attempting to become the first female in her family to complete high school. Battling learning problems and her tendency to disobey teachers, she has used Bridges as a means to go back to her home high school to meet up with her friends. Tanisia's parents are strong supporters of her,

although their support is often limited due to the tremendous amount of energy they place in dealing with Tanisia's two brothers, one of whom has a severe drug dependency. As a result, Tanisia serves as much the role of family helper as she does help-seeker. Her recent problems with school and the inability of her parents, teachers and guidance counsellors to provide adequate academic and emotional support has led Tanisia to Bridges.

Risk factors for Tanisia include low academic achievement, few supportive peers, occasional drug and alcohol use, poor behaviour controls, drug use in the family and a history of minor criminal activity. Protective factors include a supportive mother, school professionals that work with her, and a high commitment to her education and personal wellness.

As a group, these adolescents are characterized by generally low intelligence (I.Q.) scores, poor coping skills, few consistent supports, drug and alcohol use, low academic achievement, poverty, learning disabilities and behaviour control problems. This collection of risk factors and problem behaviours are present in the lives of every participant with few exceptions. For some of the participants, certain risk factors are more prevalent in their lives than others. However, all participants have enough risk factors and so few protective factors that they are all considered at-risk.

The results have been organized primarily around the research questions. Each section has been subdivided according to the emergent themes from the interviews and their consistency with the literature on risk and protective factors and help. These emergent themes are: formal help, informal help, self-help and personal strategies for success, and finally, needs, goals and pathways to a positive future. The themes were a part of the initial structure of the interview. However, during data collection it appeared that the information provided also organized itself around these themes.

"Our Needs"

The first research question(s) I asked was: **How do adolescents at-risk perceive**

their needs and are these needs being met in their current circumstances? The

adolescents in this study each have needs that are unique to themselves and that are

common among other adolescents at-risk in the community. I will first describe the major

themes that emerged from the data and then summarize the similarities between all

participants.

> **Education.** The most pronounced finding among the adolescents was the need for

education. Although many of these adolescents have had negative experiences at school,

they still saw a need for education and knowledge. *All Star* came to the Bridges program

because of his truancy and his behaviour problems at school. For All Star, his need was to

get back to a regular school with his friends, doing the things that he likes to do. For All

Star, his sports interests are what motivates him to succeed (and stay) in school:

> [W]hen I go to [new high school] I'm probably going to end up playing on
> the football team and I'll probably, I'll keep on going in different sports I
> stay in to it....I like it. Football especially.

Tanisia sees the possibility of being the first female in her family to ever complete

high school as her greatest motivator and one of her basic needs. *Crip* also cited the need

for schooling as a current need. Crip's immediate goals revolve around moving out of

senior public school and into high school. For *John*, he just wanted to finish school once

and for all:

> I wish I had my college degree and stuff so then I wouldn't have to go
> through school and I could get a job.

For John, school is among the few things in his life that he has some control over,

and he values that control considerably.

Family. *Tanisia* mentioned that one of her most important needs is to have stability in her family. When I asked her about her needs, she mentioned that she didn't want to be who she is currently. She wanted to be...:

> The person that I was. You know, I didn't have to worry about these stupid problems, you know. I didn't have to worry about my family all the time, if my family's OK. [I have] [t]oo much on my mind right now. I just wish I could have everything disappear.

Sporty Spice also wants to have a better family life. Her parents have been separated for most of her life and there has been a dearth of love and affection in her household as well -- something that her foster home experiences have also failed to provide. When I asked her what her needs were, she told me she just wants the basics of life:

> "A good home. A loving family. Food. Hamburgers that don't fall apart."

While the comment about the hamburger was meant as a joke, Sporty was very serious about her need for a loving home environment. It was very difficult for her to talk about her need for a family and positive home environment and it was obvious the need ran deep when she spoke about the void in her life.

Behaviour control. The need for restraints and limits was one of the more surprising findings that emerged from the data. While many adults talk of limits for adolescents, I was intrigued to see this come through in my discussions with the adolescents. *Bobby*, for example, recognized that his ADHD symptoms and his resistance to doing his school work in-class led him to problems in school. He told me that interventions like putting him out in the hallways to do work or separating him from the

rest of the class helped him:

> ...like last year, when I was at [school name], [the special education teachers] would put, at the last of the school year, in a little room all by myself for like three months....I didn't get into as much trouble. Like when I am in a class with like 30 people I'm real hyper. Like I'll be chuckin' things around, talking real bad or whatever....I didn't like it, but that's what I had to do.

For *Crip*, his needs are currently to control his temper and to develop better coping strategies. One way that he is meeting this need is through the Bridges program.

> [Bridges staff] help me control my temper and made me think more, more mature you could say. 'Cause now they said if I want to [quit school and controlling my temper] to go through counselling and I did, and it's helping me....I used to hang around with the wrong crowd. Like I would do bad things, whoa, scratching cars, probably going to the mall to disturb the peace....I wouldn't like to do that. I'd probably hang around with the crowd and be more mature.

Social support. Many of the adolescents told me that they had a need for better social supports in their lives (and more of them). Some of the supports were related to formal help, but many were related to informal supports such as friends. *Out* felt that, for him to be successful, he needed the following skills:

> Know how to make friends. Don't rat people out for stuff they do. I dunno, know how to fight if you have to...how to calm someone down if they want to fight you.

Raiden's needs involve getting the emotional support that usually is associated with families (such as love, affection and attention). But while he says that he can get those things, he wants to have such things available on a constant basis. A need for him is to have emotional support constantly available to him when he needs it. When I asked about his needs, he immediately replied:

> Right now I need TLC: I need total love and care. I have people who will
> give it to me. I have people who will be there for me, but I need people
> who will be there and never *not* be there.

Raiden has had a lot of people come into his life and offer support, but most of

these "helpers" only stay in his life for a very short time. These people are often teachers,

social workers or other professionals who help him as a part of their job and thus, leave

once the job is "done." Raiden's needs are to have people there for more than just a short

period of time.

For some adolescents, support came in the form of having people leave them alone

rather than intervene. For *Nirvana*, his dad would actually support him by leaving him

alone:

> Basic needs? "Me" time. I need time to myself. My dad knows [this].
> Everybody needs that. I'll just go upstairs and play Sega [video games] for
> a couple hours, think about whatever....It's what keeps me sane. Nobody
> around talking to me, bothering me.

Nirvana suggested that when he is in a bad state he needs just some space to relax

and put is life back into perspective. What this does is simplify his life and allows him to

tap into his own healing resources to deal with his troubles.

Career. The opportunity to make a decent living was something that was

particularly relevant to those participants who were no longer in school (and to some that

were). For *Stephen King*, money and secure employment are the most important needs in

his life (and in his family's life):

> It's hard for the lower class people. It's easier for the middle class people
> who have houses and who aren't living off Ontario housing and peer homes
> and that; who aren't living off $122 a month per kid because the

government thinks that's what the kid will eat. It's really, really hard and my mom has no money right now and we're in the middle of the month. She only has, I think, around $30 right now and this is the middle of the month. We need food.

Stephen King's family lives in such poverty that it is very hard for him to concentrate on any other needs. A current need for him is a job that can pay him a wage that can support him and help out his family.

Like Stephen King, *Nirvana* is also in need of employment and an income to sustain himself. While not in the same dire circumstances as Stephen, Nirvana's search for employment is still stressful. Nirvana had exhausted many of his employment prospects and was getting down on himself about life. For him, a job would do more than provide him with an income, it also would provide him with a sense of accomplishment and self-sufficiency.

Personal reflections on the needs of these adolescents. I found that this group of adolescents had a considerably difficult time articulating what their needs were. Few of them were able to discuss current needs in any detail, only future goals and the need to complete basic requirements for a career (e.g., finish high school). While there was some difficulty giving voice to this particular set of questions, the group spoke about their needs loudly in other ways. One of the most prominent needs the participants described was for special education services such as Bridges. For those in school, Bridges or other special education services were heralded as being a need in order to do well at school. These adolescents clearly knew that school held some value for them.

Another need that came across in my interviews was for someone to talk to. Many

of these adolescents had very few people that they trusted or felt safe seeking help. There seemed to be a dearth of positive, consistent supports available for these adolescents. This is not to say that there are not supports available, but rather ones that the adolescents trusted and valued. *Raiden's* comments about having someone who would be there for him and never *not* there stood out for me. The spirit of this message was repeated in many of my conversations with the other participants. These adolescents clearly viewed much of their support as being short-term and not committed to them over time.

Further to the presented statements made from *Stephen King*, the participants also mentioned the need for more financial resources and employment opportunities. Many of the participants in my study live in poverty or near poverty and having the resources to provide for a comfortable lifestyle would improve their lives dramatically.

As much as this group vocalizes the need for independence and greater control over their lives, they still need others; this group recognize that they can't "go it alone." This group spoke of the need to have people who will support them and be there for them when they need help. Many of these adolescents have ideas and prescriptions for what they need, but none of these needs can be attained without the help of caring others. Even when some helping methods fail, the message from these teens is clearly: keep trying, and do so with good helpers.

The message these adolescents delivered to me was that they require greater access to resources. These resources included education, family and community support and economic power. By obtaining such resources, these adolescents may better adjust to society and lessen the potential negative impact from the risk-factors they face.

"What Help is Like For Us"

The second research question guiding the research was: **How do adolescents at-risk view the professional and non-professional interventions (or people) that have attempted to assist them and do they perceive them to be helpful?** Based on the responses that the participants gave and the organizing themes that were used for the interview guide, the results have been presented by examining the formal (e.g., school, mental health services, etc..) components of help first, followed by informal methods of help.

Formal Help

Formal help is defined as any form of intervention associated with an organized body (such as the school board). Healing agents that were associated with an organized professional body, recognized group or community agency were considered a part of the formal helping structure. Formal helpers included any individual or group affiliated in some way with the education system, mental health or health system, church, justice system or community agency.

School. School provides adolescents with the greatest source of continual contact with formal help. Teachers, teaching assistants and guidance counsellors are among the many individuals that adolescents utilize when in need of assistance. School is more than just a place of learning for young people, it is a place where they meet people, socialize, get introduced to possible futures for themselves and perhaps take some of their biggest steps toward realizing career goals. For this group of adolescents, school served a broader purpose; school was often the first step in organized intervention either at a behavioural

level, mental health level or social level.

For these adolescents, school memories have been as much about serving detentions and suspensions as reading and writing. Something happened along their learning journey that led this group towards the vice-principal's office more often than other students. These adolescents commonly spent greater amounts of time with guidance counsellors, special education teachers and teaching assistants than their classmates. And more often than almost any other kids in their class, the school liaison officer for the Waterloo Regional Police knew them by name. School has not been a fun place for the most part and these adolescents had no problem telling me about it. However, what may come as a surprise to many of these adolescents' teachers and Vice-Principals is that there were also distinctive positives that they saw in school in even the worst of times in spite of their perceived public mantra "school sucks."

To illustrate the impact that the school environment can have on an adolescent, I have chosen to discuss the story of *Nirvana*. Nirvana was the oldest of all the participants in this study. At a mere 16 years of age, he is the "senior" in this class of students for whom the term "at-risk" best applies. Nirvana is no longer in school (he was one of the few students that did not successfully complete the Bridges program). His departure from Bridges was not due to an inability to comprehend the work in the classroom, on the contrary, Nirvana was one of the better students while at Bridges. For Nirvana, the problem he faced was his behaviour and his inability to control it while in school.

Nirvana's entrance into school was relatively normal until he reached grade three when he began to get into trouble in class and on the playground. What began as a little

misbehaving grew into larger, more serious issues such as picking fights on the playground and swearing at the teachers. By the time grade four was finished, Nirvana had not only been sent down to the principal's office, he had been one of the few elementary school kids to have been suspended.

Among the problem behaviours he exhibited was severe truancy. This continued through school and did not help his grades at all, nor did his persistent suspensions. Nirvana summed up his school absenteeism this way:

> School was no fun. I'd rather be hanging out with my friends, having fun,
> going to the pool hall. Like I had a job across the street there at [pool hall].
> At [school name] there, that's why I skipped five months. I'd go over
> there, work two hours and then we'd have pool for three or four.

It is safe to say that Nirvana is a kind of expert on schools (he's been to seven schools in nine years). Some of his departures were based upon his behaviour (and resulting dismissal from school) although some were based on geography (i.e., moving). The frequent moves clearly hurt Nirvana as he was always "the new kid" even though he has spent his entire life in Ontario (and largely Waterloo Region), reasonably close to some friends. Nirvana and his father have moved more than seven times in the past fifteen years. Nirvana told me that many of his family's moves were prompted because of him and his behaviour. Getting into trouble and being suspended from school prompted his father to move the family in order to have the opportunity to start over. So far, according to Nirvana, things have been good at his present location and dad has no current plans to move according to Nirvana.

Nirvana recognizes the mistakes he's made in life and at school, but he is quick to point out that his association with others and poor reputation has contributed to his

troubles as much as anything else has:

> Seems like I've been picked on. Any school I've been to, somebody else does something stupid and as long as I am with them, I'm the only one that gets in trouble. That's why I've been kicked out of so many schools....You do one stupid thing and then it falls right back on to you.

For Nirvana, his prior mistakes have repeatedly affected his school career. His reputation has not only hurt him at school, it has also had repercussions out in the community which manifested itself in criminal convictions and other encounters with the law. His encounters with the law are, as he see it, behind him. His plan is to stay in school, not in custody.

Nirvana hopes he can build on his skills and become a mechanic some day, even if it means going back to school. School for Nirvana improved somewhat when he was introduced to the Bridges program. The "last stop" for him, Bridges gave him opportunities to learn in ways he wasn't allowed to at other schools. Diagnosed by educators as having a learning disability, the Bridges program gave him the opportunity to do more learning at his own pace, in ways more conducive to his learning style. This style of learning was not only effective, but also enjoyable for Nirvana. The arrangement at Bridges was proving beneficial for Nirvana for the first few months there until his personal problems outside of school began to meet his in-school assignments. Suddenly, Nirvana found that learning at your own pace wasn't an option anymore:

> I could learn at my own pace sort of, but I got behind a little bit and it's "Learn this stuff all at once." [Staff] put a stack of paper in front of me "do this now" sort of thing. It didn't get done and I get suspended. That's why I'm out right now, because I didn't have some stuff done that I didn't understand. That was when I was on suspension.

When this was discussed during our interview, I asked Nirvana what could have been done to help in that situation and he responded by telling me:

> More staff. Like when you are sitting there for the half an hour of academics you do just trying to get help on one thing you're not going to get done too fast.

Nirvana felt that more staff attention could have made the difference between where he is now and where he was then. With respect to the Bridges program, Nirvana said that the staff there were helpful only with certain issues. For example, any problem with other people in the program was treated with the necessary attention needed to solve it. However, those problems originating outside of the school were greeted with the request to simply "get rid of it." I asked Nirvana what the staff at Alexandra school could have done to improve the situation when it occurs and he responded by saying:

> Let you be a man. Like if you have a problem outside of school, they just tell you to piss off and deal with it outside of school, don't bring your problems here. They could have worked a little better with that.

Nirvana did not hold any animosity towards the program specifically, rather he disliked school in general. He believed that school could have been more welcoming to him. What is his solution to many of the problems in schools these days? A voice for students.

> I probably would have done more if they would have let me done more....
> The less they let me do, the less I did....Students have no input on anything.... Students would like it more if they had input on what's going on. Half of the one's out there skipping right now would probably be there if they had more input on what is going on.

For Nirvana, listening meant empowerment and he believes that an empowering school environment would translate into a better school environment for all students.

Nirvana's story was one that brought forth many challenging issues about education and behaviour. His behaviour problems were not helped by his life away from school. These troubles led to a difficult time in school that eventually contributed to a greater problem outside of school. Talking to Nirvana I could not help but picture his spiral through the cracks of the social service system leading to where he is now and wondering if there was something that could have been done to prevent it.

Part of the mandate of the public school board has been to assist, whenever possible, students who have special needs by providing environments and staff that can address the specific needs of each student (The Bridges program is one of the examples of such programming). Special education programs can also serve to screen for potential problems. *Bobby* learned he was diagnosed with ADHD while at the Lutherwood Day school program in Waterloo. Lutherwood's program was established to work with hard to reach, at-risk adolescents and utilizes a psychoeducational approach to learning. Through Lutherwood, Bobby had access to both psychologists and psychiatrists who eventually diagnosed him with ADHD. This diagnosis helped educators at his other schools set up a program of work that could accommodate his special needs. When I asked Bobby who he felt has helped him in his life, his special ed teachers were mentioned.

