

Revisiting the Modifying Environment approach

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Introduction

Theory is a fundamental piece of professional child and youth care practice, and finding useful, life-space applicable theory that addresses the complex issues presented by the young people in child and youth care is a continual challenge. I would like to describe a cognitive behavioural model that has been part of the literature for almost twenty years, but has been relatively inaccessible because it was not originally presented in life-space friendly language. The theoretical model is entitled the Modifying Environment and was created by Jerome Beker and Reuven Feuerstein and first published in 1990 in two child and youth care journals (Beker & Feuerstein, 1990; 1991). Jerry Beker is a personal friend and mentor, and this attempt to update his work is not a criticism of his original work. My hope is to enable newer child and youth care practitioners to be exposed to this important model.

Cognitive behavioural approaches have been especially valued by researchers attempting to establish 'best practice' models for the field, so this model can be attractive to some providers. The dominant theme in recent child and youth care literature has been the centrality of relationship to good practice. The Modifying Environment model relies less on individual relational work, and more on team congruence and consistency. This can be appealing to projects with newer staff. However, the warning label that one size does not fit all needs to be emphasised here, as behavioural methods can be potentially more abusive than therapeutic in the wrong hands (Stevens, 2004).

Many authors have described the young people whom child and youth care practitioners serve as lacking a basic belief in personal causality (Redl & Wineman, 1951 ,p.128). Simply put, these young people may not see any connection between what they are doing and the results that occur. This has been variously explained as developmental 'stuckness' (Phelan, 2008), low attachment ability (Rygaard, 2006; Hughes, 1998), trauma (Ward, 1998), poor social skill development (DeSalvatore, Millspaugh & Long, 2009), and lack of mature patterns of cognitive and emotional functioning (Beker & Feuerstein, 1991). Across the literature there is considerable evidence that this lack of causal belief creates distress for both the young people and their social environments.

Residential care programmes should be organised to support young people to expand their horizons about how the world works. The Modifying Environment model can be a useful, practical, life-space model to create this higher level of thinking, which may lead to emotional and behavioural change.

Beker and Feuerstein' (1991) describe several essential aspects of the approach:

- The belief that cognitive change leads to emotional and behavioural change;
- The need for individual care plans to be based on an ongoing assessment of capability;
- The creation of flexible environments which challenges young people to develop new ways of thinking.

The Modifying Environment

Young people entering residential care typically require a period of stabilisation to establish personal safety and predictability. During this stage, external control, set routines, and clear rules governing behaviour are important. Until safety is established, there is no room for the energy to change and grow. At this stage, the young person will typically struggle with trusting adults, and may see all adults' attempts to nurture him/her as being required by the job; they are getting paid to do this. The young person may think that there is no logical reason for any person to be nice to another without something in return. The young person may have little internal motivation to change, and might not see the need to learn new skills. External controls are usually needed because the young person may have low self-control and low motivation to develop their self-control mechanisms.

After a period of stabilisation, the Modifying Environment process can begin. Changing the environment means relaxing the external controls, giving more choice and power to the young person. Routines should become less predictable and more flexible, and rules should be more negotiable. This is because predictability can adversely affect growth, so the environment is used to stimulate and challenge the cognitive behaviour of the young people.

This is where the Modifying Approach begins. The cognitive shifts that are encouraged by the application of this theory are organised into eleven discrete steps or lessons. Each lesson has to be absorbed and integrated before the next lesson can begin, so ongoing assessment in the life space is crucial. Logs, staff meetings, and individual reports are the key places to determine the successful passage from one step to the next. Every team member has to be clear about what step each young person is presently learning and to provide appropriate responses and role-modelling to challenge the thinking process at each stage. The overall goal is to shift the young person from an ego-centric, asocial perspective, to a more empathic, cooperative and socially adept awareness of how to function. The belief is that when the young person's cognitive awareness is expanded, he/she will self-monitor and grow without needing further intervention.

