

# Kern Bridges Youth Homes, Inc HANDBOOK FOR Residents, FAMILY & FRIENDS, CASA WORKERS, PLACEMENT WORKERS, AND ATTORNEYS

There is something I don't know that I am supposed to know.  
I don't know *what* it is I don't know and yet am supposed to know,  
and I feel I look stupid if I seem both not to know it and not know *what* it is I  
don't know. Therefore, I pretend I know it.

This is nerve-racking since I don't know what I must pretend to know.  
Therefore I pretend to know everything. I feel you know what I'm supposed  
to know but you can't tell me what it is because you don't know that I don't  
know what it is.

You may know what I don't know, but not that I don't know it,  
and I can't tell you. So you will have to tell me everything.

R. D. Laing



# Confidentiality & Mandated Reporting Responsibility

The right to confidentiality for all residents and their families is a policy at KBYH and the law. All possible steps are taken to protect the confidentiality and privacy of the children and their families. Information about a child and or his/her family is not shared with anyone outside of the agency without expressed written consent, except in the case of suspected neglect or abuse (to self or others) which, by law, must be reported to Child Protective Services or Law Enforcement.

## Role of Mandated Reporter

**To report suspected incidents of child abuse or maltreatment/neglect while acting in their professional capacity.**

## Physical Setting

Kern Bridges is located in Bakersfield, California. Depending on the program, children live in STRTPs, foster homes in the community, or pre-adoptive homes in the community. The main office – Above - is located at 1321 Stine Road. Below – Casa de Ninos 12 bed facility.



## **KBYH Mission/Philosophy Goals/Services**

Our mission is to provide responsive solutions and trauma-informed care to California vulnerable children by providing safe homes, accessible services, and engaging in ongoing quality improvement.

Our philosophy is that all care is Trauma Informed as are our philosophies. Our service delivery is guided by best practice standards regarding the development of resilience in children and families; the treatment of childhood trauma; and positive youth development. Behavioral support is based on a relational model which encourages a deeper understanding of self and each person's unique way of relating to others. Trauma-informed care also can be viewed as an overarching philosophy and approach, or even as a set of universal precautions, designed to be both preventive and rehabilitative in nature, in which the relationship among environment, triggers, and perceived dangers is noted and addressed.

Mental Health is critical to the well being of young people, their families and the community.

Our treatment programming emphasizes the application of evidence-based practices.

Family education and involvement are critical for successful outcomes.

To be community-based with the primary services in order to provide for a smooth and successful transition from STRTP care.

To be culturally and linguistically competent with agencies, programs, and services that reflect the cultural, racial, ethnic, sexual identity, and linguistic differences of the residents we serve in order to help them access and use the correct services and supports and to remove inequalities in care.

Every Day is a new day and in fact every minute is a new minute so there are no carry over consequences. Restrictions are only based on safety.

All residents are treated as individuals and their treatment plans are individually tailored.



## **Pre-placement and Intake**

Prior to placement at KBYH, Title 22 requires us to offer each child a “pre-placement” visit. This serves two purposes. First, it allows staff to do a brief assessment of each child to ensure that the appropriate resources can be provided; second it allows each child to see where the children live and gives each child the opportunity to have input into the placement. During the visit, each child will be given a tour of the facility or foster home and an explanation of the available treatment services.

If appropriate, the parents and any significant others in the child’s life are encouraged to accompany the child and social worker to the pre-placement visit. This will assist us in making a more accurate assessment of the child and provide us with important historical information critical to each child’s treatment.

Typically, on the day of the placement each child will be brought to the office or home by the referring agency worker along with the appropriate paperwork. Following this, a complete inventory of the child’s personal belongings will be put into writing. It is appropriate for the child to come with adequate clothing and only a few personal possessions with which he/she will feel comfortable. We discourage sending valuable items with your child. Each child will be provided with new clothing and toys as needed.

# Staffing

There are many different people who will be involved with the care and treatment of the children. To familiarize you with the various people and the roles they play, the following brief description is provided.

Each child has a professional social worker who serves as the case manager and is the contact person for the parents and interested persons. Some children also have a professional therapist who provides individual therapy, group therapy, parent education, and family therapy services. In most cases, the HoS and MRHS provides the therapy services.

In the STRTP Direct Care Staff provide 24-hour supervision of the children in a therapeutic environment, implementing treatment plans developed by the social workers, therapist, and STRTP supervisor. A child psychiatrist works with each STRTP treatment team when necessary. Art, speech, physical, and occupational therapy are provided by trained professionals when appropriate for the child's treatment plan.



# Contact with Your Child

Your contact person is the Kern Bridges social worker assigned to your child.

***SPECIAL SECTION FOR  
Families, PLACEMENT WORKERS, CASA WORKERS, and  
ATTORNEYS.***

We are clearly aware that you have the legal right to speak to any KBYH staff regarding your client. However, please be aware that child care staff do not sit in on clinical meetings, psychiatric visits, I.E.P.'s, therapy sessions, family sessions, etc. They simply do not have the overall inclusive information that the Kern Bridges Social Worker assigned to the case has. They do not know of visits scheduled until the weekly visit list comes out. They do not have masters degrees or social work training. Their primary job is to implement treatment plans and manage the child's daily living.