> Special ed teachers at my old school [helped me]....They would help me out with my work. Sometimes they would help me out with my home.... if I got suspended all the time they would , like last year when I was at [school name] , they'd put at the last of the school year in a little room all by myself for like three months.

I asked Bobby if what he thought about this tactic and whether or not he liked it. Bobby responded by saying:

Not really, but I didn't get into as much trouble. Like when I am in a class
with like thirty people I'm real hyper. Like I'll be chuckin' things around,
talking real bad or whatever.... I didn't like it, but that's what I had to do.

His insight into his own behaviour and the necessary interventions were rather

surprising, but not uncommon. *All Star* was sent to Bridges largely because of his chronic

absenteeism and also because of a behaviour control problem. He knew that he had to go

through the Bridges program to help him, but he longs for the day when he can return to a

"normal" school:

It's fine here [at Alexandra school Bridges program], I just don't like going
to classes like that. Like special education classes and things like that....
being in a class with 12 kids and six teachers. Usually I'm in this big, huge
school with all my friends.

I asked All Star what is it about a regular school that would be enjoyable? He

answered:

Just, I don't know, not have teachers watching you every second. Like all
the people watching, just one teacher instead of six. Just being — like
having lunch with all my friends.

He mentioned his friends to me a lot. All Star's friends were the ones who enticed

him to skip his classes frequently, to the point that he was losing credits at school. He

would stay up late and sleep in enough to miss his first period of school. Eventually he had

a pattern developed where he would come late every day, take two lunch periods instead

of one, and only attend two classes each day. For him it all started after football season

ended. All Star (an accurate pseudonym) is motivated more by sports than anything else.

While he knows that he needs school (and does enjoy some of his classes), it is sports that

is his passion so, when the fall (and football season) arrived, All Star was ready to go to

school.

> And then over the summer, "I'm just going to [go]", I told myself "I want
> to do good" and I started going and I got into football and I was having
> fun. After football ended I just stopped going because I wouldn't go out for
> the basketball team and rugby is a long way away from football — you
> have to wait three months.

The wait for rugby season was simply too long for All-Star and he stopped

attending classes. For All Star, what kept him in school and motivated him to do well was

sports. All Star's story told me that school help can come as much from the football coach

as it does a history teacher or guidance counsellor.

Although school teachers and other personnel were frequently perceived as

helpers, there were some examples of a type of iatrogenic effect from the teachers

methods of helping. *Tanisia* has mixed reactions toward school. While her experience with

special education has been very positive, she is saddened when she discusses the reasons

why she had to go through special education in the first place:

> I was doing good up until grade six or seven and then everything started
> getting too hard. They wouldn't help me properly.... Grade six the math
> and other work was too hard for me. And they wouldn't sit down and help
> me, they would just show me how to do it on a calculator and that was it,
> so I wouldn't understand it. I'd just know how to do it on a calculator.....
> Even just keeping me after school and whatever would have been fine, but
> they wouldn't do that. They had prior arrangements or whatever.

Tanisia's comments suggest that she never received the necessary attention needed

to succeed at other schools. There were many students at Bridges who expressed views

similar to Tanisia, stating that they required extra attention for their academic problems

and, from their perspective, were not given help.

What Tanisia lacked at her other schools, she gained at Bridges. She told me:

> Well I like this situation here because there's less students, there's more time for one on one. They explain things a lot better....and like, in simple terms. Not in the confusing words or big words. They explain it to you.

Having things explained to you was important for Tanisia because she needed

more time to process ideas and understand them. For *Crip*, his problems were

compounded by the fact that he did not have a strong understanding of the English

language. With Spanish being spoken in the household, Crip's introduction to English did

not come until grade school and thus, his English has been a source of his problems ever

since:

> ...it's been hard 'cause I talk a lot of Spanish and when I go to school I have an accent and I get mixed up sometimes. Before I couldn't write good and read and now I'm starting to learn better because I know how to write Spanish. It's different from English and so I get mixed up. In English the "e" is the "i" and the "i" in Spanish is the "e" so I always mix up those words all the time. Spanish they have a double "L," no...yeah, a double "L" and they always put in words also and I get mixed up.

Crip outlines the common mistakes that he makes in his writing with a sense of

frustration. Crip's language problems have not gone unnoticed in his school life, but they

have gone largely unassisted. Crip felt that he didn't get much of the help he needed until

grade six and seven when he had a teacher take the time to work through many of the

problems that he encountered:

> But in grade six they helped me out a lot. That year I learned a *lot*, a lot... One teacher, Mrs. um.. I forget her name, but she was like nice. She was strict, but she was nice. She would sit down with me and tell me like how to write something and then I would have to write it three times if I get it wrong. Then next time I would get it right. But then the year after, they wouldn't do that to me. They just let me do whatever. With other people they would be sitting down going "oh yeah this" and I would be getting mad, sort of put down. It feels like a put down to me.

As this passage shows, some of Crip's problem's originated from the difficulty he had grasping the language with a lack of proper help. Crip's best teacher was in grade six; a woman who he describes as "strict, but she was nice." This combination was one that Crip enjoyed and felt worked for him. Boundaries and compassion were two things that Crip liked best in helpers. This lack of assistance in school with language learning over the years has contributed to a serious behaviour problem for Crip which eventually lead him to the Bridges program.

A sense of being left out of help was also experienced by *Stephen King*, but for different reasons. When I asked him about some of the teachers he had, he responded by saying:

> [T]hey were just, they were just living in the old times. "You do this, you do that. You need help, talk to me and I'll give you help." Sometimes, mostly, their help is not very good. It's just off-track, they give me a suggestion that has nothing to with what I am doing really. "You do it this way" and they'll walk away. They just write down how to do it, say "you do it this way" and walk away, they won't explain how you do that. Some teachers are, they are, they are good. Some teachers they are bent on having us do one certain thing; you don't want to do it, you are gone [from school]. You don't want to do it and you're gone. You do it the wrong way and you argue about it, you're gone. Some teachers don't really know what they are doing.

Stephen King's perception of teachers was a mix of positive and negative views. However, he did know what worked and did not work for him. Stephen seemed to be asking for teachers to adopt a more flexible strategy to helping, rather than framing the problem in one single manner. Ironically, Stephen believes that there is a right way to doing things and a wrong way to doing things with nothing that falls in between. For him, he found the "wrong" way to do things too often.

As Stephen King and I spoke further, he mentioned something that I had never thought of about the school experience; namely, that adolescents at-risk don't really see school as an *experience* per se, rather as just a hoop to go through on the way to adulthood:

> My experience with school? It was alright. About any kid you'd ask that it wouldn't, they wouldn't know. They don't think of school as an experience, they think of it as something you have to do for most of your life. You have to go to school until you're 16 when you can drop out if you want. Yeah, I don't really find it as an experience when I think about it, I think of it as something I did, something we all do. Some people look at it as an experience like the most people who want to learn and love school -- they'll just go on for hours, but for people who don't really like school it's just well, it's just school. You have to do it.

Stephen's account of school is analogous to most people's experience of going to the dentist -- you have to go through the discomfort and pain because we are told that it is "good for us." Stephen's experience of school is very much similar in that it is an uncomfortable and often painful experience to go through.

Out described school staff as being ones that are helpful only if they are student-focussed and acting out of a genuine kindness for adolescents:

> Teachers that are there and, like, the principals, they help you like when they're on your side and trying to help you and stuff and not just being mean then that really helps you.

Out's experience is that when teachers are perceived as kind or "on your side," that they are helpful to students. For Out, there is a real sense of taking sides in his relationship with schools; it's either a partnership or it's adversarial.

Mental health services. Mental health services, either provided through the schools or from an outside or community source, are frequently utilized by these

adolescents at-risk. Of the participants involved in my study, only two had no involvement

with someone involved in the mental health professions (e.g., psychiatrist, psychologist,

social worker or professional counsellor). Of those that have had experiences with mental

health professionals, all but one (seven in total) has accessed more than one type of mental

health professional. For this group of adolescents, the mental health system has supported

them in some capacity for most of their lives. Unlike with many adults who utilize mental

health services, these adolescents were given little option about seeing a counsellor or

becoming involved with a psychologist or social worker. In spite of the lack of freedom of

choice, the impressions of mental health service providers was positive for some of these

adolescents.

Out's experience was one that broke the stereotype of what a psychologist was for

him:

> Well it's nothing like the movies where you sit in one of those big black
> chairs and the guy's sitting there writing down everything you say..I don't
> know...I just like talk to him...about like stuff that's going on in my life and
> then like they tell me what I should do and stuff like that..the good thing to
> do and stuff.

Out expresses how interesting he found the entire therapeutic experience he has

had and how the psychological testing he took part in was fun. Out's experience of

shattering negative myths about counselling and psychologists was different than that of

Sporty Spice. For Sporty, counselling in the mental health realm made her feel

uncomfortable and was not enjoyable for the most part:

> I don't know, I only went to a few sessions. [The counsellor] was a nice
> lady, but I didn't like going. She's nice but it made me feel stupid. [laugh]I
> didn't need it. And then I went to this shrink in Hamilton and she put me on

mood swing pills, like I can control my mood swings. I've been on them for two years and two months.

Sporty felt a sense of humiliation in her experience of help with the counsellor because she didn't feel that she was in need of help in the first place. I asked Sporty what she thought about her experiences with the psychiatrist and she has similar views of her that she had for the counsellor:

> She was nice, but I got upset at her and ...I didn't like her very much... I went with my social worker and my mom -- I think my mom was there -- yeah, my mom was there for some of it, right. She asked me all these stupid questions (I don't remember what) and she did this whole questionnaire thing on me, they're so dumb: Ya, no, ya, no, ya, no, ya -- you have to know it. She's so stupid, I didn't need pills and she put them on me, put me on them anyway. It kinda helped though.

What emerged from this passage was a recognition that the *experience* of help was different from the *effect* of help. Sporty did not feel she needed help and experienced her trip to see the psychiatrist as being coerced or even forced. Also of interest was Sporty's response to the questions of being "stupid" and of not really understanding fully what the questionnaire was for. In Sporty's case, the medication she was prescribed by the psychiatrist was effective in spite of the less-than-positive attitude she has toward the doctor.

Stephen King's experience with psychiatry was not positive either. For him, the biggest factor was that he felt his voice was ignored while with the psychiatrist:

> There's these two people at KW Hospital I went to see. They would listen to me, talk about something, ask questions and then they would talk to each other about me like I wasn't there. They would talk about things, like discuss what they think was happening and stuff like that. What are you talking about? They'd go on and off into their little world what they think damaged me as a little child. They were really, they were really messed up

to work with. They would ask a question, I'd have to answer. I can't go on and talk about things. They wouldn't listen to you....

Well just from going to them it didn't damage me on crime it just made me think how people can be different. Like certain psychiatrists think about certain things you know, they come up with things in their own way. Some people are smarter than other people. People think on a different wavelength, no person is the same and that is what's weird about psychiatrists. I've seen a whole bunch and some of them are really, it's like grabbing things out of the air. It's like they think of something and then the one that they think of best that flies by they'll grab it, they'll automatically say "well I think this is what happened" and they'll go "yeah, yeah, this is what happened to you." They won't listen. They'll listen to one certain thing they want to hear and they tell you their remedy, their "what they think happened." They just didn't listen.

Stephen's experience is one of disrespect and being ignored. The entire experience of help in this case was disempowering and negative.

Stephen did acknowledge the potential for psychiatrists, counsellors and teachers to help, but mentioned that they did not serve a large role in his road to wellness. In fact, Stephen recalls only one kernel of knowledge that he took with him from a formal help source:

The only one thing that I've ever listened to a psychiatrist on is: you're on a road: life. There's crossroads, turns, forks in the road any, you can take the left, the right, but there is always a way to get back.

This phrase made sense to Stephen because it reflected back to him options that he perceived in his daily life. In Stephen's eyes, he can move back and find the right path eventually. In this case, imagery succeeded where talking failed in helping Stephen understand his choices in life. For Stephen, his hopes and dreams lay on this truth and his ability to move forward after having had to go back for so long.

Stephen's experience was largely of being ignored or not listened to. That same

sense was echoed in my meeting with *Nirvana* where his words reflected a strong

resentment of his experience of the probing of counsellors. He seems offended by their

attempts to ascribe a cause for his problems without genuinely listening to his version of

the story:

> They don't do nothing. They just ask how you are feeling 20 times. I know
> how I am feeling why the hell do you care?.... I've seen six or seven
> different ones. They try and tell me that because my mom is not in my life
> that I have deep hatred towards her and its making me rebel.... It was a
> waste of a hundred bucks that's all it is..... Just a waste of a hundred bucks.
> You go in there: "How are you feeling?" Why? Then they start getting into
> all this mushy bullshit saying that you have deep hatred towards your
> mother, that's why you are rebelling towards everyone else. I don't care.

Nirvana's reaction to the suggestion that his behaviour was caused by his mother's

absence was one of intense anger. I asked Nirvana if he had gained anything at all from his

counselling experience and he replied "No," not a single thing. Most often his counselling

was court ordered or requested by his probation officer. As we shall now see, probation

and the justice system are other areas that these adolescents look to for help.

The justice system. For some adolescents, help is not always delivered through

seeking it, some times it is thrust upon them. Such is the case with the help provided

through the justice system. With the 10 participants involved in this research, over half of

them have been involved with the legal system in some capacity; two are still on probation;

and one has charges yet to be dealt with in court. Seven of the 10 participants have been

involved in some form of criminal behaviour that they have not received formal charges

for (nine of 10 if drug-related behaviour is included). Three participants described having

spent time in either an open or closed custody facility and one participant, whose story I

will now explore in greater detail, recently was released from a nine month closed custody sentence.

Stephen King is 15 years old, although to hear him speak one might assume that he is much older. The King household was filled with violence and drugs, conflict and problems with the law. Stephen's father used to physically abuse him and now the abuse he takes in life comes from poverty.

> Half my life wasn't that easy to go through. Living with my father wasn't the greatest because he was abusive. He wasn't the type of person who wants to talk to his kid. "You do something wrong you gotta hit 'em that's the only way you're going to learn." That's what he thinks, that's what he learns off of. Personally, if I think a kid's doing something wrong they need to be talked to. I was abused as a child, I used to get hit all the time when I did something wrong and I did it again; I don't know why, but I did. It's not very easy. Some people would think that it was a God-send to have my life and some people think that it would be pure torture and hell to go through what I've been through. I live with a single mother, we barely have any money, I've learned to live with it, I've learned to cope with it. Knowing what my mother has gone through with me is.. it kinda makes me feel sympathy towards her because of myself. Most people don't feel like that. Most people don't think "well I feel sorry for you because you had to live with me" or stuff like that. I feel, my life hasn't been the greatest I'll say.

Stephen's tough life led him to a "hard" lifestyle of drugs and crime, for which he has entered the legal system on numerous occasions. For Stephen, custody used to be just a warehouse where he could plot his next crime or meet a new drug supplier until his last sentence where it, according to him, changed his life:

> Yeah. If you don't really care about, if you have a big time like nine months, first you think about what kinds and scores you are going to do when you get out and then it starts to get to you. You get down and depressed when you start thinking about things more. After a while, you don't care what you do when you get out you just care about what you are *not* going to do when you get out. When you first go in you are going to think about what you are going to do when you get out, what crime you

are going to do, what parties your going to, how you're going to get money. But after a while you begin to think about what you're not going to do. You begin to think about who it would be bad to associate with, who would be good you know. It's just, when you are on the inside you're trapped by a fence and people with keys and locks, you think more. When you're out, all you think about is what you are going to do tomorrow or what you're going to wear tomorrow -- something to be spontaneous. You think about something that can be different every day. Jail, there's nothing spontaneous about it; it's the same thing every day. Get up, shower, do your chore, go to school, come back, go outside, go to supper, do pry time you know; it's the same thing over again.

From the various custody facilities, Stephen found that the one that he had the most support in was the one where the correctional officers talked to him and got to know him. That facility was not the most helpful though. For Stephen, it was the one that allowed him the time he needed to reflect, to think about his actions:

> Like every night you're there sitting in your room. You have no choice to think. Some people, they do push-up's in their room or something like that or they talk to themselves about stupid things (I did that a couple times) just to avoid thinking about what I was going to do when I was out or why I did things. When you are in your room you have to think about what you did. No matter what: you think. You just look at the walls and you end up thinking. When you're out, people are going to school and they're trying to help you, you think about it; you're distracted, you're doing other things; you're out partying or you just got other things on your mind like who to call next, who's place am I going over to tonight?; what am I gonna do tomorrow? In custody it's just, it's just mainstream. The same thing happens everyday. You don't think "what am I going to do tomorrow," it's just expected, it's just, you do it. You have more time to think, you may not be thinking about what you are going to do tomorrow you think about what you did and how you are going to change. Some people think about that and some people think about what crime they are going to get into or what scores they are going to do.