The eleven steps for the Modifying Environment

The mediated learning experiences and staff responses which stimulate learning involve a series of lessons; described in eleven steps.

Step One

The first step, after safety and predictability are established, is to provide more freedom and choice for the young person. During this learning period, the young person will usually make both good and bad decisions, and the response from staff must be simple, unemotional, and matter-of-fact, with no overlay of praise or disappointment expressed. The lesson which young people should learn from this is that 'my behaviour creates predictable results which can be changed by changing my behaviour, not because of other factors' (e.g. staff being in a good or bad mood). One example may be as follows: When the young person in this stage comes home late, the staff will simply and unemotionally describe any agreed sanction, with no comments about the staff's own feelings about the behaviour. Likewise, when the young person earns a reward, this is given with no emotional response or praise. It is important for the young person to separate his/her behaviour from the personal response of the practitioner.

Step Two

The second step entails starting to generalise the basic cause-effect learning from step one, so that the young person can learn to predict the effects of his/ her behaviour in situations that are new. For example, rudeness or lateness typically are disliked by others, while promptness and friendliness get better results. Practitioners can support this by pointing out the similarities between dynamics, helping the young people to generalise. Again, no emotional messages should be given by practitioners at this point.

Step Three

The third step starts the process of learning shared meaning: discussions about legitimate excuses, negotiated rules, and very simple empathy for other points of view are explored. Actual life-space examples are more powerful than abstractions, and the practitioner is ideally situated to create this learning moment. One example might be as follows: A young person at this stage should now have a clearer sense of how his/her behaviour merits different responses. The practitioner can add more complexity by utilising experiences where there are extenuating circumstances, (e.g. the bus was late, or the directions were unclear), to excuse or ignore the usual sanctions. The practitioner should still avoid emotional responses.

Step Four

The fourth step focuses on competence beliefs and the young person is supported to use personal power to achieve desired results. The young person is helped to predict, or explain after the fact, what happens and why, beginning to believe in his/her ability to create the results they want. An example can be the practitioner helping the young person to prepare for an encounter with a teacher or friend by predicting what certain behaviours might achieve, then sitting down after the fact and discussing the interaction.

Step Five

This step entails learning the usefulness of self-control and delaying gratification to achieve better results. This stage also starts to encourage the young person to look into the future. Again, practitioners can motivate learning by appealing to the egocentric personality of the young person and not overestimate their existing social awareness. At this stage the young person may still be concerned with him/herself and not especially able to be empathic, so the payoff for delaying gratification has to be fairly immediate and personally useful. Taking turns using equipment and returning it in good condition, or sharing personal items and getting a favour in return, can be highlighted, with the emphasis on how this is personally rewarding.

Step Six

The sixth step requires a major shift in thinking, where the young person will begin to see the value of cooperation and sharing with others. The practitioner can start to use a more relational approach here, challenging the young person to be more aware of other people, seeing that two heads are better than one. This stage is when the practitioner can begin to describe how he/ she is affected by different behaviours, giving praise and emotional feedback to the young person. Typically, practitioners try to do this much too soon in the learning process, so it is important to emphasise the steps and learning required prior to this stage.

Step Seven

The next step is about learning about boundaries, and personal needs versus social needs. This includes how to be safe and also open to others. Modelling vulnerability and clear boundaries is a key at this step. Examples here include learning to say 'no' without being offensive, and being aware of each person's boundary limits.

Step Eight

This step is about learning about goal-setting, and developing priorities and a future orientation. The young person's ability to do a cost/benefit analysis of behaviour is a basic tool here, and this can be implemented through examining both past and future decisions. Sometimes journaling can be useful here, and the young person can learn from both past reflection and future prediction examples.

Step Nine

The ninth step involves developing motivation to continue to learn and change. This step involves self-discipline and a belief in one's competence and potential. As this belief gets stronger, it becomes a cognitive behaviour and a habitual way to think. The practitioner can use personal sharing and motivational reinforcement here to support this thinking shift.