If you choose to get or share information with a child care staff, or schedule a visit through child care staff, please exercise caution as the information the child care staff has is generally limited to the shift the staff works and the information gathered in the weekly staff meeting.

The Kern Bridges social worker will obtain a written list from the county social worker stating who does not have permission to call. All other calls, unless suspect, will be permitted.

Many children have cell phones Kern Bridges may restrict the use of cell phones for disciplinary reasons but never will restrict contact with the child's placing representative, attorney, foster care ombudsman, or the County Departments involved in their treatment.



All visits will be granted to those authorized persons on the list provided by the placing agency. Those who are not on the list can visit the child also long as it's in the best interest of the child (we utilize prudent parent standards). Deletions can only be made by the agency holding legal custody.

If you cannot reach the child's KBYH Social Worker you can call the Program Director, Clinical Director, or CEO at any time 24/7.

# Visitation and Telephone Calls



## Titel 22 Regulations regarding Visits

(1) All visitors must check in with the Facility Manager. Visitors are not allowed to go to the child's STRTP, except by prior arrangement with the social worker unless permitted via Title 22.

(2) If you arrive for your visit with someone whose name is not on the weekly visit list, the person whose name is not on the list will be asked to wait in the parking lot, or to return at the end of the visit.

(3) Your Kern Bridges social worker or the facility manager will be able to show you designated areas for visitation to ensure the privacy that you and your child deserve.

(4) If you have an approved home visit, medical consent forms and Medi-cal card will be sent for you to utilize in case an emergency occurs during the visit. Please check with the Kern Bridges social worker or facility manager before you visit to obtain these forms. If an accident occurs during a visit at Kern Bridges please contact Kern Bridges Staff immediately for help or directions to the nearest medical facility.

(6) Occasionally, the children may be scheduled to attend a special outing or activity. We may ask for your cooperation in scheduling your visitation to allow them to participate in the special activity.

(7) Visitation during school hours is strongly discouraged because of the importance of school in each child's life.

## Phone Calls

Title 22 requires us to allow youth private, unmonitored phone calls from anyone not specifically prohibited contact by the courts or placing worker. The calls on the agency phone are limited in time so that one person does not tie up the phone line for everyone else.

All youth can purchase their own cell phone or earn a cell phone through our behavior rewards system unless denied by the authorized representative. Monthly connections fees are paid by the child or can be paid by KBYH if the child has earned this as a reward for positive behavior.

(8) We encourage you to limit telephone calls on the agency line to 10 minutes in length, as there is only one telephone in each home to be utilized for all children and business transactions. Children are also allowed to call you as arranged with Kern Bridges .

(9) If you call the STRTP collect and your child is not available (e.g. He is on an outing) we will relay any messages.

### (10) PRUDENT PARENT STANDARD IN REGARD TO PHONE CALLS

We use standard American cultural mores in setting phone usage rules. We do not allow (except in emergencies) phone usage during meal times, during school time, during homework time, or during bedtime.

(11) Kern Bridges Bridges is a substance-free agency, which includes tobacco products. Smoking may not take place anywhere on-grounds, which also happens to be a Title 22 code.



## Therapists

Clinical services staff at Kern Bridges offer a wide range of therapy services. Therapy is generally provided by the Kern Bridges Head of Mental Health Services and Mental Health Rehab Specialist. All children placed at Kern Bridges receive therapy in individual and group settings. Parents, foster parents, adoptive parents and other involved family members are offered therapy services based on treatment plans when referrals are made by Kern Bridges mental health team if needed. The types of therapeutic services that are utilized are determined on a case-by-case basis.

Some children will receive clinical services via Kern County Mental Health. If that is the case, Kern Bridges are generally not provided with clinical reports to include testing results. You will need to check with the Kern County Representative or Mental Health provider for any reports or results. This is their policy, not ours.



## Medical / Dental

A consulting Family Practice group which accepts medical prescribes medicine as needed, is available on-call, and sees any children who have need to see a physician. A Direct Care Staff or the foster parent takes the children to medical appointments with community physicians and dentists.

Beyond CHP requirements, all residents are medically evaluated by a family practice physician within 30 days of admission. Usually that physician becomes their primary care physician and can provide an ongoing continuum of care and evaluation.

- Physicals are required annually
- Dental Exams are required every 6 months
- Health Screen examination by our nurse within 24-hrs of placement

If your child has private insurance you will need to put KBYH on the contact list with the provider so that we may access medical services for your child.



## Consulting Child Psychiatrists

A medical funded child psychiatrist may perform an initial psychiatric evaluation on our children and prescribes psychotropic medications if needed. When referrals are made it may take up to three months to receive an appointment. The use of psychotropic medicine is a decision made by the consulting psychiatrist in conjunction with the parents, county worker and Kern Bridges treatment team, and the courts. Psychotropic medication is considered only after other treatment and therapies have been exhausted. Children are placed on the minimal dose that will have a positive impact on the presenting problems. At no time is psychotropic medication used as a chemical restraint. Children on psychotropic medication are reviewed no less than once a month. Some children may be seen more frequently, the plan in each individual case is determined by their psychiatrist. Parental permission is always requested.