Unlike the other participants who had served time in custody, Stephen felt that his time away was better help for him than school (although he acknowledges that "doing time" is not effective for everyone). Spending time away from the community for a while

made him aware of the tremendous opportunities he saw for help in the community:

> The people to talk to in custody would be the staff, mostly your prime
> worker who decides your plan and cares and stuff like that. They got these
> meetings (what your going to do? what are your prime goals? stuff like
> that). The only people you talk to are some of the staff who are good to
> get along with. Your fellow residents. There's not really that many people
> to talk to in there. Out here we got counsellors, family, parents, friends,
> teachers, principals, just about anybody, just about anybody on the street
> you can talk to. But inside it's all limited, you can to talk to staff or if you
> really want to talk you can talk to the social worker, but that's really
> boring.

Stephen's realization was that there were very few people he could really open up

to while in custody, a marked difference between what is available to him in the

community. Here, help is distinguished between being available and being truly helpful.

When I asked him what could have helped from the very beginning, Stephen replied

"somebody who would have actually listened to me, actually listened to what I think." In

this context, Stephen refers to the many helpers -- social workers, psychiatrists, teachers,

counsellors -- who all had worked with him prior to his convictions and who all failed to

really listen to him and his needs, instead of seeing him as a problem to be solved:

> They never really wanted to listen to me, they wanted answers. They just
> wanted to know why I was doing this so they can come up with their own
> answers and answers like "why I think you were doing this."

Stephen pleas to be truly heard, to have his meaning understood. There is great

resentment that these other helpers claim to know more about what their lives are like than

they do. In these circumstances, there is a sense of betrayal and injustice that others can

make the claims they do while ignoring their own personal statements. While he makes

suggestions that there is a large group of people who are available to help him, Stephen

also rejects most of those people as sources of genuine support and help.

Other organized help. Help for adolescents at-risk is not restricted to the

education, mental health and justice systems. Often there are other organizations or places

that adolescents can seek out when in need. Church, sports, music were all outlets --

organized forms of help -- that some of these adolescents utilized away from mental

health, justice and school.

Out for example, found that one of the greatest sources of support to him has been

his Pastor. Having known Out his entire life (he baptized Out as a baby), the wise Pastor

provided possibly the most effective support to this high-risk adolescent:

> [H]e just talks to me and stuff about like..and me and my brother go and
> like..I don't know...me and my brother like always get in fights and
> stuff...uh..he asks us why we do some stuff and like do we really mean
> what we say like if we call each other names and stuff like that... I sit there
> and listen to him and it actually helps me... I can't explain him, he's cool...
> he's just there for [me and my brother] like if we need him, like I don't
> know, he's really nice and stuff like that he's not like mean or anything; I've
> never seen him yell at anybody.

Out's pastor is "cool." Cool appears to be a common characteristic among effective

helpers for adolescents at-risk. In the case of Out's pastor, "cool" is related to listening,

being non-judgmental, being available and being accepting of who Out is.

Sporty Spice also would seek help from clergy (who also is "cool"). The Chaplin at

her high school was someone that she felt comfortable approaching in need of support or

guidance (even if she finds her some times too supportive):

> Oh my Chaplin! Every time she sees me it's like "Hello sweetheart!" I'm
> like "oh no, not again". She gives me a big hugs and passes me in the
> hallway. It bugs me. She's pretty cool though.

Again, like with the Pastor and Out, the Chaplin at Sporty's school is considered cool because she listens to her and respects who she is.

Informal Help

Informal helpers were often found to be in peer groups, immediate family or extended family. I considered an informal source of help as being any helper who is in a role that is not associated with a helping profession or formalized helping agency in any way. Such help is commonly referred to in the literature as *social support*.

Peers. Aside from the justice system, the only real genuine support for *Stephen King* came from his close friend Keith. As he put it "For a teenage problem you gotta talk to a teenage person." For him, Keith represented all that the adult help was not: responsive, respectful and readily available. It also helped that both he and Keith have spent considerable time in custody facilities and have common experiences with substance abuse and school. Keith is the only person who really understands him and accepts him for who he is. When I asked who he would seek if he got into a bind or a dilemma he replied:

> Me and Keith I guess. Sometimes when we got things that are bugging us we talk to each other. That's one great thing about our relationship, it's a good relationship. When we need to talk about something we talk about it. We have our opinions about each other; we'll talk about it. We'll see what he thinks, our opinions. I think he'll be the only person I'll ever talk to about anything. If he's not around? I 'll talk about it with myself, I'll write it down somewhere, I'll look at it, I'll think about it myself and think about how to get around it. Me and him are like the only people...I can talk to him. I can't really talk to my mother about stuff like that, sometimes she doesn't really know what happens on the streets with teenagers these days because things were different then; things are different now. It's just things, dilemmas, a dilemma of an everyday teenager you have to talk to an everyday teenager. I mean you can't talk to an adult, someone who's thirty or forty years old about things, things he knows everything that could possibly happen on the street but they don't right. Every kid's different. For

a teenage problem, you gotta talk to a teenage person. That's what me and
my friend work out.

Stephen's experience with many of the adult help sources in his life was that there

are many things that they can't relate to because the are adults. In these cases, self-help

and the value on the relationship between himself and his friend Keith, his help source, was

what was important. Keith filled the helping role like others could not, particularly

because he could relate to the experiences that Stephen was going through first hand.

Keith was not only empathic, but also was familiar with some of Stephen's lived

experience. The role of the listening ear and the relationships with people was consistent

throughout much of his story to me. Those in his life that he had a positive relationship

with were one's that had that listening ear and a non-judgmental approach to support.

These were the people that Stephen counted on and these were the people that really

helped him. The other participants had perspectives that were similar, although

experiences that varied greatly.

Raiden, for instance, has a close relationship with a friend that is very much like

that:

> He's not that smart, but he is smart when he wants to be. He'll stick up for
> his friends like if someone is pushing me around he'll stick up for me. We
> do mainly everything the same. We smoke the same kind of cigarettes,
> drink the same kind of pop, we like watching the same shows, we like the
> same music, we like the same video games. When he starts reading, he'll
> probably like the same books that I do.

Among the important parts of the supportive relationship between Raiden and his

friend is a sense of trust. This trust has been earned in very concrete ways through living a

similar lifestyle, having similar habits and being there when support is needed most.

Raiden's relationship with his close friend Dean is based not just on words, but meanings

and values that are similar. When I asked Raiden what he thought that adolescents needed

in terms of support, he replied by saying:

> They need somebody they can rely on, somebody that won't break their
> trust. Like my friend Dean, whatever we've been through we've always
> been friends, we've been right through it. You need somebody you can lean
> on, somebody who will help you with your problems. His parents keep
> saying, "no you can't see [me]. No you can't see me. No you can't see him"
> "Can I come over?" "No you can't". He does it anyways because me and
> him made a promise when we were younger that nothing can, will, break us
> up. It's just a promise that I have decided to keep, me and him.

Again, Raiden mentions trust and the importance it plays in being supportive.

Raiden also speaks of a shared history as playing a role in the relationship he has with

Dean along with a commitment to supporting each other that each vows not to relinquish.

With other participants, it was trust that was an issue with their peer's support and help.

For *Nirvana*, the role trust played in his ability to rely on his friend for help was

paramount:

> I think I've only got really one good friend that doesn't really backstab me.
> That's my buddy Rob. I've known him all my life. I mean my dad and his
> dad have been friends since they have been five ...so he's a good friend of
> mine. every one of my other friends will backstab you when your not
> looking. Then there's the bad crowds I hang out with that don't give a shit
> about nothin'.

Nirvana's experience with his friends is mixed: one of help and one of hurt. His

reference to the "bad crowds" in his peer group also refers to the detrimental effect that a

peer group can have. This crowd was made up of people that "don't give a shit about

nothin," including him. The language used here suggests that there is a real threat from his

peers that could jeopardize Nirvana's healing process.

Although peers were cited by some participants as a source of problems, the healing effects that a positive peer relationship had stood out for me. Another example of a very positive effect peers had was the wise counsel that *John's* friend Ted provided him:

> [Ted's] pretty cool. he always listens to me if I have anything to say...[teacher's] weren't even going to put me and Ted in the same class last year because, I mean, I don't know why, they figured out that Ted helps me do my work and stuff. And like he was a good influence and the school phoned up my dad and my dad said stuff about it...[H]e helped me go through my problems like before school, when he never came there (he was never there), I always used to get in scraps because of little stupid things but like Ted would usually push me away and talk me out of it.

John is not one to talk about his problems to most people he confessed. However, he will talk to Ted. Ted is able to do things that others cannot, namely get John to listen and talk about himself. For John, Ted serves as a kind of supportive "mirror," reflecting some of the lessons that John has already learned back to him. Ted supports him and would advise John about what he could and could not get in trouble with if John couldn't see it himself.

Family. What emerged from the data was the high degree of reliance on family as a means of support. Even in those families that were not close or intact, someone connected with the family (usually mom or dad) was seen as a primary source for support in the lives of these adolescents. In some cases, support came from a sibling or a relative in the extended family. What was striking from the stories I heard from the adolescents was the positive view they held of their families, in spite of the many reasons to suggest that these families would be considered dysfunctional by most clinical standards. Dysfunctional or not, family was where many of these adolescents looked to for help.

The best example of how family can provide key support for an adolescent is in the case of *Crip*. Crip's life is one that tells the tale of two cultures living as one. The one culture is represented by the Canadian society he is a part of, the other is the Latin American culture that is introduced through his family ties. Although born and raised in Kitchener, Crip has spent much of his life immersed in the richness of a multicultural environment that is heavily influenced by his El Salvadorean ancestry. Crip's cultural identity is one of both Latin American and Canadian. His Latin American heritage has been a source of great pride for him which is evident by the high regard he has for the Latino community in the K-W area. To him, the Latino community serves as a larger family, providing a great sense of belonging.

His immediate family has been very supportive of him his entire life. Led by strong family values, Crip's mother and father have provided for him, his older brother and his younger sister a safe and supportive environment in which to grow. His extended family, by Crip's own account "could be five hundred all through Canada," and has roots in various cities in the United States and Guatemala. His family of five is actually a family of seven when one includes his older brother's girlfriend and their infant daughter.

Crip's cultural identities have influenced his peer selection. Crip (as his pseudonym suggests) is a member of the Latino-based gang known internationally as "The Crips." This gang is much more (or much less) than what the press and public make it out to be. Crip mentioned to me that very little of what the Crips do is related to crime or violence (although he acknowledges that there are some in the gang who welcome such activities) and that much of their activity is simply a shared experience of being dual-cultural:

> It's fun because you talk. We sit in the park, Victoria Park by the water and
> we talk about what happened yesterday or what happened tomorrow or
> what happened today , something bad or something. We tell jokes. Spanish
> people, we know *lots* of jokes and so we tell jokes. We laugh all the time.
> We lose a lot of calories when we laugh.

Crip enjoys his Latin-American-Canadian friends because of a shared identity and

the ability to make each other laugh. For Crip, the laughter and comraderie is a support

system and his colleagues in the gang are his confidantes, a help-source. This help occurs

in the form of emotional support, but it also is a means of protection and physical support

when necessary:

> Some people see that for a fight, if somebody wants to beat them up, they
> tell their friends, they all come and say "what's the problem" and there is no
> problem any more.

The parallels that Crip draws between his family at home and his other "family" in

the gang are striking. Both his friends in "The Crips" and his mom and dad are sources of

different support and help in his life and he places the highest priorities in life on these two

families.

Crip's experience was not solitary by any means. In every single interview, family

(in whatever context that took) provided an important source of help and support for the

adolescent in a time of need -- even if the adolescent was living away from both parents.

Moms. Half of the participants cited their mothers as being a primary person to go

to for support. Mothers seemed to provide these adolescents with the understanding and

attention they needed in times when they needed it most. Both of the female participants

and three male participants mentioned mom as someone who could be counted on for

support.

In terms of personal problems, *Tanisia* found that it was only her mom who would provide her with the listening ear she needed:

> We [mom & I] talk about everything; we're very open. Well I only think my mom is. Like I'm not open with many of my friends because I don't trust that many people...I don't really talk to many people about like, my personal problems except for my mom. That's it. That's the only person I'll talk to about my personal problems. Like I talked to my mom about everything: about birth control and everything like that and I can talk to her about anything and know that she won't get mad whereas if I were to tell a friend, I have a hard time. Like hey, maybe she told someone or he told someone. I don't want to take that chance.

For Tanisia, mom was someone who was safe to talk with; someone whom she could trust and who would keep what she said confidential. Mothers were often the person that these adolescents could talk to about anything, especially with the female participants. *Sporty Spice*, for example, cited her mother as the most important source of support she had:

> [S]he's there when I want to talk to her. I call her every day. Like if a day goes by and I haven't called her she gets worried. It's like "why hasn't she called me?"

Sporty lives in foster care and yet uses her mother as a support source every day in spite of the distance between them. What mom has been for Sporty has not just been a source of support, but a source of *consistent* support for her. Mom has been there through it all for Sporty and, while she has a large group of potential helpers in her life, I asked her who has continued to be there for her from year to year and she replied:

> That would be mom. That's the only person I see over and over again. I go to her for all my problems, I go to her for everything. Like "mom!"

Mom was the one who has always been there for Sporty, the one she sees "over

and over again." This repeated exposure to help has strengthened the helping relationship and increased the sense of confidence Sporty has that mom will be available when needed. Mom was not just a helper for the girls, but also some of the boys in the study. For example, *Out* is very close to his mom and realizes the effect that his violent outbursts at school and home have on her. He also realizes how much his mother cares for him and that she can help him when he is in trouble. For Out, mom was always one of many sources of support he felt he could approach. However, mom was someone he could go to for almost anything in any situation. It was that consistency that I felt made her a strong support for him.

Mothers were not always helpful. *Nirvana's* mother left his father when he was an infant; he doesn't know her and has never known her. His father was left to raise a son under the conditions of being a single parent. Some of the help in raising him came from women who were given the title of "mother" for brief periods in his life before they eventually divorced his father. This frequent change in family structure had a detrimental effect as he explained to me:

> Well there have been big problems at home that has probably affected me.
> My dad has been married like four times now, well no three, three times.
> When he's not married — girlfriends in and out of the house. [present
> girlfriend] she's straight out, the only decent one I guess.

I asked Nirvana if it would have helped him to have had some stability in his life and he, without pause, replied "Yeah." Indeed, rotating female attachment figures or in his life have not helped him.

Dads. The role of dad-as-helper is not one that much of the literature discusses as

being prevalent in the lives of adolescents at-risk and, indeed, there were some people in this study for whom dad was a source of distress (as it was with Stephen King). Still, there are positive contributions that some of the adolescent's fathers in my sample made, such as with *Nirvana*. He mentioned his dad as one who has helped him and, when I asked if he was a good a helper, his response was:

> Oh yeah. He gets pissed off quite a bit, but he'll yell a bit. But he gets me out of problems.... he just yells at me. Goes and helps me deal with whatever I've got myself into.

Being yelled at is not something that many people (including other participants in this study) would agree is a sign of support or help. When I explored this with Nirvana, he mentioned to me that his dad cares for him a great deal and indicated that yelling is his way of expressing it when he's upset. For Nirvana there were many people who had offered support, but few were as genuine as dad.

Support often came in forms not usually associated with assistance or a helping relationship. Some of the participants labelled yelling, physical punishment and hostility as instances of helping. When I asked *Bobby* who helps him when he is trouble or has a problem he replied:

> My whole life? My dad does. Like usually, I don't get grounded or nothing. I'd just see dad all the time like say in grade six, that's when I used to get suspended a lot and grade seven it was like every week I'd be suspended. So they finally figured out what had control. They say, before he'd never do nothing, but now he'll take something away from me that I would use all the time like my skateboard and now it'll be my bike.... When I was a kid, smaller, I was really bad too. I'd swear at him and do whatever. He would just ground me, or give me spankings that would hurt. He'd do it with the belt sometimes or with his bare hand fifty times. That taught me.