Step Ten

This step is about learning to accept change without fear of losing your identity. The belief about 'who I am' and 'what is right for me' may constrain young people to identify only with roles limited by family history. There is a separation and loss process at this stage and a movement toward greater possibilities. Awareness of loss and change, and clear support for the shifts in thinking which are required by the young person (denial, anger, sadness) need to be monitored and supported by the practitioners.

Step Eleven

The final step solidifies beliefs about personal competence and hope. It involves letting go of fatalistic, self-defeating themes. The young person at this step should be thinking that he/ she can be a capable problem solver. By this stage, there should be little need for external control and the young person requires reflective conversations rather than advice or direction.

Each of these eleven steps requires a specific response from the team that will focus on the actual learning in each stage, without adding confusing or irrelevant information that will diffuse the challenge and content required for mastery. The life-space curriculum which will support learning may be quite different for each young person, but the learning target is clear. Residential care has enormous potential to utilise the life-space to both engineer experiential feedback to young people as well as offer ongoing unplanned, but usable life challenges for learning. The team meetings can be places where each young person's present stage of thinking behaviour is assessed and potential learning opportunities are created, with each practitioner clearly noting what is needed for each young person and what challenges and lessons are not indicated. Consistency of practice is important and team meetings can also be venues through which the need for consistent practice is emphasised.

The strengths of this theory include the ability for practitioners at different stages of professional competence to participate fully in both staff discussions and youth interactions. In fact newer staff will be challenged to reduce the emotional messages they provide, while more experienced staff may need to be clearer about individualising strategies within the care plan and creating more opportunities for young people to use self-control. The observations and assessment notes should focus more on thinking behaviour and expanded awareness of social norms, and less on problematic behaviour and rule infractions. If the goals for each young person follow the 11 step model more closely, they should be more coherently understood by the entire team. Residential units will also have an easier time describing results for the inevitable researcher or potential funder.

Conclusion

As I stated previously, residential child care is in need of a wider range of theoretical perspectives which practitioners can use. The client group with whom residential practitioners work is complex, and all practitioners need a variety of tools in their practice toolbox. It may be that there are many other perspectives buried in the pages of

journals all over the world, just waiting to be revisited. It has been a pleasure to bring one such theory back into the light again. Only here can it be tested, debated, critiqued and applied. I would encourage my fellow travellers to seek out other theories that we can develop as our own.

References

Beker, J. & Feuerstein, R. (1990). Conceptual foundations of the modifying environment in group care and treatment settings for children and youth. *Journal of Child and Youth Care*, 5, 23-33.

Beker, J. & Feuerstein, R. (1991). Toward a common denominator in effective group care programming: The concept of the modifying environment. *Journal of Child and Youth Care Work*, 7, 20-34.

DeSalvatore, G., Millspaugh, C., & Long, C. (2009). A journey from coercion to building courage. *Reclaiming Children and Youth*, 17 (4), 25.

Hughes, D. (1998). Building the bonds of attachment: Awakening love in deeply troubled children. Lanham, MD: Rowman & Littlefield.

Phelan, J. (2008). Building developmental capacities: A developmentally responsive approach to child and youth care intervention. In G. Bellefeuille and F. Ricks (Eds.), *Standing on the precipice: Inquiry into the creative potential of child and youth care practice*. Edmonton, AB: MacEwan Press.

Redl, F. & Wineman, D. (1951). *Children who hate*. New York: The Free Press.

Rygaard, N.P (2006). *Severe attachment disorder in childhood: A guide to practical therapy*. New York: Spring Wien.

Stevens, I. (2004). Cognitive-behavioural interventions for adolescents in residential child care in Scotland: an examination of practice and lessons from research, *Child & Family Social Work*, 9(3), 237-246.

Ward, A. (1998). The inner world and its implications. In A. Ward and L. McMahon, (Eds.), *Intuition is not enough: Matching learning with practice in therapeutic child care*. London: Routledge.