## STRTP Staff

Our facility has a Facility Manager responsible for the supervision of all staff in the STRTP. Our STRTPs are staffed with full-time direct care workers. In addition, there is a full-time night Direct Care Staff for our STRTP who provides awake night coverage to attend to the children's needs. Daytime staff coverage in each unit provides a minimum of two staff for every six children. Close supervision of the children is provided at all times.



## Staff Training

Staff training is the responsibility of the STRTP administrator. All new staff goes through an extensive orientation period during their first six months. On-going staff training is provided on a weekly basis for direct care workers and mental health staff. Plus, on a monthly basis for supervisory staff. Training includes both in-house programs as well as outside conferences and workshops.



## Living Area

### STRTP

Each child will live in one of several STRTPs. STRTP capacities vary from 11 to 19 children. Children are placed in the units according to age. Each unit has a living room area with a TV, DVD, stereo, comfortable couches and pillows. Additionally, there is a kitchen and dining area where staff and children together can prepare meals and eat snacks. There is also an area in each unit utilized for various purposes: such as, recreation, leisure, reading, studying, computer, etc. The bathrooms are equipped with shower stall or bathtub, toilet, and sink. Each child is provided with his/her own personal toiletries, etc. The bedrooms are colorfully decorated with two beds per room and storage space for each child's clothes and personal belongings. In addition, there is plenty of room outside of the STRTP for the children to play on playground equipment, ride bikes, roller skate, or participate in athletic activities.

## Clothing and Personal Belongings

When children arrive at Kern Bridges, a clothing and personal belonging inventory is taken by a direct care staffworker and then filed. An extra supply of hygiene products are kept on hand for immediate needs. Children are taken on a shopping trip by a direct care staffworker who is responsible for periodic inventory and maintenance of the children's clothing needs. Upon discharge from Kern Bridges children take all clothing and personal belongings with them.

**WARNING:** Do not send any items or purchase any items for your child that you do not want broken, lost, or stolen. Since most all of our children have some behavioral problems there is always the risk that, regardless of how much care we take, an item may get destroyed, lost, or stolen. This is not suggesting that we sanction this but we cannot always prevent it. We cannot be held financially responsible to replace broken or missing items. Children take things home or to school and trade them, lose them, and break them. We do our best to prevent loss and destruction but are not always successful. Thank you for your support in this matter.

**CONTRABAND:** There are certain items that we do not allow Kern Bridges children to possess for numerous reasons. If you would like to know the specifics about a certain items please speak with your Kern Bridges worker. The following item are considered contraband:

Gum of any kind.

Music with vulgar or violent lyrics.

Make-up or perfume.

Toy, squirt or real guns.

Knives.

R or NC17 rated movies.



## Food And Mealtimes

All meals, except school lunches, are consumed in the STRTP in a family-style dining area. Placemats, plates, and silverware are used, not institutional trays. Mealtimes are pleasant times accented by quiet conversation and good table manners. Children are offered three meals and two snacks daily regardless of their behavior. They are assured of this food and do not have it taken away as a consequence for unacceptable behavior. Fruit, crackers, cheese, etc. are also available for the children between meals. Special diets are supervised and monitored.



## Discipline Philosophy

Discipline is an educational process by which staff help the children learn to live in reasonable conformity with accepted standards of behavior. The goal of discipline is to teach the children to apply their own inner self-controls rather than those imposed by external pressures. It is the responsibility of staff to help the children learn how to accept responsibility for their behavior and to develop social skills which will allow them to live with other people in a way that is satisfying to them.

At Kern Bridges , the emphasis is on the positive. Praise, encouragement, and special privileges are given whenever a child behaves in an acceptable manner. Rules and consequences for unacceptable behavior are carried out within a framework of caring and concern for each individual child. Natural and logical consequences for unacceptable behavior are used whenever possible. (An example of a logical consequence would be restricting children from the privilege of using their bike for 24 hours if they are destructive towards it). When there are no natural or logical consequences for the unacceptable behavior (for example, swearing), then short time-outs are given.





# Discipline & Punishment - Kern Bridges Do's and Don'ts

The following forms of punishment and controls are not used with the children at Kern Bridges :

(A) Corporal punishment, including but not limited to the following:

- Striking a child, directly or with any physical object.
- Shaking, shoving, spanking or other forms of aggressive physical contact.
- Punishment of a child by another child or group of children condoned by, or at the instigation of, staff.
- Requiring or forcing the child to take an uncomfortable position, such as squatting or bending or standing against a wall.
- Requiring or forcing the child to repeat physical movements.

(B) Harsh, humiliating, belittling, or degrading responses of any form, including verbal, emotional and physical.

(C) Deprivation of what the child is entitled to, or what is necessary for proper development, care, or treatment, including but not limited to:

- Family visits, except as a treatment plan decision.
- Food, shelter, clothing or bedding.

(D) Extensive withholding of emotional response or stimulation.

(E) Placing or keeping a child in a locked room.

(F) Requiring the child to remain silent for long periods of time.

(G) Mechanical or excessive physical restraint.

(H) Exclusion of child from entry to residence.

(I) Assignment of unduly physically strenuous or harsh work.