Bobby saw his father's forms of punishment as signs of support or help. As he has

experienced his life, punishment for wrong doings is a sign of support. This punishment

and behaviour regulation was a clear way Bobby perceives being helped by his father. He

told me that he used to be very bad and that the only way that his dad could connect with

him was through discipline during those times. During our interview he also put the past

methods of discipline into a current context by saying "He can't hurt me now, I'm too old;

I'll just pop him right back."

Dad's weren't always a positive source of support for other participants. Some of

the adolescents I spoke with saw their dad's in a very negative light. *Raiden* was among

those that did:

> My dad was never there. If my dad was there I'd probably have a better
> relationship with him. That's why when I was supposed to move in with
> him (I figured this out), when I was supposed to move in with him I
> messed up because I was scared because I didn't know who he was or what
> he was like. So it frightened me in that way and I have only lived with him
> for three months in my entire life and he has been a crack, coke and heroin
> user until he went to rehab.

For Raiden, his father provokes a sense of fear in him. In spite of the fact that he

barely knows his father, Raiden feels a strong sense of self-blame for his failed relationship

building with his father. His father's drug addiction also makes him apprehensive about

ever seeking his father's support for anything. Raiden's failed attempt to move in with his

father was self-jeopardized based on the intense fear that he had of his father. This father

was, until recently, a hard core drug abuser and has been like that for Raiden's entire

lifetime, never serving as a positive role model or support for him.

Sporty Spice's father has been an enigma to her for most of her 15 years. His

inability to help Sporty has been largely due to his prolonged absence from her life. Also,

he has alienated himself from her through constant put downs of her best support -- her

mother:

> My dad I didn't see until eight years into my life. Then I found him in April
> of '97 and I haven't seen him since. I actually got the guts a couple months
> ago to give him my phone number, but I don't want him to know where I
> live 'cause he scares me. He says all these bad things about my mom like
> she's a prostitute and that's how I was born and that he had a vasectomy
> and he's not really my dad or whatever. That hurts me because I know it's
> not true. My mom's not a prostitute. My mom's pretty cool.

Sporty's alienation from her father has been both due to his physical absence and

his attitude towards Sporty and her mother. By accusing her mother of being a prostitute

and of not being her real father, Sporty Spice's father not only fails to support her, but also

subtlely puts her down and causes her psychological damage.

The data strongly have suggestions that these adolescents rely heavily on their

parents for approval, support and guidance. From this group of adolescents, it was evident

that mothers alone or both parents provided the bulk of family support while fathers were

much less cited as the primary source of family-based support. What was interesting to

note was that none of the participants felt that their mothers were major sources of harm

(although John felt his mother's drug dependence has hurt her ability to help him), while at

least four adolescent's specifically cited fathers as being either unsupportive or a source of

some of their problems.

Other family helpers. A family is much more than parents for most adolescents, it

is brothers, sisters and oftentimes step-sibling's or half-sibling's too. These other sources of

informal support within a family context were of great importance for some of these

adolescents. *All Star* felt that his brothers and sisters were sources of support for him

when he needed it, especially through school. During my interview with him he talked

about how he and his brother were split up from being at the same school and how that

has affected his once-close relationship:

> It's weird because I failed grade two and I was always one year behind my
> brother. And then when we went to [elementary school] I was in grade two
> and he was in grade three. And then we went to [elementary school] and I
> was in grade two and he was in grade four and then when we went to
> [other school], when he left [other school] I was just going into it. I
> always, I was always used to him being in the same school as me and now,
> as we got older, we just split apart.

I asked him to clarify what "split up" meant and he replied by saying:

> Not at home or nothing. It's just weird. And we both lived with my mom
> and then my mom moved away we moved to the [other school] area and
> then the [elementary school] area (that's like the same area) and then my
> mom moved away. And right after that my dad moved down to the same
> area and we wanted to go to the [elementary school] again. So Jack
> [brother] moved back with him first and then that's when we split apart
> really. And then later on I moved along, I moved to my dad's. Sorta got
> close, but then lately, the last year, I haven't seen him for a long time. He
> lived with my big brother David, he like took off and moved with him --
> two years practically. And I like never see David because he lives all the
> way in Waterloo and I live in Kitchener. He lives, the other side of uh, right
> by, [north Waterloo] and I live in [south Kitchener]. Whenever I go over, I
> used to go over quite a bit , but I hardly anymore. I haven't gone over in
> four months.

Perhaps the split was inevitable, perhaps not. Both All Star and his brother Jack

were close and it was evident that the supportive, helpful relationship between them is not

now what it once was. All Star spoke of real confusion over why things turned out the

way they did through school. As he saw it, he and Jack should have always been together

throughout school even though there was a time they didn't live together. "Weird" was the

word that I heard over and over again when All-Star spoke of his continual separation and

reunion pattern he has with Jack.

Raiden also cited his brother as someone who can help him when he is in trouble. His brother was someone who he cited as being a person who would always stick up for him when he needed it -- especially in a fight:

> I've based my life around him. I've lived with him my whole life except for
> the past year and he's been there and he knows if I get in a jam he'll be
> there and he knows if he gets in a jam I'll be there. So it sort of works like
> that, sort of a contemporary basis. Work together. If we are both in a scrap
> [at the same time], we'll help each other out.

Raiden's brother is two years older than him and the two are close to each other. Raiden spoke very highly of his brother and prized the relationship that they have. Raiden's experience has been that, while many members of his family have disappointed them both, they have always been there for each other. He also mentioned that his other older brother (age 20) would help him if necessary, however not to the same degree that the other would:

> I have one more full-blooded brother and he's turning 20 this year. I'm not
> sure he'll stick up for me, but I know if I need something he'll be there. If I
> need a place to sleep he'll probably be there.

Perhaps it was because of the fact that I had many more male participants than female and that boys are considered less likely to relate to a sister than a brother that I had no positive references to seeking the help from a sister.

The extended family were viewed as sources of support by two of the participants. Raiden and Crip both referenced their uncles and uncle's families in positive ways. Raiden's uncle Guy and his family have served as a surrogate family of sorts for him for most of his life. His uncle Guy has served as one of Raiden's key "problem solvers":

My mom says that the person I always looked to for guidance was my uncle Guy. That's because he is there, you always know where he is and if you have a problem he can help you with it. It doesn't matter; electrical, school, well not so much school, he can give you help with home problems. 'Cause I love my aunt Darlene and uncle Guy, my cousin Jason, my cousin John because I grew up with them. My cousin Jason, my cousin John are like brothers to me because I been there with them through most of their life and they've been through with me for most of my life. My aunt Darlene, she's never let me down. Same with my uncle Guy.

For Raiden, his uncle Guy and his family have been a model of permanence, consistency and reliability when every other member of his family was not (Raiden's brother, while close, has been separated at times during times in custody and care). Raiden grew up with this family and it provided for him the stability that his own family did not have.

For *Crip*, his uncle played the role of personal trainer. When Crip was caught by teaching staff smoking marijuana, Crip's parents enlisted the help of his close uncle (who runs a fitness centre). Since then, Crip and his uncle have spent almost every afternoon together working out and spending time with each other. The relationship has brought Crip closer to his uncle as well as served to keep him out of trouble after school.

Participants Speak to the Characteristics of an Effective Helping Relationship

There were common attributes that characterized effective helpers in the lives of these adolescents. Many of the participants identified one or two key people in their lives who have helped them when they needed it. These helpers were usually people that had a history with the adolescents that spanned more than just a few months; most often years. Although this was not always the case. It was, however, more likely that the best helpers for these adolescents were ones that knew them in more than one context and often for

more than a year.

These key helpers had numerous qualities that were common among them as a group. Firstly, as I have already mentioned, a history with the adolescent is very important. The longer the duration of the relationship, the more likely the helper will be seen as a good one. Another key quality is a sense of humour. These adolescents are often criticized by adults for not taking things seriously enough, yet these adolescents find that the adults who are not effective helpers take things *too* seriously. The ability to laugh at themselves and at the adolescents, when appropriate, breaks down many of the social barriers that the adult/adolescent relationship brings with it. Laughter was important and these people felt that too many adults take too many things too seriously too often.

A third quality characterizing effective helpers was the ability to set reasonable limits and enforce the rules fairly. It was evident that, by setting parameters and clear guidelines around behaviour in a respectful manner, the helping relationship can be strengthened. Setting and enforcing rules had to be done out of kindness, not malice, for the helper to be viewed as positive by these adolescents. Effective helpers raised their voice less, did not use violence as a means of dealing with problems with the youth, asked the adolescent's what they thought more often than others did, and were "nicer" to the adolescent than other helpers were.

"Nice" was the term used most by these adolescents to describe the best helpers. As I understood these adolescents, the term "nice" as they use it refers to the manner of respectful, kind interaction that these helpers engaged them in. This implied honesty and integrity in the helper-adolescent relationship (as well as a sense of mutual respect)

appeared to make the relationships work. It sounded to me that these adolescents have been more accepted for who they are by these teachers, probation officers, clergy and relatives who were good helpers.

The importance of being "cool" was also presented throughout the data. A "cool" person is one that seemed to be reliable, easy going, consistent, fun-loving and a good listener. These characteristics of "cool" highlight a certain manner of interacting with the adolescent that is non-threatening, supportive and relaxed. "Cool" helpers seemed to be the best people at relating to the adolescents on their level, and not that of an adult. This is not to suggest that these helpers disregard a sense of professionalism, rather it meant that these adults appear to have been able to move beyond professional roles to interacting with these kids as people rather than as clients.

John described a "cool" helper in these terms:

> They were just funny, they had a sense of humour. They treated us all
> [students in the program] with a sense of respect.

Another characteristic that was prominent among all of the best healers or helpers described is *consistency*. The best helpers were not only able to intervene in the adolescent's life when needed, they stayed around after the intervention was complete. Most of these helpers knew particular adolescents for years, which could explain why family was so important to these adolescents: family-based helpers knew them the best. A longer history was required for adolescents to truly accept a person as a skilled helper. The consistency is also necessary for the adolescent to build a real sense of trust the helper; something they fail to do with many people at all.

Prevalent throughout the data with was the importance of family to the well-being and support of the adolescent. Even in such cases where the parent(s) of an adolescent were not in a positive relationship with the adolescent, they were still cited as among the best sources of emotional support, guidance and protection. One reason for this may be the consistency and history that parents provide the adolescent with in terms of helping. A parent has been the one person who has known the adolescent their entire life and has (mostly) been there for them when they needed somebody. I found that, while parents were frequently sought out as helpers, they were not always the *best* helper available. *Sporty Spice* summarized it this way about her mom: "I'm her daughter, she *has to* know me. If she doesn't know me, that's pretty sad."

This comment captures what parents provide to some of these adolescents: a help source that, in their view, *has* to be there and, therefore, is always one to go to. When there are opportunities for support outside of the family, many adolescents will seek them out when the parent or parents fail to provide the quality of help that they desire most. A parent was the primary or best source of help for some participants; however, most participants also cited someone else outside the family as a primary helper. While adolescence is often a time characterized by a quest for independence and separating from the family, there still is a considerable family tie for most of these adolescents.

Personal reflections on the participants' experience of help. The stories of each of these adolescents at-risk offered me an opportunity to hear about the diversity in experience and ideas that each one of them shares with respect to all aspects of help. These stories, while compelling on their own, also paint a much larger picture of what

services for this population are like and what the people who work in such services do. These common or shared experiences, ideas and thoughts about help allow me to better understand what the culture of healing is like for adolescents at-risk in the Waterloo region.

The words that "adults don't listen" were echoed in each interview. This was the prevailing theme that dominated the interviews as these young people spoke of their experience and their attempts to understand the adult world around them. The passion and conviction by which this group expressed these remarks could not go unnoticed. Strangely, however, it was fascinating how these same groups of adolescents also felt the need to ignore much of the help adults have offered them. Listening to these people left me with the sense that there is a wide communication gap between the adolescent and the adult.

The concern from the adolescents, as *Tanisia* put it, is that the adults *assume* things about adolescents rather than listen to what they have to say:

> Actually listen to me when I told [teaching staff] I wasn't saying anything. I said one thing, but I didn't say another. Actually listen to me, 'cause [teachers] assume.

In this particular case, Tanisia's explanation to me was that a particular staff member at the Bridges program assumed she said things that she had not said. Ironically, adolescents concern for being labelled and stereotyped is responded to by doing the same to adults, referring to "they" and "them" in an almost universal sense about adults. "Them" (the adults) are very alien in their understanding of these young people.

Nirvana told me that "nobody listen's to us teens" and felt that teenagers were

powerless to change anything in the adult world. At school, for example, Nirvana wished

he would have simply had the opportunity to voice his opinion and have it actually listened

to. In fact, his believes that more students would stay in school if they knew they would be

heard. This statement was reflected in a quote presented earlier.:

Stephen King believes that much of adult's failure to listen has to do with being

closed minded:

> Most adults I've ran into have a one track mind on what they think and they
> won't open their mind to any argument towards that; they won't let go and
> listen...In that respect it's hard to talk to adults like that....It's hard to talk
> to adults sometimes.

From Stephen's point of view, adult's failure to listen impairs his ability to talk to

them. This failure to communicate makes it harder for adults to understand him which

could potentially create a circular pattern of mis-communication. Stephen also mentions

the fact that adolescents are not given instant credibility like some adults are.

> You talk to somebody and they don't understand what you are trying to
> say. You can stand up at a podium on TV in front of 20 billion people and
> you'll express your views and they'll say "yeah OK." They won't
> understand, they'll just think that you're talking out your ass. A teenager if
> you want to be heard it's hard to be heard. It's difficult, nobody will listen.
> An adult, if you want to be heard look at the politicians. You don't see a
> 15 year old politician there expressing his views, you see 30 year old men,
> 40 year old, 50 year old men saying what they think: "We think that school
> should be this way or correctional (the Ministry for correctional..) should
> be this way." And people listen to them. People on the news, they'll talk
> about what they know, they'll talk about what they've been told to talk
> about and people will listen to them because they are experienced, they are
> old, they know what they are talking about. A teenager? People think that
> they are unexperienced, that they don't know what they are talking about.
> Kids can be experienced. Kids can read a lot of books, they can sometimes
> know what they are talking about (sometimes they don't).

What lays beneath Stephen King's commentary is the fundamental communication

barrier: adolescents aren't given a voice and adults don't understand them when they express what little voice they have. Perhaps this is what fuels the conflict between the two groups. My experience with these adolescents suggests that there is truth to what Stephen is saying about adults not crediting adolescents with any wisdom or knowledge gained from experience. Furthermore, adults also rarely ask for their input on major decisions according to the participants. A common complaint was that teachers, psychiatrists, counsellors never asked these adolescents what their opinion was in matters affecting them. None of the adolescents I spoke with who had seen a psychiatrist told me that their input was ever solicited when it came to medication and treatment modalities. By shutting them out of the decision making process, these helpers alienated themselves from those they intended to help.

"How we Cope"

It is important to recognize that help for adolescents at-risk does not always come from someone outside of the adolescent, but often it comes from the adolescent themselves. Among the greatest help resources for adolescents is their own coping, information gathering and problem-solving skills. The participants discussed many self-help strategies that they utilize to assist themselves. The findings will be presented in terms of these strategies and the resiliency of these adolescents.

Strategies. Every one of the adolescents who participated identified a personal coping strategy for solving problems or dealing with issues arising in their lives. For some, the strategies were clear, well thought out, even systematic. For others, strategies employed were varied, inconsistent and even self-destructive. What struck me as I went

through each interview was the sense of discouragement and the almost despair-like tone to the voices of some participants as they discussed the use of their personal help strategy. It was almost as if these adolescents felt that their own small strategy meant the difference between surviving or not. Perhaps this indeed was true.

Tanisia portrays an image of confidence and security to the world. Underneath that tough exterior is someone who has been challenged throughout her life and is not as confident as she appears. Tanisia perceives herself as fortunate to have parents that are still together, although her family has struggled to remain intact. Tanisia's brother has been heavily involved in substance use over the years and both her brothers have criminal backgrounds.

Family problems in Tanisia's home eventually led the Children's Aid Society to intervene which taxed her ability to cope. Another

Her closest (emotionally and in age) older brother has recently returned to abusing drugs again after months away in a rehabilitation centre. His return home, and subsequent return to drugs, has thrown her family into turmoil, once again causing Tanisia to draw upon her personal coping skills to make up for the loss of her mother as a reliable support. Persistent family troubles forced Tanisia to develop coping strategies that she could use when her prime source of support (her mother) was unable to provide it to her. For Tanisia, the best way to help herself is by writing down the thoughts and feelings she has into a letter. On the day Tanisia and I sat down for our interview, she was composing a letter to her brother to cope with a recent let down:

I just write letters. 'Cause journals, I don't know, because when you write a

journal or a diary you usually end up reading back into what you've written.

After this comment, I asked her what she did with the letters she writes. Tanisia's response was:

> Well sometimes, like this one that I am writing here I am going to give to him, I'm going to give to my brother, but the other one's I usually end up ripping them up and throwing them out. Like I just write everything, like it's important what I wrote, but it's not going to get to the person or whatever. It's just outreach you know. I feel better afterward though.

A letter allows Tanisia to express herself in ways that she can't verbally. The cathartic effect of writing the letter also gives her the freedom to explore her feelings in a safe and socially acceptable manner. The letter written, but never delivered, offers Tanisia the safety of never having to defend what she says or why she says it to the addressee. At Bridges, there is a daily journalling program where the students write about what is going on and staff are allowed to read what is written. Tanisia will write only selective passages about her brother in her journal and rarely put anything too intimate in it for fear that staff will see it. For Tanisia, it is not the words, but the feelings behind those words that matter. Tanisia keeps her private feelings to herself and family, only presenting publicly what emotions are safe for her:

> I can express my feelings to some people like my family. [It's] just, to other people I can't so I'd rather write it down. Like if I'm mad, you'll know I'm mad. I'll tell you that I'm mad, I'll tell you that I'm pissed off. I don't care who you are. It's like other feelings, like confused or whatever, I talk about it with my mom.

Tanisia's mother serves as a "sounding board" for her, especially when she is confused or unsure of what she is feeling. Although she is forthcoming in her presentation of rage or anger, other emotions are harder to express in public, which is where her

mother's support comes in most. When words fail and her pen can't write, Tanisia told me

that she uses physical exercise to cope. As this next passage shows, she used to include

weight training as an exercise:

> I used to work out until my brother took all his gym equipment 'cause I
> stole all his weights. But I don't care, they're mine!

In spite of her well planned coping strategies, Tanisia doesn't feel that she is at the

point where her coping skills outmatch her current problems. For her, finding the skills to

be able to separate what happens at home from what happens at school is a current goal:

> I need to learn to handle things outside of the house without
> bringing...situations that do happen at home, into my school and
> everything. Not like those things bug me as much like they used to.
> Everything's just piled on right now.

While she is not where she wants to be with her coping strategies, she

acknowledges that gains have been made in her life.

Tanisia's method of coping revolves around expressing her feelings in written form;

for others, activities like sports are vehicles for expression such as in the case of *Crip*. Crip

both seeks people out for support and vents energy through his participation in soccer:

> I try to find somebody [to talk to], but if I don't I just get probably mad. I'd
> be all put down and wouldn't want to talk when [people] would ask me
> "what's going on?" ...[Working out at the gym] gets me off the streets a
> little. Even soccer 'cause if it wasn't for those things I'd probably be like...
> downtown people smoking up.

Crip's athletic activities serve to "work out" the stress in his life while keeping him

away from negative influences on the streets. For *All Star*, "[Sports would] take my

frustrations out instead of taking it out on a teacher or somebody else." Here, All Star

described the preventative advantages to participating in sports. All Star's number one

coping measure was physical activity, which helped him to take his mind off of his problems.

None of the adolescents mentioned using illegal drugs or alcohol as a means of coping during the interviews, although it was mentioned outside of the interviews to me. Surprisingly, while most participants in the program had (or currently are) using drugs and alcohol in some manner, only one had anything positive to say about their effect on themselves and even he admitted that they ought be only used with caution on rare occasions. A recovering addict, *Stephen King's* views on drugs and alcohol have come from many negative experiences with them. While not an advocate of substance use as a means of coping, he did acknowledge their utility as a means of dealing with life for some people.

The legal drug of choice for stress reduction in this group of adolescents was tobacco. For *Nirvana*, his means of dealing with a stressful experience is to take time away from others, clear his mind and have a cigarette:

> When I get home and get pissed off, when it happens, I just go outside and have a smoke or to the office and light a smoke. Just sit down, relax, have a cigarette.

The cigarette break is a time for Nirvana to collect his thoughts and relax. Nirvana's preference is to be left alone when problems arise in order to sort them out on his own. The same is true for Bobby, Stephen King, All Star, John, and Raiden; for each of these boys, solitude is the best form of stress management. Unlike Tanisia, who writes in her times of solitude, the boys did not identify any means of expressing themselves when alone, just being alone to think was good enough. This behaviour may be indicative

of the more traditional male roles that suggest that expression of intense emotions (other than anger) are not masculine. These boys may not feel it is appropriate to express their emotions or may have never learned to do so in a socially appropriate manner.

Resiliency. *Tanisia's* use of effective coping strategies may also be indicative of her own resiliency towards stressful situations. Of the 10 participants, only three come from two-parent families; three are in foster care; two live with just their father; and two live with their mother. Most of these adolescents have some form of learning disability and many have one or more mental health issue that has required psychiatric intervention. All of the adolescents discussed the need to learn more about problem solving with me at some point. Few of the participants described many healthy peer relationships and all of them have difficulties with behaviour regulation. As this indicates, this group is not considered very resilient by many helpers.

Further to that, this group of teens is characterized by generally lower than average IQ scores, high affiliations with socially deviant peers, high attraction to novelty-seeking behaviour and also high exposure to family adversity. What has strengthened these adolescents, however, is often a sense of humour, sense of self-efficacy, empathy and compassion (qualities that are not commonly associated with resiliency). When the stories told to me are examined for these qualities, it appears that many of these adolescents at-risk have a greater sense of resiliency. This group of adolescents have, as a group, an extremely sharp sense of humour, quick wits and, with some of them, a sense of compassion that is very rich.

This group of young people also have a sense of self-efficacy. *All Star* has a very

high sense of self-efficacy in the area of sports and mathematics; *Raiden* prides himself on

his ability to help others find solutions to their problems; *Bobby* is an avid skateboarder

and believes that he has a chance at becoming a professional skateboarder (skater) one

day; and *Stephen King* believes that he has a good sense of politics and literature. So there

are areas that some of these teens believe they can succeed and, because of that, they may

have a better chance of standing up to the pressures that life bestows upon them. Overall,

my experience with these adolescents is that, while they have an immense amount of

challenges, they do have strengths they can build on with the help of a supportive

community, but *only* with the help of a supportive community. This group does not have

enough internal resources to make it on their own, now, or in the near future.

"Our Dreams and Our Future"

The third research question guiding this research was: **What aspirations, hopes**

or goals do these adolescents at-risk hold? While each participant has had different

degrees of success in finding sources of assistance and support, some still have specific

needs around support. The results presented here outline the current needs of many of the

adolescents, the goals they have, and the pathways that they see themselves heading in

order to make a positive future a reality for them.

Education. For most of the adolescents I interviewed, education had a prominent

place in their future. Five of the adolescents I interviewed discussed completing their

education as one of their most important goals. *Crip*, for example, saw finishing school as

the only way to get to where he wanted to go in life. For him, dropping out of school

would hamper his future career aspirations. Likewise, *Tanisia* saw that finishing school

was the only way to get out of the lifestyle she had. Tanisia, however, also wanted to

complete school for another reason:

> I want to be the first female [in my family] to go through high school.... I
> want to be a lawyer so I want to go through law school....[A]nd College
> and whatever else I have to go through to get to what I need to be. Last
> year I wanted to go through the army.

Tanisia was able to see that her education now would lead her toward the

career goal she had for the future.

For *All Star, Crip* and *Out*, the biggest desire was to move to high school,

get out of the Bridges program and back into a "normal" life as a teenager.

Career. For those participants who saw education as important, there was also a

strong sense that such education would lead to a better career. For *Bobby*, school was

something that would lead him to his real goal of becoming a construction worker:

> I want to be a construction worker and build houses. Well I'm alright in
> math so I can do that with my angles and stuff. Or [I want to] be a
> professional baseball player, but I don't think I'm going to be that because I
> quit it. Or I want to be a professional snowboarder or skateboarder.
> Skateboarder I have the highest chance for, but I don't have a skateboard
> right now. I just got my jeans from cousin. My cousin is a good
> skateboarder, he's like professional.

Bobby thought that his construction work would be something for him to fall back

on after his skateboarding career. When I asked Bobby what he needed to reach the goal

of becoming a professional skateboarder he replied:

> Well skateboarding, I just need to practice all the time. I'm going to move
> to California when I'm older -- if it doesn't sink as they say. Then I'm going
> to, [be a] construction worker, do my math, get a job.... You can if you
> want to get paid good money. That's what I think I'm going to do. And
> snowboarding I just have to wait until winter comes and just practice all
> the time. For sure I want to get a job for construction because I can't be a

pro-skater all my life. I can still get paid, like I don't know if I am going to be a top guy like Tony Hawk, he's a top guy and gets paid large.

Sports careers were common goals among the boys. Similar to Bobby's goal of skateboarding was the aspirations of *John* to become a hockey player:

> My fantasy job is to be a hockey player, but if I can't settle with that, I'd rather be a sports nut — somebody who at least has something to do with sports. Pretty much hockey.

A hockey or sports career is what John dreams about. In order to get there, John recognizes that he will need more education and should have started playing hockey earlier:

> I wish I had my college degree and stuff so then I wouldn't have to go through school and I could get a job....I needed to start hockey when I was four and you also need to know math and negotiating I guess [to be a hockey player].

All Star, like John, wishes to move into a career in professional sports. Unlike John however, All-Star is already heavily involved in the sport of his choice (football). All Star's plans are to go into university football and then move into the Canadian Football League. As he sees it, he'll spend a couple years in the CFL before moving to the United States and joining the National Football League as a professional linebacker or running back.

In spite of her pseudonym, *Sporty Spice* has no plans to go into a professional sports career. Instead, Sporty has been directed toward careers where she can make the most of her outgoing personality. In addition to long-term career goals, Sporty has goals that most people her age have, namely to get a part-time job and her driver's licence. Her aspirations are:

> Get a job, finish school, get my license. Five months in a couple weeks, five

> months in a couple days; November...I don't know if I want to go to
> College. I want to go to hairdressing school; my social worker wants me to
> become a hairdresser.... I wanted to become a secretary, but keyboarding is
> too hard. I'm a slow typer and everything. So she suggested I do
> hairdressing or something 'cause it's a job that I can sit there and talk to
> people while I am working. 'Cause I really need that. I like to talk. My big
> sister says I should get a job at a shoe store or at a clothing store. I always
> talk to people. I walk into Athletes World and "hello" I talk to the people
> that work there. Like the guy that sold me my outfit, this outfit.

For the two participants who were no longer in school (Nirvana and Stephen

King), the goal of employment and career plans are more immediate. For *Stephen King*,

many of his hopes and dreams have collapsed on him in the past which has instilled a sense

of scepticism and bitterness about his future. Stephen's goal is to get an income and, if

attained, he hopes he can eventually start a family and live a normal life.

> [My goal is to] work. I don't see a more possible goal than that. I can't
> think of anything different than that. Any job will do right now or when I'm
> older. When I'm trained in something, I know that I'll have certain training
> in something, I will never work in that training unless it's something like
> psychiatry or doctors or something like that or dentists. If I have training
> in... right now I have training in cleaning places, I'll never get a job in that
> unless I want to be a janitor in a school. That would be pretty easy because
> I know how to do it. I don't see myself getting a job like that because so
> many people have a job like that. They're just not hiring. Anything.
> anything will do. If you want to get experience in just about any field that'll
> take years and years of training, time and money. My goals: just settle
> down with a good paying job -- a good paying job and have a family. I
> can't say I want a certain job, because if I say I want it I won't get it, I
> know that for a fact. So those are my goals: settle down with a good
> paying job, have kids, have the family mini-van you know.

Stephen King sees little hope in his situation. His experiences have left him with a

feeling that education and training are useless because, as he sees it, people do not hire

based on experience unless it is in human services. Ironically, he also stresses that he will

not find good work without the necessary training. Stephen's current experience is that

there are no jobs out there for him, which has increased his bitterness about the what the future holds.

Nirvana's goal is to become a mechanic. Like Stephen King, training, and the expenses of such training, have discouraged him. He is, however, optimistic about his future prospects -- if he obtains the necessary funds to support his training needs.

> I wanted to be a mechanic, but that's not going to work. I don't have the
> money for the school or the trade or anything...If I get the money it's going
> to happen, it'll happen.

Nirvana's current unemployment and his lack of any savings have quashed his chances of coming up with the necessary $6000 to complete the mechanics training courses in the near future. In spite of his current economic situation, he did hold some optimism about getting enough money eventually.

Family and support. Education and career goals were important to all of the participants, yet some chose to draw attention to their emotional needs and the goals they have for a better life. *Raiden*, whose career aspiration is to write science fiction novels, felt career goals were subordinate to his need for a stable family life and constant support.

> Right now I need TLC; I need total love and care. I have people who will
> give it to me, I have people who will be there for me, but I need people
> who will be there and never not be there. They will be there one day and if
> you have a problem they will be there the next day.

Raiden needs people who will be there when he needs them, "rain or shine." He needs someone that he can count on for support regularly and consistently. His experience is that there are many people who can help him, yet few who really know him or will stay in his life on something other than a temporary basis.

Tanisia's goals are to gain a greater ability to support herself instead of relying on others as much. She sees increasing her ability to cope with stress as a worthwhile goal (and one that she is working towards constantly).

> I need to learn to handle things outside of the house without bringing...situations that do happen at home, into my school and everything. Not like those things bug me as much like they used to. Everything's just piled on right now.

Her family is usually where she turns to for support. However, the stress at home has become so great over time that she no longer feels that they can support her like they used to. In fact, Tanisia explained that she is now serving the role of helper to her family, rather than being someone who is the recipient of help. She hopes to bring some healing to her family and herself in the future.

This group of adolescents seem to have simple, yet clear goals. As a group, they want an education, they want to have employment in their chosen careers and they want to be supported now and on their journey to the future.

Personal reflections on the aspirations, hopes, and goals of the participants. Like most teenagers, this group of adolescents has lofty goals for the future. Unlike many adolescents, however, there was a sense of incongruence between their goals and their present lifestyle. Reflecting on the results, it struck me that these adolescents see few distinctions between the questions "what do you *want* to be when you grow up?", "what do *plan* to be when you grow up?" and "what do you *expect* you'll be when you grow up?" While the differences between the questions are subtle their implications are tremendous. I found that many of the participants were unable to see the connection

between their present actions or life and their prospects for the future.

John, for example, has hopes of still becoming a hockey star in spite of his small stature, his poor co-ordination and the fact that he has never played organized ice hockey. *Tanisia's* plans are to become a lawyer, regardless of the fact that she has struggled through her grade nine courses through special education and has plans to move into a general-level stream at her new high-school in the fall. *All Star* knows that he needs a university education to get into the CFL or NFL in order to get drafted. However, he chooses not to take the courses that will qualify him to move into university upon graduation. These are some of the examples of how these adolescents are perceiving their futures.

What sets them apart from others their age is not the grandiosity of their dreams, but rather their appraisal of the steps needed between where they are now and where they want to be. Most of these adolescents ignore the intermediate actions that must be taken to move from one lifestyle to the next, and (unrealistically I believe) assume that everything will work itself out in the future. This is where healthy optimism blurs into a cognitive distortion. The reason I suggest such a phenomenon may occur with some of these adolescents is that they are not optimistic about their lives in the present day and, generally, about life. To suggest that their dreams are based on optimism is to miss the "forest for the trees" with respect to the adolescent at-risk.

Participants' Recommendations for the Community

Each of the 10 young people I interviewed for this study were asked for suggestions about how to make the helping system work for adolescents better. I did not

see it as productive for them to just offer criticisms and perspective without ideas. In addition to some of the remarks that have been presented already, here is a collection of some of the comments these ten adolescents at-risk have for the people of the Waterloo region and the teachers, police officers, psychologists, nurses, counsellors, judges, social workers, parents, psychiatrists, clergy, and other helpers they meet.

Children's Aid Society/Family and Children's Services.

> **Tanisia**: [Social workers] could have just talked to you. Like take everything into consideration besides going to court [for family matters]. You know there are such things as mediating things you know. Like, listen to me, write down what I am saying and not embellishing things. And...ahhhh, I just hate them....They could have asked me out of court. I would have answered them no problem truthfully. They put me in a room with a bunch of people I didn't know. I wasn't allowed to see my mom and my dad; they had to be outside of the court room when I was there because they had to testify...I had to be up there all by myself.