# KBYH System of Trust

Granting TRUST to adolescents provides an opportunity for the adolescent to make appropriate choices about their behavior. The idea is to help an adolescent learn to be responsible for his/her own behavior. The idea is not to control the teen, but to provide the teen with the means to control him or herself. Every incidence of trust granted should outline what behavior is expected, the teen's responsibility to meet that expectation, and a consequence (logical, i.e. Relates to the violation and is not punitive) for not meeting their responsibility.

A granting of trust is like a contract and accomplishes several things: (1) the adult and the adolescent have a clear understanding of what the behaviors and limits should be. (2) If the adolescent breaks the trust (contract), the adult does not have to get angry or raise their voice. A simple, "I see that you have chosen (the consequence) instead of (name rule the violation)" will do. Adolescents usually feel bad enough for disappointing themselves and adults by breaking the trust and lectures and anger only hurts them more. Remember that you are trying to teach your adolescent how to make responsible choices, not hurt or shame them. (3) Granting trust (contracts) help to encourage an adolescent and show that you believe that they will make responsible choices.

Contracts can be negotiated in a democratic way but must always keep health and safety forefront. The adolescent should have a role in the development of a "contract." Ideally, adults will have several non-negotiable items such as drug and alcohol abuse, smoking, etc.

Be prepared to compromise in some areas, so the adolescent can feel like he/she has gained something. It is important to the success of a contract if the adolescent believes that he/she has gained something in the process. It is not very likely that your adolescent's first offer will be completely acceptable but look through it (it should be in writing) and try to find points of agreement. On the points of disagreement, let the adolescent know of your position and why. Then ask the adolescent why it is important to them that it be the way they are asking (you may have to help the teen discern why it is important to him/her). This can be a wonderful opportunity to learn about the teen. It can also be a great time to discuss values. Listen with understanding and be cautious about discounting the adolescent's reasoning. If you can't agree to the teen's request, present a compromise position. When all items have been negotiated, write it down on paper, make a copy and both the adult and the teen sign and date it. Let the teen keep a copy, and the adult keep a copy. When disagreements arise regarding behaviors or consequences, you can refer to the signed document to settle it (no arguing).

Allowances access should not be connected to performance or chores, but rather a means to teach your child money management. INCONSISTENCY AND ILLOGIC CONFUSES CHILDREN.

## **THE PROGRESSIVE DEVELOPMENT TRUST SYSTEM**

The purpose of the Progressive Development TRUST System (PDS) is to provide a framework in which treatment goals can be focused and monitored. All efforts should be made to enhance a youth's ability to move forward by setting attainable, realistic goals which are stated in terms of expectations. Because of this, it is important that the PDS not be used to discipline or punish youth, and it should not replace parenting skills and good judgment. Because of our clients' experiences with failure, it is important that the PDS translate to success - no matter how small the gain.

The PDS is designed so that each youth may be treated individually according to their developmental needs and capabilities. It should be noted that on any given stage, youth are only given privileges which require trust that we are fairly certain they can handle (i.e. prudent parent standard). These decisions are made by the treatment team at team meetings once a week.

Trust is important, but it is also dangerous. It is important because it allows us to form relationships with people and to depend on them—for love, for advice, for help with our plumbing, or what have you—especially when we know that no outside force compels them to give us such things. But trust also involves the risk that people we trust will not pull through for us; for, if there were some guarantees that they would pull through, then we would have no need to trust them.[1] Thus, trust is also dangerous. What we risk while trusting is the loss of the things that we entrust to others, including our self-respect, perhaps, which can be shattered by the betrayal of our trust.

Because trust is risky, the question of when it is warranted is of particular importance. In this context, “warranted” means justified or well-grounded (where well-grounded trust successfully targets a trustworthy person). If trust is warranted in these senses, then the danger of it is either minimized, as with justified trust, or eliminated altogether, as with well-grounded trust. Leaving the danger of trust aside, one could also ask whether trust is warranted in the sense of being plausible. Trust may not be warranted in a particular situation because it is simply not plausible: the conditions necessary for it do not exist, as is the case when people feel only pessimism toward one another. This entry on trust is framed as a response to the general question of when or whether trust is warranted, where “warranted” is broadly construed to include “justified,” “well-grounded” and “plausible.”

Trusting requires that we can, 1) be vulnerable to others (vulnerable to betrayal in particular); 2) think well of others, at least in certain domains; and 3) be optimistic that they are, or at least will be, competent in certain respects.

There is a further condition which is controversial, however: that the trustor is optimistic that the trustee will have a certain kind of motive for acting. Controversy surrounds this last criterion, because it is unclear what, if any, sort of motive we expect from people we trust.

A complete philosophical answer to this question must explore the various philosophical dimensions of trust, including the conceptual nature of trust and trustworthiness, the epistemology of trust, the value of trust, and the kind of mental attitude trust is. To illustrate how each of these concerns is relevant, note that trust is warranted, that is,

- i. Plausible, again, only if the conditions required for trust exist (e.g. optimism about one another's ability). Knowing what these conditions are requires understanding the nature of trust.
- ii. Well-grounded, only if the trustee is trustworthy, which makes the nature of trustworthiness important in determining when trust is warranted.
- iii. Justified, sometimes when the trustee is not in fact trustworthy, which suggests that the epistemology of trust is relevant.
- iv. Justified, often because some value will emerge from the trust or because it is valuable in and of itself. Thus, the value of trust is important.
- v. Plausible, only when it is possible for one to develop trust, given one's circumstances and the sort of mental attitude trust is. For example, trust may not be the sort of attitude that one can will oneself to have without any evidence of a person's trustworthiness.

Likewise, it is unclear what, if any, sort of motive a trustworthy person must have. Clear conditions for trustworthiness are that the trustworthy person is competent and committed to do what s/he is trusted to do. But this person may also have to be committed in a certain way or for a certain reason (e.g. s/he cares about the trustor).

One important criterion for trust is that the trustor can accept some level of risk or vulnerability (Becker 1996). Minimally, what this person risks, or is vulnerable to, is the failure by the trustee to do what s/he depends on that person to do. The trustor might try to reduce this risk by monitoring or imposing certain constraints on the behavior of the trustee; yet after a certain threshold perhaps, the more monitoring and constraining s/he does, the less s/he trusts that person.

A related condition for trust is the potential for betrayal (and, as noted below, the corresponding condition for trustworthiness is the power to betray).

Although people who monitor and constrain other people's behavior and do not allow them to prove their own trustworthiness may rely on others, they do not trust them. For, while their reliance could be disappointed, it could not be betrayed. Consider that one can rely on inanimate objects, such as alarm clocks; but when they break, one is not betrayed, although one may be disappointed. Reliance without the possibility of betrayal is not trust. Thus, people who rely on one another in a way that makes betrayal impossible do not trust one another.

Some—including Jones in her later work on trust—argue that optimism about the trusted person is present in typical instances of trust, but not in all instances of it (Jones 2004, McGeer 2008, Walker 2006 cited in McGeer). Such optimism is absent, for example, in cases of **“therapeutic trust”** (Horsburgh 1960). To illustrate this type of trust, consider parents who “trust their teenagers with the house or the family car, believing that their offspring may well abuse their trust, but hoping by such trust to elicit, in the fullness of time, more responsible and responsive trustworthy behaviour” (McGeer 241, her emphasis; see also Pettit 1995). The claim of Jones and others is that such trust involves the normative attitude that the trustee ought to do what one trusts him or her to do, rather than optimism that s/he will do it. Therapeutic trust is unusual in this respect and in others (which will become evident later on in this entry).

The one who asks, “When is trust warranted?” might be interested in knowing what the point of trust is. In other words, what value does it have? Although the value it has for a particular person will depend on his or her circumstances, the value it could have for any particular person will depend on why trust is valuable, generally speaking. Trust can have enormous instrumental value and may also have some intrinsic value. In discussing its instrumental value, I will refer to the “goods of trust,” which include opportunities for cooperative activity, meaningful relationships, knowledge, autonomy, self-respect, and overall moral maturity. Because these goods may benefit the trustor, the trustee, or society in general, they are therefore social as well as individual goods, where the most relevant individuals tend to be parties to the trust relationship. A further point about these goods is that they accompany justified trust, rather than any old trust.

Trust may not be warranted (i.e. plausible) because the agent has lost the ability to trust. People lose this ability often as a result of trauma (Herman 1991). The trauma caused by rape, for example, can profoundly reduce one's sense that the world is a safe place, with caring people in it. How can people ever recover this trusting sensibility? A similar but broader question, “How can trust be restored once it has been lost?”, is relevant to people who lose trust not in everyone or everything, but rather in particular people or particular institutions. Although often destroying trust is quick and dirty, creating trust is slow and painful.

“Trust me!” is for most of us an invitation which we cannot accept at will—either we do already trust the one who says it, in which case it serves at best as reassurance, or it is properly responded to with, ‘Why should and how can I, until I have cause to?’

### **Trust in the face of situationism**

In contrast to hedging strategies, which essentially involve shielding oneself from the risk that others behave unreliably, trust essentially involves exposing oneself to the risk that the people one trusts will not pull through. Although there is much controversy regarding the appropriate motivation of the trustee in a trusting relationship, most commentators agree that trusting others paradigmatically requires that we:

1. (1) Render ourselves vulnerable to the people we trust. In particular, we render ourselves vulnerable to their betrayal of our trust, which elicits characteristic attitudinal responses (e.g. indignation).
2. (2) Be optimistic that others are competent to do what we trust them to do.
3. (3) Be optimistic that others are committed to doing what we trust them to do.

Avoiding reliance and vulnerability by hatching elaborate contingency plans is incompatible with trust. Suppose Ingrid elicits a promise from Seth that he will not touch the last few macaroons in the refrigerator because she had already promised tonight’s dinner guests her famous macaroons, for which they have expressed enthusiastic anticipation. If on the way home Ingrid picks up ice cream just in case Seth succumbs to the macaroons, this is a good indication that Ingrid does not trust Seth to do as he says he will. Her hedging indicates that either she is not sufficiently optimistic that Seth is competent to keep his promise (perhaps she thinks he is not strong willed enough) or that she is not sufficiently optimistic that he is committed (perhaps she thinks he simply does not care enough about keeping his word).