The experience of *Tanisia* with social workers has been one of betrayal and of being manipulated. Her recommendation suggests that social workers and the court system must find better ways of involving adolescents in the legal process when Children's Aid organizations are involved. The current system, as Tanisia experienced it, alienates children and adolescents from the legal process and also denies them access to informed participation in the issues that affect them.

Teachers and the education system.

> **Nirvana**: Let you be a man. Like if you have a problem outside of school they just tell you to piss off and deal with it outside of school, "don't bring your problems here." They could have worked a little better with that.

Nirvana's experience is that schools did not provide an atmosphere that supports discussion of personal problems. He felt that teachers and educational staff made sharp

distinctions between what was and was not to be discussed at school. He felt that personal issues were not to be brought into the academic environment.

> **Nirvana**: [The school needs] more staff. Like when you are sitting there for half an hour of the academics you do just trying to get help on one thing you're not going to get done too fast.

By recruiting more teachers to support adolescents at-risk, we can give students the chance to ask the questions they need to ask and receive the necessary help for their school problems. Nirvana was left (on numerous occasions) waiting for long periods of time for a teacher to help him in class. A naturally slow learner, Nirvana felt that he spent too much valuable school time waiting for help rather than working on his assignments.

> **Crip**: The best teachers you could have are the most sweet ones and the most strict ones 'cause when you act nice and you get to know the strict ones they're nice completely.

Crip argues that the best teachers are the ones who set firm boundaries and enforce the rules while also being kind and considerate of the needs of the students. For him, the best teacher treats him well and lets him know when he is stepping too close to the boundaries.

> **Bobby**: First they need to get to know me and spend more time with me I guess. Sometimes spend more time doing my work [with me] because that's my big trouble (doing my work).

Bobby has felt that teachers rarely spend the time to get to know who he his. His experience is that he is often "painted with the same brush" as his peers and not respected for his individual skills and experiences. He also felt that more time is needed for one-to-one help in the classroom. His difficulty with schoolwork often leads him to trouble and more support with his work could possibly prevent more in-class behaviour problems.

Mental health professionals.

Out: [Psychologist's can help you]..you don't really have to tell your whole
life and like your darkest secrets and stuff like that which I used to think
like that and so I wouldn't want to go.

Out's experience is that psychologists are not like they are portrayed on television

or in the movies. He feels that psychologists are helpful and allow people to disclose what

they feel comfortable with. Out mentioned that he would recommend psychologists to

people who felt they needed help.

John: Someone who would at least, at least take *my* opinion on what I'm
on. Like [psychiatrists] listen to my dad, but I don't have a say in it....They
are trying to say what is best for me and they don't even know me.

Many of the experiences of the adolescents with psychiatrists were negative. One

of the reasons for this was that psychiatrists rarely seemed to give respect to the opinion

of the adolescent. *John*'s recommendation is that psychiatrists listen to the adolescents and

take their thoughts and wishes into consideration before making a prescription or

diagnosis. John wants, not only to be heard, but also understood. He wants psychiatrists to

get to know him before they make decisions that affect him.

Nirvana: Show how to use a punching bag. [Recognize my own individual
means of coping with stress]

Nirvana's recommendation is that those who intervene with adolescents must learn

to recognize the unique means of coping that each of them possess. For him, punching

something was a means of relieving stress and allowing him to get to a state of calm that

allows him to explore his issues, rather than just react to them.

Adults and the community.

John: Not give me shit if I do something wrong once. But if I do it twice, that's fine.

What *John* is recommending is some flexibility in the rules and understanding. John wants some chances and not a zero-tolerance policy on bad behaviour. He does, however, suggest that he deserves to be reprimanded if he fails to heed the warnings he is given.

Raiden: Most adults think that just because I'm young I don't understand most things. They use basic terms, they use just layman's terms. If they could just explain things, most teachers explain things down to the root. Like I like people that explain it so that it explains the entire thing, not just how to do. It explains how to do it, why you should do it and when to use it.

What *Raiden* recommends is that adults treat him with respect and not like a little kid. He is reacting to the experience of being talked down to and treated like he is stupid. He wants to know the whole story and also wants the freedom to ask questions if he does not understand something. He does not see value in knowing how to do something if he is not told why he has to do it.

Nirvana: [People] yell at me all the time. It doesn't help me.

Nirvana's message is simple: be respectful and speak to me rather than yell at me.

Other teenagers.

All Star: [You need to have] trust from your family, stuff like that. Education especially.

For *All Star*, trust plays a big role in helping relationship. One of the reasons he is so close to his brothers is that they are loyal and trustworthy; always on his side. For All Star, being trustworthy is also as important as being trusted.

Out: Know how to make friends. Don't rat people out for like stuff that they do....[K]now how to fight if you have to, know how to calm a person down if they want to fight you.

Out mentioned loyalty as well. For him, a sense of loyalty to friends is conveyed by not telling others about the things they do. This is part of the process of not just making friends, but keeping them too. Out also suggests that self-defence measures are important qualities to have as well. In Out's experience, the community can be a hostile place to be and many other adolescents pose a threat to him. In order to socially survive, one must be able to negotiate around challenges to one's safety through discussion or physical defence.

Stephen King: Just go your own way and if you don't like it you can always go back. On any car, you'll always find reverse on; you can always hit reverse, turn back. I'd tell them that anything you want to do, they should explore it for experience. I'm not saying, for sure I'd tell them if they wanted explore drugs stay away from the hard things 'cause you'll never come back. If you go do, walk into cocaine you'll never come back. You'll always stay in the hard drugs in the hard things. But if he wants to explore things, if he wants to....if he wants to explore the many ways of life he should go right ahead and do so 'cause you can always come back. If he feels he wants, he's in a rut and he can't come back -- you can always come back, just tell him to talk to somebody about it. You gotta help yourself. For a teenager there is not that many people you can talk to if you are a teenager. There's not many friends that will listen anymore

Stephen King cites his belief in always being able to get a second chance. For Stephen, his recommendation is direction towards those adolescents who have found themselves in the same situations as he has: poverty, drug abuse, violence and low achievement in school. Stephen's words seemed to be almost a way of reassuring himself that he can go back and that there is still hope for him. His addition of the information that people do not "go back" from hard drugs is also a warning to adolescents hoping to experiment with substances like cocaine or heroin.

Raiden: I would say they need patience. They need somebody they can rely on, somebody that won't break their trust. Like my friend Dean, whatever we've been through we've always been friends, we've been right through it. You need somebody you can lean on, somebody who will help you with your problems...: You need to have at least one person you can trust. Because if you can't trust anybody, there's no reason to do anything. 'Cause if you do something and you can't trust them, or you don't trust them then you are going to think bad stuff. "Oh, are they going to rat me out? Are they going to tell my friends I did this; my friends are going to beat the crap out of me or something." You know, stuff like that. So if you don't trust anybody, you're trying to sell them into yourself.

The recommendations put forth by *Raiden* suggests to other adolescents that friendships are very important and should be valued. In his opinion, everyone should have at least one special person in their lives to share their thoughts and feelings with. Like some of the others, the word trust emerges from the data as being a vital quality of an effective helper. Someone who is trustworthy, loyal, available and honest are valued qualities that adolescents should look for in finding a friend or support.

Sporty Spice: Find somebody they can trust and talk about [your problems with them].

Sporty adds to the argument that trust is a valued healing quality among people.

Discussion

Understanding the complex world of the adolescent is difficult on its own; my own views and experience, memories of my teenage years and of the multiple roles I have taken on in the past two years with Bridges all seemed to help and hurt my understanding of this group. The "me" behind the research is almost as complex as the adolescents I've interviewed. As the "instrument" in this research (Patton, 1990), I found my experience with this group a good test of my own "construct validity" (i.e., I felt that I was an effective research tool for understanding adolescents at-risk). Working alongside of the teens, with them and for them, I've grown in my appreciation of what it is to be them. One participant said he never expects to look back on his teenage years when he's older and wish he could go back; I too share that sentiment. Being an adult is easy compared to the lives of some of these adolescents.

Understanding these young people has opened my eyes to the need to view adolescents at-risk in a different manner than we, as a society and as helpers, do now. This research process took into account perspective and voice and the relationship that the two can have with respect to help and need with adolescents at-risk. Adolescents have a set of beliefs about the help they receive and to the extent that adults hold such beliefs is hard to measure because these adolescents also lack the voice necessary to convey their beliefs to adults. The adult and the adolescent rarely get the opportunity to engage in a dialogue, a conversation about viewpoints, a discussion of help and need in a community, family and personal context.

It is my contention that much of the behaviour that these adolescents exhibit is

sculpted, partially, from the attitudes of the community and the labels given to them by the professionals intending to serve them. In making this statement, I am not absolving the adolescents of the responsibility they hold for their own behaviour, rather I hope to introduce alternative explanations in the hopes that such awareness may allow for the construction of new (or improved) methods of understanding and assisting this population. The labels given to these adolescents shape the way people view them to some degree. Many people view these adolescents as "delinquents," "punks," or "trouble makers" without getting to know who they are and what they are all about.

The results from this critical ethnography present a picture of helping services and the helping relationship that appears to be somewhat incongruous with need. The adolescents I spoke with talked about needing people who would listen to them and to be available for them when needed, not when it was convenient. The stories told reveal that some professionals are better at addressing the needs of this population than others and that family is of great importance to them. The data also suggested that qualities of both effective professionals and non-professional helpers alike are the same. What we can learn from this research is what is working for us as helpers and where we are failing in our attempts to teach and heal.

What came through in my interviews was a sense of alienation these adolescents feel from the interventions they were involved in. These adolescents did not express a real sense of attachment to school, to most of the helpers who worked with them, or the community in which they live. For this group, the only relationships of value they had were those with close friends and family and, occasionally, with one or two special helpers

in their life. This alienation stems from what I see as a lack of genuine, consistent, nurturing attention given to them by most of the people involved in their lives, personally and professionally. The irony of this situation is that almost every one of the participants I interviewed has or is currently involved with numerous interventions to help them; from school help to Family and Children's services to community counselling agencies and probation services.

This alienation these adolescents speak of suggests that a sense of community is one of the primary things they lack. Seymour Sarason (1974, 1986) defined psychological sense of community as a feeling that "one is a part of a readily available, supportive, and dependable structure" (as cited in Pretty, Andrewes & Collett, 1994). For these adolescents, sense of community is a far-away concept from their current reality; these people feel alienated, alone, largely unsupported and certainly unheard. Using MacMillan and Chavis' (1986) four characteristics of sense of community (*membership, influence, integration and fulfillment of needs,* and *shared emotional connection*), it becomes reasonable to suggest that these young people feel little sense of community. *Membership* implies that there is a sense of safety and belonging in the community (something few of these adolescents would agree is true for them). *Influence* is related to voice, which we've already determined is unheard by adults. *Integration and fulfillment of needs* involves adherence to community rules and norms, something most of these adolescents do not do. Finally, the *shared emotional connection* is intended to create a positive sense of affiliation with others in the community -- a phenomenon these adolescents rarely experience with anyone, even their peers. These adolescents, by Sarason's and MacMillan

and Chavis' definitions, are "aliens" in their own home town.

The separation they feel from others includes the people who have been charged with helping them. Few of the helpers associated with the interventions with the adolescents were perceived to be genuinely helpful. These adolescents want more than just someone to put in time with them, they want people who will listen to them, respect them and stay with them through the years; not come and go like so many helpers do. Most adult helpers offer support on their schedule, not that of the adolescents, drawing their healing potential away from the adolescent by being either unavailable or only available on a limited basis.

Of the interventions that do help, these adolescents feel that some of their best help comes through school. School is something that they see as a necessary vehicle for help and a means of creating a better future for themselves. While they do not always enjoy school, they recognize the benefits that specialized education services provide for them. Special education programs typically offer the students greater access to help and better recognition of their needs, not just as a student, but also as a human being. Bridges, particularly, was effective in accomplishing this.

Help also came from sources away from school such as probation services, counselling agencies and social workers although, more often than not, they looked to their friends and family for support. I was surprised by the tremendous suspicion these adolescents had of their friends and how they would use their friends selectively in various situations for help. Most of the adolescents had one special friend that they would go to for counsel or for support when they were in trouble. These "true blue" friends were

viewed as a highly scarce and precious commodity, valued above almost anything.

The other place these adolescents look for help is to their family, specifically their parents. What was a surprise to me was the loyalty and affection these adolescents had towards their family in spite of the fact that many of these families were neglectful, abusive or generally unsupportive of them. The devotion that these adolescents have to their family speaks loudly to the strength of the bond between relatives. Parents and older siblings were seen more as sources of guidance and wisdom rather than someone to share secrets with or confide in (friends typically serve in this role). When the adolescents were in trouble, most of them sought help from their family first.

Research confirms that the role of parenting, particularly the role of mothers, in the lives of adolescent girls is very important for fostering well-being and healthy development (Pipher, 1994). Mothers can be seen as the best people to communicate with their daughters, even though adolescence is typically a time when girls try and distance themselves from their mothers:

> Most girls are close to their mothers when they are young, and many return to that closeness as adults. But few girls manage to stay close to their mothers during junior high school and high school. Girls at their most vulnerable time reject the help of the one person who wants most to understand their needs. (Pipher, 1994, p.105)

Indeed, matronly support did encourage a sense of well-being and comfort in the girls (and the boys) when it was readily available. Family has been considered to be the most crucial component of support for adolescents and children (Fontana & Moolman, 1991) and my experience with these adolescents suggests this is true.

The value of family to understanding help has tremendous implications for the way

we currently look at child welfare. A popular approach to handling child support by the state is to remove the child from an unhealthy family environment when deemed necessary. What these adolescents are saying is that they need their families and separating them often removes them from their greatest source of help. This strong desire to be close to parents and families -- even those that are harmful or neglectful -- poses an interesting question to child and welfare workers about how best to serve the interests of adolescents at-risk.

I came into the research with the expectation that these adolescents would give detailed accounts of their experiences with various helpers and help agencies. What they offered were stories that answered my questions, but frequently lacked the focus that I expected. Examining this further, I began to understand more about the difficulties that these adolescents have in giving the voice I wanted them to give. During the interview process it became evident that some of these young people were having considerable difficulty explaining some concepts, ideas or feelings to me. The difficulties went beyond what I felt were expected or "normal" difficulties in articulation of thoughts. I perceived these difficulties as genuine communication impairment. Upon consultation with school officials (with the permission from the adolescents) my suspicions were confirmed by hearing that many of them had either been diagnosed or were suspected as having communication disorders. With the high number of adolescents who are involved in the behavioural programs in special education (such as Bridges) with such diagnoses it became imperative that I consider ways in which these challenges could be incorporated into a strategy to improve the dialogic interactions.

What compounds the challenges that these adolescents face when attempting to enter any dialogic interchange (i.e., respectful sharing of ideas and viewpoints) with an adult is the cultural barrier of language. Linguist Edward Sapir's theories of linguistic relativity and determinism offer reference in this circumstance.

> Human beings do not live in the objective world alone, nor alone in the world of social activity as ordinarily understood, but are very much at the mercy of the particular language which has become the medium of expression for their society. It is quite an illusion to imagine that one adjusts to reality essentially without the use of language and that language is merely an incidental means of solving specific problems of communication or reflection. The fact of the matter is that the "real world" is to a large extent unconsciously built up on the language habits of the group....We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation (in Slobin, 1971, p.120).

The theory of linguistic determinism holds that language determines cognition and, if true for these young people, may hold meaning for the psychoeducational treatment needs of this group by encouraging helpers to recognize the cultural influences affecting adolescents' language usage.

Most of these adolescents exhibit what Winch (1990) calls *linguistic poverty*, a result of cultural and intellectual deficits. Linguistic poverty is " a poverty in *what* can be talked about and *how* it can be expressed" (Winch, 1990, p.41. italics in original). Other researchers have found that those adolescents with ADHD (a common diagnosis found among adolescents at-risk) are at risk for a speech problem called pragmatic disorder, characterized by (1) an excessive verbal output during spontaneous conversations; (2) lower verbal output and less congruency and organization in verbal responses in such tasks as storytelling and giving directions; (3) problems with introducing topics,

maintaining focussed discussion and changing topics in conversation; (4) difficulties being

specific, accurate and/or concise in their word selection to convey information precisely;

and (5) difficulties adjusting use of language to fit context or listener (Tannock &

Schachar, 1996, pp.138-9; Zentall, 1988).