For the most part we only trust people we deem competent and committed.<sup>11</sup> Trust may or may not be warranted (well-grounded), depending on the trustworthiness of the trustee.<sup>12</sup>

The situationist, pointing out that trust does not, and indeed cannot, require certainty, might reply by insisting that Ingrid’s trust in Seth’s reliability may indeed be warranted, since in *this* kind of situation there is no reason to think that Seth is unreliable. In other words, the situationist may claim that Ingrid may rely on the stability of Seth’s “local trait”. Ingrid may decide that Seth is sufficiently reliable in this narrow domain by reflecting on his track record: on many other occasions when she has relied on him on matters related to household entertaining, he has always pulled through. So, she

thinks, she can rationally expect the stability of this admittedly narrow trait. The situationist may suggest that we generalize this strategy of relying only on local traits and that we revise our attitudes and practices so that they are compatible with situationism's denial of consistent dispositions. This revised set of attitudes and practices would be constitutive of "situationist trust" or "s-trust". The situationist might maintain that as it stands, we are dangerously promiscuous in trusting others: our attitudes and practices relating to trust are both unwarranted and imprudent since they presuppose the existence of global traits. Trust and trustworthiness as we now think of them ought to be substituted with s-trust and corresponding s-trustworthiness. If A s-trusts B, then A counts on B only in a very narrow range of situation types. Changes to the situation, even minor changes of no moral significance, vitiate the warrant of s-trust. Correspondingly, if B is s-trustworthy, she can be counted on only in very narrow range of situation-types.

I have a choice between taking your hand, or taking the rope. I might think each equally reliable; but I can have a reason for taking your hand that I do not have for taking the rope. In taking your hand, I trust you; in so doing our relationship moves a little further forward. This can itself be something I value. We need not imagine that you would be hurt if I chose the rope over your hand; you might be perfectly understanding of the needs of the neophyte

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climber. But our relationship would not progress.

### **Conclusion: the value of trust**

Perhaps the situationist will maintain that as much as we would like for there be to be warrant for well-grounded trust, our desire does not make it so. But adopting an attitude of "trust no one" or "trust only as a last resort" is not a stance that is consistent with living a decent life, let alone one described as flourishing.

The goods of trust are rich and varied. Trust not only serves as a social lubricant; trust signals respect. In general, we *want* to be trusted, even if there is nothing that we hope to gain by that trust. Indeed, to be distrusted without specific and sufficient reason can be insulting and even demeaning. Consider the indignation and subsequent resentment of a customer treated with suspicion by a shop's proprietor even though he has no intention of stealing. To be scrutinized when one's bearing provides no warrant for mistrust can plant the seeds of the kind of alienation expressed in behavior that *does* warrant mistrust.

Many other philosophers have addressed the question of whether the extant psychological evidence supports the situationists' contentions about the

absence of character traits. The aim of this paper has been to illustrate the real implications of incorporating situationism

### **Hedging and Trust**

The term of *hedging* refers to a strategy of insuring oneself against a loss.

**Having opportunities to trust and to be trusted are therefore a crucial part of a child's learning** how to be with others in a way that supports their capacity to live and to live in a meaningful way. This is not to say that trusting others or being trusted is always a good thing. There may be situations where trust is unwelcome or misplaced, or where it imposes limitations on a person's action that is unwanted or feels 'coercive' (Jones 1996, 9). There are also situations where distrust may be warranted and a necessary response to potential danger. Children therefore not only need to learn to trust, but they need to learn to trust with good judgement, to trust well (O'Neill 2002). Children also need to be seen as dialogical partners in negotiating trust and risk, not simply subjects of control, a theme that will be returned to later in this paper.

***The lessons of trusting and being trusted are important for children.*** However, there is something else that is happening when we (as adults) 'trust' a child that is not fully addressed by the notion of trust discussed so far. These are the situations where an adult trusts a child to perform a certain action competently or responsibly, but where this does not involve relying on the child to do this in order to serve the interests of the adult. Rather, ***the child is being trusted in order to further the interests of the child via a positive expression of confidence in a child's ability to perform a particular action or task.*** This is the notion of 'trust' that is involved when a parent says to a child '***I trust you to walk to your friend's place on your own***' or 'I trust you to climb that tree safely'. That is, the adult expresses confidence in the child's capacity to do something (even if this is for the first time) based on what they know of the child's competency and risks involved, with the aim of allowing the child to extend their confidence and skills. Of Rooney: *Trusting children Surveillance & Society* 7(3/4) 348 course, trusting a child to perform such tasks may at the same time indirectly serve the interests of another (such as the parent), but usually it is primarily in the interests of the child and the child's development. This is similar to what Horsburgh refers to as 'therapeutic trust', where we trust someone as a form of moral support and expression of confidence in their capacity with the aim of increasing the trustworthiness of the person being trusted (1960, 348).

I therefore suggest that, when we talk of 'trust', particularly when it relates to children, we also include a notion of trust that refers to a positive expression of confidence in a person where the benefit is more for the person being trusted than for the person doing the trusting. For children,



many actions are new and untested. If they are trusted to extend themselves, this may help them to develop both competence and confidence.

What we can take from Lahno's argument, is that it is sometimes appropriate to trust children, even when we are unsure if they have the skills to perform the task set, as it signals confidence in the child and may in turn build a child's confidence in themselves.

There are a range of reasons a person may welcome the opportunity to be trusted; for example, someone may wish to be trusted in order to receive the good opinion of the person who has trusted them (Pettit 1995, 219). This may be some of what a child is responding to when they take on the trust placed in them to (at least try to) perform a certain task. That is, they aim to please their parents or care takers who will then think well of them. However, it is possible that, in part, a child simply wants to have control over particular actions and do things for themselves for the sheer pleasure of succeeding at something new, or perhaps to overcome the frustration of not being able to do things they see others do. The desire to be trusted on this view stems from a sense of determination and growing self-confidence, in addition to any desire to please others.

So, when we talk of 'trusting' children, it is helpful to consider an expanded notion of trust with two key dimensions: the notion of trust as relying on others for a certain benefit or non-harm to the person doing the trusting; and, trust as a positive expression of confidence in the child. It is this second dimension that takes account of a child's a desire to do or control something that is new or for them as yet uncharted territory – not simply to please those who care for them, but as a self-confident expression in their own creativity and subjectivity.

***Trusting children leads to risks on a number of fronts.*** It raises the risk that others may not care for, or may harm, a child in a situation where the child is vulnerable to or reliant on another, and there is also a risk that the child themselves might not live up to the trust placed in them. Just as we need to trust, we therefore need to take the risks that trusting entails; and this is not just to meet our basic needs, but also because 'it seems impossible to live a satisfying life entirely without risks' (Lahno 2001, 172).

There is no doubt that questions of balancing trust and risk are complex. Parents, care takers and teachers need to consider on the one hand whether children are protected sufficiently from harm, and whether there are certain technologies that can help achieve this. On the other, they may need to consider whether there are situations when it is appropriate to accept some risk rather than make use of surveillance technologies in a way that is over-reactive and out of proportion to the risks involved.

Sometimes, the desire to protect children from harm may be motivated by an exaggerated fear of the risks involved or an under-estimation of a child's competency to deal with a particular situation. For example, in a study of parental concerns about children's use of public space, Valentine argues that the global media coverage of violent crimes heightens parental awareness of these types of risks, and, even though the parents acknowledge the risk is very low, they nonetheless fear for their children and take steps to protect them and keep them from public spaces (2004, 15). In public spaces, children are discouraged from interacting with strangers, and: Unable or unwilling to trust their children to manage their own safety in public places, most parents actively control and restrict their children's use of space. (Valentine 2004, 55-6)

***It has been observed that constant negotiation between children and adults is a key feature of childhood experience*** (Eckert 2004, 10). Wherever there is an opportunity to negotiate options for balancing trust and risk there is also the possibility for re-negotiation and greater extension of autonomy for the child as Rooney: *Trusting children Surveillance & Society 7(3/4) 351 his/her capacity develops and the adult's confidence in the child's capacity is reinforced.* To the extent that using surveillance technologies might remove such opportunities, there is a risk that a child's experience and development of trust may be diminished.

Rather than simply 'playing it safe', parents and care takers may be depriving children of the opportunity to be trusted and to learn about trusting others, and the opportunity for growing competence and capacity that can result from this.

**A child's capacity to become competent and responsible is therefore threatened if the role of trust in a child's emerging agency is overlooked rather than nourished.**

This raises an important ethical dimension to a child's experience of being trusted and trusting others, and from being exposed to risks that trust-based encounters with others give rise to. It has been noted that there is a certain 'moral blindness' at play when risks from unknown others are exaggerated, often perpetuating cultural preconceptions that have no basis in fact (Papastephanou 2006, 58). Unless a child is able to place themselves in a position of trusting the 'other', and exposing themselves to whatever risk this may entail, then they also have little basis for understanding the 'other'. This type of risk is a 'necessary condition for an ethical relation to the other, it makes the welcoming of the other possible' (Safstrom quoted in Papastephanou 2006, 58). Without such trust-based encounters, there is also no basis for making decisions about which risks may be worth taking

and which are to be avoided. It is only by building trust, that we can in turn understand and make better judgements about trusting.

It is only through understanding the value of trust, and coming to an acceptance of the necessity of some risk, that we can begin look for alternative ways to guide a child's development that can provide the foundations for an active and creative sense of selfhood, rather than stifle such opportunities.

## **TRUST PRIVILEGE ARENAS**

### **FREEDOMS & PRIVILEGES EXAMPLES**

- GOING OUT
- DATING
- RIDING IN CARS
- OVERNIGHTS OUT
- OVERNIGHT GUESTS
- PHONE
- PARTIES

### **LIMITATIONS TO FREEDOMS AND PRIVILEGES**

- CURFEWS
- PHONE HOURS
- WHAT DATING MEANS
- WHAT LIMITS TO RIDING IN CARS
- LIMITS TO STAYING OVERNIGHT AND OVERNIGHT GUESTS

### **RESPONSIBILITIES**

- BE WILLING TO NEGOTIATE IN GOOD FAITH
- BE WILLING TO COMPROMISE
  - (COMPROMISE MEANS THAT YOU WILL NOT GET EVERYTHING YOU WANT AND NEITHER WILL WE, BUT ONCE A COMPROMISE IS MADE, IT IS ACCEPTED WITHOUT HARD FEELINGS ABOUT IT.)
- HOUSEHOLD CHORES
- SCHOOL AND HOMEWORK
- HONESTY
- CHECKING THINGS OUT
- LIVING WITHIN THE LIMITS
- BEHAVIOR AND ATTITUDE

### **CONSEQUENCES**

SUGGEST AND BE WILLING TO DISCUSS CONSEQUENCES FOR NOT MEETING THE INDIVIDUAL REQUIREMENTS OF THE CONTRACT.