While the label "pragmatic disorder" serves as an explanation, it does not have

much meaning in the day-to-day lives of these adolescents. For them, being able to

communicate is essential to maintaining some type of dignity, control or independence

over their lives. These adolescents want to be heard, and yet, they are both denied many

opportunities to give their voice and, when they are, they lack the necessary

communication skills to adequately voice their needs. This catch-22 came through in the

interviews. Adolescents would describe how adults would fail to listen to them and do so

in a manner that often required me to ask numerous questions for clarification. To enhance

the communication between the adolescent at-risk and the helper and helping community,

attention must be paid to the difficulties this population can have in expressing themselves

and the lack of opportunity they are given to do so.

The research process was emotionally engaging for me from the very beginning.

As one who has spent months (even years) with some of these adolescents in various

capacities, I knew much about their past struggles with help and their very complex needs.

It was saddening to hear that they frequently get cast aside by their helpers due to a

system that views helping only as a profession and not as a way of being. It was frustrating

to see and hear the experiences of these adolescents as they were bounced from helper to

helper in the hopes that one day they might "get better" or "behave" or "turn it around."

This attitude of quantifying healing suggests that the problem is that these adolescents do not have enough help rather than opens the view to the possibility that it is the *quality* of help that is lacking.

These adolescents told me, clearly, that they lack the quality and richness of helpful interactions that they need. Most of them have plenty of helpers available to them. However, most of these helpers are temporary or part-time people that regard these adolescents as clients, not necessarily as people who need them day in and day out. Those helpers who were the best were the ones that had known the adolescents for a long period of time (usually more than two years), were available most of the time, and had qualities that were akin to Baumrind's *authoritative* parent (warm and caring, but firm; engaging in critical discussion and verbal give-and-take; flexible in setting limits; encouraging of independent thought and accepting of alternative views to their own; not permissive; and willing to use their authority only if reason and negotiation fail) (Baumrind, 1971; Jaffe, 1991).

The effective helpers (or healers) for these adolescents most often were people who possessed some wisdom beyond the adolescent's realm of knowledge; a parent, an older brother, or a teacher. These helpers were ones who were able to teach them something that could help them, and comfort them when they needed it. Katz (1991a) described this teaching-as-healing relationship as the following:

> If we consider healing as a "transitioning toward meaning, balance, connectedness and wholeness" (Katz, 1982), we can see how teaching and learning can be healing acts. The "teacher as healer" is one who, infused with spiritual understanding, seeks to make things whole. Within the formal school setting, the 'teacher as healer' is one who, informed by spiritual

understanding, seeks to respect, and foster interconnections -- between herself, her students, and the subject matter; between the school, the community and the universe at large -- while respecting each part of these interconnected webs. (Katz, 1991a, p.24)

The interconnections that Katz writes about are what these adolescents need so desperately. Effective healer/helpers were able to foster interconnections between different parts of their life, past and present, home and school, or custody and community. This integration of the adolescent's experience is what made these healers/helpers so valued to the adolescents who gave voice in this study.

The best healers appear to be ones that maintain a healthy balance between professionalism and collegiality with the adolescents. In essence, the adolescents felt empowered to make decisions and felt the freedom to be themselves. They wanted to be treated with respect, listened to and given the opportunity to succeed and make mistakes. The repeated requests by the adolescents for helpers who were "nice" or "cool" while, at the same time, firm and rule-enforcing was a surprise to me. It seemed uncharacteristic for a group known more for their attempts at breaking the rules than following them, to ardently request limits and rules. After some reflection, this phenomenon made sense to me; these adolescents *do* know much about what they need to succeed. Having a limit to test is one of the few ways of exercising their personal freedom, to create some semblance of empowerment in their lives. Without limits, this empowerment is lost.

For empowerment to occur with this group they must be given the opportunity to first *be listened to* in terms of not just their words, but their *meanings* and the spirit of their messages to adults. Secondly, adolescents must be *heard* (i.e., their voice must

provoke respectful thought and any reasonable action that would follow if the message was delivered by an adult). Finally, adolescents must be given what Friere (1970/1990) suggests as the proper tools to look critically at the world in dialogic encounters with others in order to penetrate the "culture of silence" that adolescents share with other oppressed groups. If these conditions are met, empowerment is not only a reasonable goal to meet, but also a natural one.

What is needed to support these adolescents in a meaningful way is people and programs that are willing to view these adolescents as people in need of guidance and support while respecting their rights as citizens of the community. One way of doing so is through providing a comprehensive, community-based and integrated service delivery approach that recognizes the unique strengths of each adolescent as well as the role that social and family supports play in the healing process. Such a service delivery system would also involve service providers that focussed on long-term interventions (at least two years) and possessed the qualities and characteristics I've already discussed.

The Support Cluster program (Canadian Mental Health Association, 1996; Kroeger, 1996) and the wraparound process (VanDenBerg, 1997; VanDenBerg & Grealish, 1996) stand out as possible first steps toward the goal of integrating services and moving towards true community-based, community supportive models of healing.

Wraparound, like Support clusters, is an organized system of help that utilizes a higher degree of professional participation than Support Clusters does. Wraparound's focus is more service-centred and thus, is more professional in nature. Wraparound advocates stress that no more than one-quarter of the helpers involved in the supportive

process be professionals, making the program more community-based and less professional than most service integration approaches (e.g., Burt, Resnick, & Novick, 1998).

While both of these programs have been found to be effective in supporting children and adolescents (VanDenBerg, 1997), they may require extra time from professionals and on a high degree of familial participation, something that is difficult or problematic for both the professional caregivers and these adolescent's families. Richard Katz's (1983/84; 1990) work with cultural models of healing from around the world suggests that another option is using a community healing model to address social and health problems. A healing community, as defined by Katz (1983/84; 1990), is responsive to the needs of its members and is based on the principal that helping and healing resources are "intrinsically expanding and renewable, and need not be assumed under a scarcity paradigm" (Katz 1983/84, p.202). The scarcity paradigm that Katz refers to is the dominant view in Western cultures of healing that assumes that valued healing and helping resources are scarce and are valued based upon their scarcity. Such thinking has contributed to persistent under-valuing of self-help and mutual-aid as well as the healing power of the community as a whole, not just the health professionals within it.

Because healing communities are holistic in focus and dynamic in their ability to respond to need, it is an ideal model for supporting adolescents at-risk. This model also would be suited to using other adolescents as peer helpers for this population which would meet the needs of those participants who seek other adolescents for support. The community healing model supports mutual-aid strategies and, in fact, promotes it. Such a

model taps into the natural healing strength of individuals in the community —

professional, para-professional and non-professional healer/helpers alike.

The healing community model is an ideal one, one that has been effective in

cultures with a more communitarian focus than ours (Katz, 1983/84, 1990, 1991a; Katz,

Biesele, & St. Denis, 1997). This model also agrees with the assertion of Burt, Resnick

and Novick (1998) that what is needed for adolescents at-risk is *supportive communities*

and not necessarily more services. The problem we face is understanding how to move

from (or towards) the better solutions provided through Support Clusters and wraparound

towards the ideal solutions that a community healing approach offers. In order to

accomplish this, fundamental changes to the way we view help and healing interventions

must take place.

The education system is among the first institutions where change should be

initiated. Schools are where the majority of helpful interventions occur for children and

young adults (according to the adolescents in this study). Re-thinking the way in which we

educate children by examining the class sizes, the opportunities for relationship-building

among helpers and students in school, and the way that adolescents at-risk (or "problem

kids") are treated are essential if we are to make any lasting, significant change in these

adolescents lives.

Another institution requiring examination is the mental health system. Giving the

adolescents voice and treating them with the same respect given to adults is one way of

moving towards "humanizing" the help process for this population. Attention must also be

drawn towards those of us who are helpers. Changing the education and training of

clinicians to include sensitivity training for working with adolescents at-risk and

understanding the language (and consequential meanings) of adolescent culture.

Through a critical examination of the help system and resulting changes. In doing

so, we can bridge the large gap between the needs of the adolescent at-risk and the service

and help we provide and move towards becoming a healing community rather just a

community that provides healing services. This critical examination should, in my opinion,

involve revisiting the concepts of risk and protective factors associated with adolescents

at-risk. Included in such an examination should be consideration of the social system and

institutions that these adolescents are involved in such as school, community and family.

After considering the challenges that these adolescents face, I believe that such institutions

can serve as risk or protective factors depending on the circumstances. The typical school

environment is a risk factor as I see it. Well-meaning, yet misguided approaches to dealing

with the issues that these young people face have actually served to aggravate their

problems rather than remedy them. Likewise, a caring, authoritative approach-driven

counsellor in a mental health facility could serve as a strong protective factor for these

adolescents in the long run.

By examining what we have traditionally considered as risk and protective factors

to include environmental and social phenomena, we can not only redefine the concept

"risk", but also redress the services designed to address such risk.

Concluding Remarks

What this ethnography has presented to me was that the adolescents at-risk in our

community are being underserved in terms of depth of service, misunderstood and

unheard. Through attempting to understand adolescents at-risk in their own terms, their own language and their own experience, my perception of adolescents has changed -- for the better. I hope that professionals and laypeople alike will read these stories and examine their own role in the healing process for adolescents at-risk. These adolescents know their role, it is time for us to re-examine ours. For those of us in the helping professions, this ethnography is a call to examine the way we help adolescents, the listening ear we use, the intervention strategies we employ and the role that we assign the adolescents themselves in their own healing process.

As healers and helpers we need to ask ourselves if we are merely listening to these adolescent's words or whether we are also listening for meanings too. We also need to examine the time we spend with the adolescents we work with. Are we giving these adolescents the time to heal with us or are we just another "quick fix" attempt? Are we questioning whether our intention is to do more than just build a therapeutic alliance with these adolescents and actually build *relationships* with them, or stick to the status quo? Are our interventions empowering adolescents or not? The answers to these questions will dictate our effectiveness as a helper.

As community members we must question our beliefs about adolescents at-risk. Do we support community-based initiatives to support all adolescents proactively or do we wait until they are "at-risk" and require programs like Bridges or custody? Are we voicing support for school-based interventions and educational interventions? Do we view adolescents at-risk as problems that need solving or people that need helpful interventions? Have we begun to question examine ways in which our community can

form partnerships with various services, agencies and community groups to create a supportive environment for adolescents? These answers can dictate our receptiveness to being a supportive community.

As family members, asking ourselves whether we offer to help our adolescent members of the family is the first step. The recognition that we, as mothers, fathers, siblings and extended family members, are valued and could play an important role in a wraparound process or support cluster is another step. We can also recognize that our support is needed now and for a lifetime and that such support can also come from the adolescents themselves.

The adolescent of today is the adult of tomorrow and understanding the many roles that we all play in the health and welfare of adolescents in our community is the first important step in the healing process for these adolescents and, indeed, the building of a brighter future.

This research has been a great learning experience for me. This group of adolescents has a great deal to teach us and I was honoured to have had the chance to hear their stories. Other adults should have such an opportunity as I did. I believe that those who are willing to allow these young people to speak from their minds, their hearts and their experience, will gain more understanding of adolescents than a book or study (even this one) could offer. These adolescents are facing great challenges every single day and yet, they are still managing to survive. In order to support them, all we need to do is listen and hear what they say, hear what they need and hear what they can contribute. We must not forget that these teens will one day be adults, and that the adolescent voice we

shut out today is the adult voice of the future. Whether we choose to hear that voice and respond to it, may dictate how that future turns out.

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ALEXANDRA SCHOOL "DREAMS PROJECT" Program

MISSION STATEMENT

- TO ASSIST HARD TO SERVE YOUTH (13-15) TO DEVELOP SKILLS AND STRATEGIES VIA A WHOLISTIC PROGRAM THAT ADDRESSES THEIR SOCIAL/EMOTIONAL/EDUCATIONAL NEEDS.

- TO HELP STUDENTS TO DEVELOP A LIFE WORK PLAN AND THE COURAGE TO DREAM AND HOPE ENOUGH TO BEGIN TO ATTAIN THEIR GOALS.

- TO DEVELOP THE SKILLS, MOTIVATION AND POSITIVE SENSE OF SELF TO ENABLE THEM TO REACH THEIR GOALS.

ADDRESS:

35 ALEXANDRA AVE.,　　　　　　　　　　　　PHONE: 742-7210
WATERLOO,　　　　　　　　　　　　VOICE MSSG/FAX: 742-7281
N2L 1L4

EDUCATIONAL STAFF:　　　　　　YOUTH WORKERS:
DAVID SHAVER　　　　:　　　JEFF ALDERDICE　　KIM TOWES
DOROTHY MACBRIDE　　　　　TAMMY HOLST　　　SHELLEY NORTON

THE LEVEL SYSTEM

ORIENTATION:

-STUDENTS WILL BEGIN OUR PROGRAM WITH THE LEVEL TWO STUDENTS. THEY WILL
BE EXPOSED TO OUR SYSTEMS AND PROCEDURES/ASSESSED/INTERVIEWED.
-AFTER THREE DAYS, IF THEY ARE FUNCTIONING AT THE 80% PER DAY LEVEL, OR
BETTER, THEY REMAIN WITH THE LEVEL TWO'S. IF THEIR SCORE IS LESS THAN 80%,
THEY WILL GO TO THE "TUNEUP" ROOM.

LEVEL ONE:

-THE "TUNE UP" PHASE
-STUDENTS WHO CANNOT FUNCTION AT AN 80% LEVEL DURING ORIENTATION ARE
 ASSIGNED TO THE TUNE UP ROOM.
-STUDENTS ARE WARNED ABOUT AN UNACCEPTABLE BEHAVIOR OR TIMED OUT, AND IF
 AGAIN THAT SAME DAY RE-DISPLAY THAT BEHAVIOR, THEY ARE PLACED IN THE "TUNE
UP ROOM"
-ALSO STUDENTS WHO OBTAIN LESS THAN 70% AVERAGE FOR ONE WEEK , OR LESS
THAN 40% IN ONE DAY ARE PLACED IN THE "TUNE UP ROOM"
-THEY REMAIN THERE UNTIL THEY EARN THEIR WAY BACK TO LEVEL TWO BY
COMPLETING SPECIFIED TASKS AND BEHAVIORS SUCCESSFULLY AND/OR A SPECIFIED
NUMBER OF DAYS.
- THE RECOMMENDATIONS OF STAFF ARE REQUIRED TO MOVE BACK TO LEVEL 2.
WITH EXCEPTIONALLY POSITIVE BEHAVIOR, THIS MAY OCCUR EARLIER THAN
SPECIFIED INITIALLY.-IN THIS PHASE, WE TAKE STUDENTS WHERE THEY ARE, REORIENT
THEM TO OUR PROGRAM, REASSESS THEIR STRENGTHS AND WEAKNESSES
(SOCIALLY, EMOTIONALLY, AND ACADEMICALLY), AND FINALLY REDEFINE AREAS FOR
GROWTH   (SHORT TERM AND LONG TERM GOALS).

-ALL LEVEL ONE STUDENTS ARE TO REMAIN WITHIN STAFF SIGHT AT ALL TIMES DURING
THE ENTIRE DAY INCLUDING BREAKS AND LUNCH.

-EVALUATION CRITERIA: (REFER TO ENCLOSED RATING CHART). NOTE THAT THERE IS
ROOM FOR SEVERAL INDIVIDUALIZED RATING CRITERIA FOR EACH STUDENT.

LEVEL TWO:

-THE GROWTH PHASE: SHORT AND LONG TERM GOALS ARE DEVELOPED AND BEING WORKED ON. ASSESSMENT IS COMPLETED, AND COMMUNITY SUPPORTS ARE ADDED WHERE NECESSARY.

- THREE EXPECTATIONS ARE ADDED TO THE EVALUATION CRITERIA OF LEVEL ONE:
    -MODELING POSITIVE BEHAVIORS
    -POSITIVE IN THE COMMUNITY
    -INDEPENDENT PROBLEM SOLVING IS DEMONSTRATED.

-IN ORDER TO MOVE TO LEVEL 3, AT LEAST 20 CONSECUTIVE DAYS OF 80% PER DAY. OR STAFF RECOMMENDATION ARE REQUIRED

LEVEL THREE:

-AT LEAST THREE WEEKS OF AN 80% AVERAGE OR STAFF RECOMMENDATION IS REQUIRED FOR ENTRY TO THIS LEVEL.
-THIS LEVEL IS FOCUSED ON "PREPARATION FOR REINTEGRATION INTO THE COMMUNITY."
-LEVEL THREE STUDENTS ASSUME THE RESPONSIBILITY FOR   MENTORING LEVEL ONE AND TWO STUDENTS.
-AN INDIVIDUALIZED DAILY EVALUATION PROFILE WILL BE DEVELOPED FOR EACH STUDENT BASED ON STRENGTHS/WEAKNESSES/GOALS DEVELOPED IN LEVELS ONE AND TWO.
-LEVEL THREE STUDENTS NEGOTIATE WITH THEIR PRIME WORKER FOR ADDITIONAL PRIVILEGES (TIME OFF, EXTRA OUTINGS)

NOTE: *LESS THAN AN 80% AVERAGE IN ONE WEEK, OR THREE CONSECUTIVE DAYS MISSING THE SAME RATING FACTOR WILL RESULT IN MOVING BACK ONE LEVEL.
        *A REINTEGRATION PLAN (SCHOOL/WORK) IS DEVELOPED AT THIS STAGE.
        *AT THIS STAGE, A FOLLOW-UP EVALUATION PLAN AND AFTERCARE PLAN ARE DEVELOPED

ALEXANDRA PROGRAM
RATING CHART EVALUATION

	MON	TUE	WED	THUR	FRI
1) ON TIME					
2) POSITIVE WITH PEERS					
3) COOPERATIVE WITH STAFF					
4) WORIING ON PROB. SOLVING					
5) ATTEMPTS TASKS ASSIGNED					
6) REMAINS ALL DAY					
7) POSITIVE IN COMMUNITY					
8)_____ _____					
9)_____ _____					
10)____					
_____					
BONUS					

KEY: V = EARNED.   — = NOT APPLICABLE   X = NOT EARNED.

DAILY SCHEDULE

8:45-9:15	BREAKFAST CLUB
9:15-9:50	TUNE-IN (WHOLE GROUP—LIFE HAPPENINGS/CONCERNS DREAMS/ISSUES)
9:50-10:00	BREAK
10:00-10:30	SESSION I
10:30-11:00	SESSION TWO
11:00-11:10	BREAK
11:10-11:40	SESSION THREE
11:40-12:15	LUNCH
12:15-1:00	SESSION 4
1:00-1:10	BREAK
1:10-1:45	SESSION 5
1:45-2:15	TUNE OUT (DEFRIEFING OF DAY/BRICKS & BOUQUETS)
2:15-4:00	STAFF: LOGGING/RATING CHARTS/COMMUNITY CONTACTS

TOPICS FOR
SESSIONS.

ENGLISH/MATH/ ANGER MANAGEMENT/SUBST. ABUSE /SELF ESTEEM/ PHYSICAL EDUCATION/PERSONAL LIFE MANAGEMENT/GEOGRAPHY/SCIENCE. ALL COURSES OTHER THAN TUNE IN AND TUNE OUT ARE DELIVERED AT A LEVEL DESIGNED TO MEET THE NEEDS OF THE INDIVIDUAL STUDENT .

INITIALLY, THE MAJOR THRUST FOR EACH STUDENT WILL BE FOCUSED ON REMOVING THE BARRIERS THAT HINDERED SUCCESS IN THE REGULAR SCHOOL. FOR EXAMPLE ANGER MANAGEMENT, PROBLEM SOLVING ETC. AS THE BARRIERS ARE STARTING TO BE OVERCOME, THE FOCUS WILL TURN MORE TO ACADEMICS/WORK EXPERIENCE.

UNACCEPTABLE BEHAVIOR

STUDENTS ARE TAKEN AT THE LEVEL THEY PRESENT THEMSELVES AND MOVED FORWARD ACCORDING TO THE LIFE WORK PLAN AND AS THEIR ASSESSMENT INDICATES. WE RECOGNIZE THAT THESE STUDENTS WERE NOT ABLE TO CONFORM TO THE REGULATIONS OUTLINED IN A TRADITIONAL SYSTEM—THEREFORE THE "THREE STRIKES AND YOU'RE OUT" SYSTEM. IT SHOULD BE NOTED THAT A STUDENT WHO CAN MAINTAIN LEVEL TWO FOR FIVE FULL SCHOOL DAYS WILL HAVE "HIS SLATE CLEANED" AND HAVE A "FRESH START"

IF, FURTHER STRIKES OCCUR FOR A STUDENT WHO HAS EARNED A "FRESH START", A CASE CONFERENCE WILL BE CALLED IN ORDER TO DETERMINE WHETHER WE CAN MEET THE PARTICULAR STUDENT'S NEEDS IN A MORE SUCCESSFUL MANNER, OR WHETHER THERE IS A MORE APPROPRIATE PLACEMENT, AND, TO DETERMINE WHETHER, IN FACT, A STUDENT WILL REMAIN IN OUR PROGRAM.

UNACCEPTABLE BEHAVIOR:

1) PHYSICAL ATTACK

2) SEXUAL INTERACTION WITHIN THE SCHOOL PROGRAM

3) SUBSTANCE ABUSE /DRUGS ON SITE OR ARRIVING "UNDER THE INFLUENCE"

4) PERSISTENT REFUSAL

5) THEFT

CONSEQUENCES OF THE UNACCEPTABLE BEHAVIOR:

1—FIRST INFRACTION: IN HOUSE WITHDRAWAL FOR AT LEAST A HALF DAY
-HOME/COMMUNITY REP'S INVOLVEMENT IN REINTEGRATION TO THE GROUP

2—SECOND INFRACTION: AS FIRST INFRACTION WITH AT LEAST THREE DAYS OF IN HOUSE WITHDRAWAL

3—THIRD INFRACTION: REMOVAL FROM THE PROGRAM (A HEAVY INVOLVEMENT OF OUR STAFF FOR PLANNING THE NEXT ACADEMIC PLACEMENT)

NOTE: A COMMUNITY CONSEQUENCE (CRIMINAL CHARGE ETC.) MAY REPLACE A STRIKE AT STAFF DISCRETION. IN ADDITION, IS SHOULD BE NOTED THAT ALL THE

ABOVE INTERVENTIONS ARE IN-SCHOOL. AFTER THESE THREE ATTEMPTS TO REMEDY THE SITUATION, WE CONTINUE WITH A MORE TRADITIONAL APPROACH.

4. SUSPENSIONS: OUT OF SCHOOL—THREE/FIVE/TEN DAYS OR PERMANENT REMOVAL.

STAFF WILL ASSIST THE EDUCATIONAL SYSTEM TO FIND A FOLLOWUP EDUCATIONAL PLACEMENT FOR ANY STUDENT WHO IS UNSUCCESSFUL HERE.

GRADUATION:

STUDENTS WHO HAVE MAINTAINED LEVEL TWO FOR AT LEAST FOUR WEEKS IN TOTAL AND TWO AT THE END OF THEIR STAY WILL BE CONSIDERED A GRADUATE.

STUDENTS ON LEVEL THREE WILL GRADUATE AS SOON AS THEIR NEXT LIFE TASK TO REPLACE ALEXANDRA IS IN PLACE.

THERE IS A FORMAL GRADUATION CEREMONY PLANNED BY STAFF AND STUDENTS THAT WILL HONOR ALL STUDENTS FOR THEIR INDIVIDUAL GAINS, AND, IN PARTICULAR, THE GRADUATES.

Wilfrid Laurier University

Founded 1911

Consent Form

THE NATURE OF THE RESEARCH

This study is designed to explore the experiences and perceptions of adolescents at-risk with education and treatment programs. This research is also being used to fulfill the requirements for Cameron Norman's Masters Thesis in psychology at Wilfrid Laurier University.

THE ROLE OF THE PARTICIPANTS

Participants will be encouraged to share their thoughts, feelings, ideas and experiences about the experiences with respect to education and treatment programs.

THE DATA

All interviews will be tape recorded and transcribed on to a computer disk. The data will then be analyzed and compared in order to form theories, answer questions and discover patterns and uniqueness in responses. All data pertaining to each participant will remain as confidential as the information given by each participant will allow. Only the researcher, the research advisor, and the participant will have full access to the data and actual names will not be used anywhere in the data transcription, analysis and write-up of the research.

Upon conclusion of the research, the data will be stored under lock and key by the researcher. After five years the data will be destroyed.

I, _____ agree to participate in Cameron Norman's masters thesis research. I am aware that the purpose of the research is to obtain an understanding of how adolescents experience educational and treatment programs. I am also aware of my requirements in participating in the research, the confidentiality of the data, and that my participation is voluntary. I am aware that I may withdraw without penalty from the research at any time and that any withdrawal will not affect any present or future relationship with any school board or social services agency or Wilfrid Laurier University. I am aware that I may refuse to answer questions or participate in any part of the research that I feel uncomfortable with. In addition, I know that my signature on this consent form constitutes a decision to participate and an indication that I fully understand the information provided to me.

I have understanding that the researcher has a legal obligation to report to the appropriate authorities any disclosure of participation in activities which are considered illegal under the Criminal Code, including, but not exclusive to: acts of physical or sexual abuse, knowledge of third party involvement in illegal activities, or threats to harm themselves or others.

Questions about this research are welcomed. Please feel free to contact the researcher, Cameron Norman, or his advisor, Dr. Stephen A. Chris at: Department of Psychology, Wilfrid Laurier University, 75 University Ave. West, Waterloo, ON. N2J 4H9. Phone: 884-0710 Ext. 2988. E-MAIL: norm0943@mach1.wlu.ca .

If you have any questions concerning the right of research participants you may contact Paul Davock, WLU Psychology Research Ethics co-ordinator in the Department of Psychology at Wilfrid Laurier University. Phone:884-0710 Ext. 3088.

Participant Signature:_____ Date:_____

Researcher Signature:_____ Date:_____

Department of Psychology
Wilfrid Laurier University, Waterloo, Ontario, Canada N2L 3C5 (519) 884-1970 Fax: (519) 746-7605

Wilfrid Laurier University

Founded 1911

Parent/Guardian Consent Form

THE NATURE OF THE RESEARCH
This study is designed to explore the experiences and perceptions of adolescents at-risk with education and treatment programs. This research is also being used to fulfill the requirements for Cameron Norman's Masters Thesis in psychology at Wilfrid Laurier University.

THE ROLE OF THE PARTICIPANTS
Participants will be encouraged to share their thoughts, feelings, ideas and experiences with respect to education and treatment programs designed for adolescents at-risk.

THE DATA
All interviews will be tape recorded and transcribed on to a computer disk. The data will then be analyzed and compared in order to form theories, answer questions and discover patterns and uniqueness in responses. All data pertaining to each participant will remain as confidential as the information given by each participant will allow. Only the researcher, the research advisor, and the participant will have full access to the data. Actual names will not be used anywhere in the data.

Upon conclusion of the research, the data will be stored under lock and key by the researcher. After five years the data will be destroyed.

I, _____ agree to allow _____, a child under my legal care, to participate in Cameron Norman's thesis research. I am aware that the purpose of the research is to obtain an understanding of how adolescent's experience educational and treatment programs. I am also aware of my child's requirements in participating in the research, the confidentiality of the data, and that my child's participation is voluntary. I am aware of the rights that my child holds with relation to his/her participation in this research project. In addition, I know that my signature on this consent form constitutes permission for the aforementioned adolescent to participate in this research and an indication that I fully understand the information provided to me.

I understand that the researcher has a legal obligation to report to the appropriate authorities any disclosure of participation in activities which are considered illegal under the Criminal Code, including, but not exclusive to: acts of physical or sexual abuse, knowledge of third party involvement in illegal activities, or threats to harm themselves or others.

Questions about this research are welcomed. Please feel free to contact the researcher, Cameron Norman, or his advisor, Dr. Stephen A. Chris with any questions you have at: Department of Psychology, Wilfrid Laurier University, 75 University Ave. West, Waterloo, ON. N2J 4H9. Phone: 884-0710 Ext. 2988. E-MAIL: norm0943@mach1.wlu.ca .

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Participant Signature:_____   Date:_____

Parent/Guardian Signature:_____   Date:_____

Researcher Signature:_____ ____   Date:_____

Department of Psychology
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Request For Participation

This is a request for your son's participation in a study that hopes to find out more about what adolescent's thoughts, feelings and experiences are with respect to the educational and treatment programs that they have been involved with. This research is being done to support the completion of my master's degree in community psychology at Wilfrid Laurier University.

The research will involve a one-on-one interview with me and your son that will probably last no more than one hour. If further information is required at a later date, another interview will be requested. The interviews will take place at a location that is quiet and will suit both your son and myself such as a coffee shop, school classroom or park bench. Each interview I do will be tape recorded and then transcribed on to a computer disk. From these interviews I will look for similarities in what participants have said and develop a final report on the process (the thesis). In no place in the research will your son's name appear and all information will be held in the strictest confidence. No one will see the names of the participants and only my advisor will be able to see the transcriptions of the interviews without any names on it.

As with all research, there are elements of risk associated with it as well as potential benefits. While your son's anonymity will be held throughout the study, it cannot be guaranteed. There is always a possibility that someone who reads the final thesis could identify participants based on what is mentioned and take action based upon certain statements. The possibility of this is both unlikely and improbable, but nonetheless it exists. Potential benefits include the possibility that the information shared within this study may lead to improved programs and better treatment for adolescents in the region.

The findings from this study will be shared with mental health professionals in the region with the hopes that it may lead to change and further advocate for adolescents at-risk. I sincerely hope that you consider allowing your son to participate in this research.
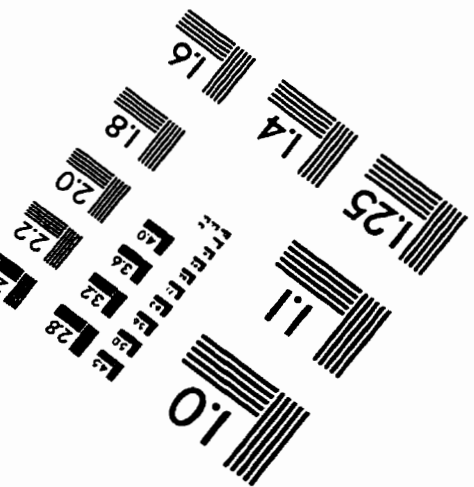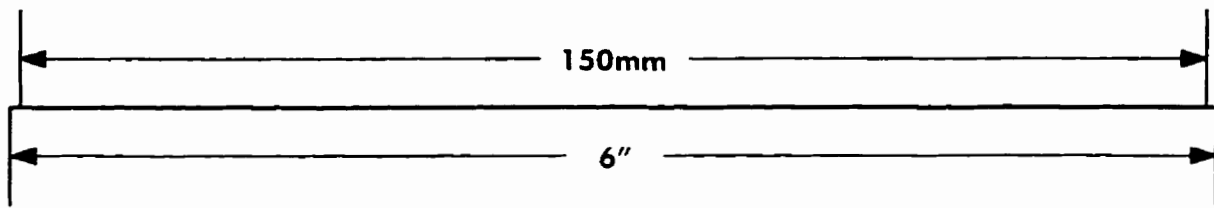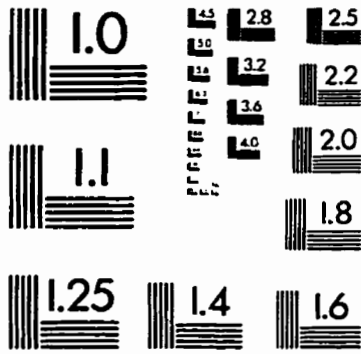
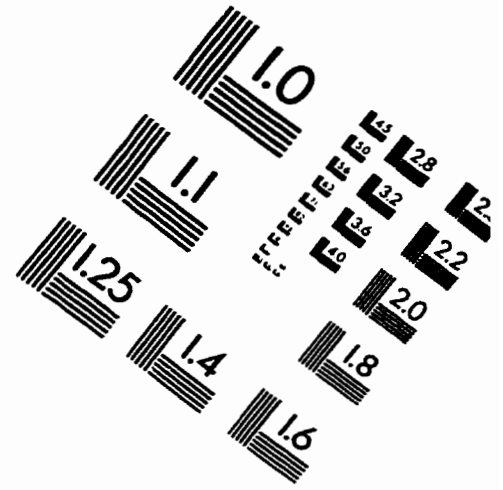Sincerely,

Cameron Norman.

Questions to think about....

Here are a few of the questions that I am interested in finding out what your answers are. Please think about them a little bit and feel free to write answers down on this paper if you would like before our interview.

1. What things have happened in your life that have led you to where you are today? (such as problems in school, life at home, a move, your friends).

2. What kind of things have made your life difficult at times? (Such as your friendships, school, your family life)

3. What are some of the things that adults have done to help you out when you needed it? (Like at school, at home, with the law)

4. Tell me about the people who have been most helpful to you.

5. Who sticks up for you when you are in trouble and what are they like?

IMAGE EVALUATION
TEST TARGET (QA-3)

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