- California AB 403 SMH regulations
- Punitive stances and punishment must be avoided as well as Universal rule-setting!
- Program must be based on trauma informed stances, rewards, and INDIVIDUALIZED interventions/rules.

### **RULES BASED TRUST PRIVILEGE**

The *rules-based trust* is the most fundamental, base level of trust in all relationships. Rules-based trust means that there are rules in place that prevent one person from taking advantage of, or harming another person. In society we have laws that govern our behavior in personal and business settings. When we engage in business, we have contracts that ensure one party can trust another to hold up their end of the bargain. In life we have Social Rules that provide boundaries for how we interact and treat each other, and if we violate those rules, usually there are consequences involved.

Following are KBYH ILS & Age appropriate socialization rules. Residents will be granted all privileges in which there is reasonable adult supervision. Staff on shift will decide if the adult supervision (e.g. another staff, a youth group staff, a school staff, a resident's family member, etc.) is appropriate. The critical factor that will determine the positive or negative decision will be the level of supervision necessary (e.g. line of site, within arm's reach, in the same general area such as a water park, etc.)

### **THERAPEUTIC BASED TRUST PRIVILEGE**

This level of trust is *therapeutic-based trust*. To illustrate this type of trust, consider parents who "trust their teenagers with the house or the family car, believing that their offspring may well abuse their trust, but hoping by such trust to elicit, in the fullness of time, more responsible and responsive trustworthy behavior. The claim is that such trust involves the normative attitude that the trustee (i.e. resident) ought to do what one trusts him or her to do, rather than optimism that s/he will do it. Therapeutic trust is unusual in this respect and in others. "Benefits and Positive outcomes of therapeutic trust," include opportunities for cooperative activity, meaningful relationships, knowledge, autonomy, self-respect, and overall moral maturity. Because these goods may benefit the trustor, the trustee, or society in general, they are therefore social as well as individual goods,

where the most relevant individuals tend to be parties to the trust relationship. A further point about these goods is that they accompany justified trust, rather than any old trust.

However, since it is inherent that some trust will be betrayed the question “How can trust be restored once it has been lost?” is relevant to people (staff or residents) who lose trust not in everyone or everything, but rather in particular people or particular institutions, events, or situations. Although often destroying trust is quick and dirty, creating trust can be slow and painful. “Trust me!” is for most of us an invitation which we cannot accept at will—either we do already trust the one who says it, in which case it serves at best as reassurance, or it is properly responded to with, ‘Why should and how can I, until I have cause to? In order to lessen the pain and set a clear path to regaining trust we answer this by moving our trust level from therapeutic based trust to Situational trust and hedging, i.e. extending trust to safe situations (situational trust) and having contingency plans for the “rescue.”

Following are KBYH ILS & Age appropriate socialization rules. Residents on Therapeutic based trust will be allotted privileges that may be new horizons for them or areas in which they previously were not successful in maintaining trust. Staff on shift will make decisions based on information from weekly staff meetings and CFT members. Staff on shift might send out a group text in the form of, “I Plan to let RJ go to the park unsupervised to play basketball from 6 pm to 8 pm unless I hear otherwise in the next 15 minutes.” Or, they may contact the therapist or program director for input assistance before making a final decision regarding the privilege requested.

### **SITUATIONAL BASED TRUST PRIVILEGE**

In situational based trust we generalize the strategy of relying only on local traits and that we revise our attitudes and practices so that they are compatible with situationism’s denial of consistent dispositions. This revised set of attitudes and practices would then be constitutive of “situationist trust.” The situationist might maintain that as it stands, we are dangerously promiscuous in trusting others: our attitudes and practices relating to trust are both unwarranted and imprudent (red flag raising to prudent parent standard) since they presuppose the existence of global traits. Trust and trustworthiness as we now think of them ought to be substituted with situational trust and corresponding situational trustworthiness. If Staff A situationally trusts Resident B, then Staff A counts on Resident B only in a very narrow range of situation types. Changes to the situation, even minor changes of no moral significance, vitiate the warrant of situational trust. Correspondingly, if Resident B is

only situationally trustworthy, he can be counted on only in very narrow range of situation-types.

Staff using situational based trust might point out that trust does not, and indeed cannot, require certainty, and might reply by insisting that John's trust in RJ's reliability may indeed be warranted, since in *this* kind of particular situation there is no reason to think that RJ is unreliable. In other words, the situationist may claim that John may rely on the stability of RJ's "local trait." John may decide that RJ is sufficiently reliable in this narrow domain by reflecting on his track record: on many other occasions when he has relied on him on matters related to household entertaining (i.e. having friends over), he has always pulled through. So, he thinks, extending a situationally based trust for this privilege that he can rationally expect the stability of this admittedly narrow trait to complete in a successful outcome.

Following are KBYH ILS & Age appropriate socialization rules. Residents on Situational based trust must negotiate all privileges with staff on shift. Staff will make decisions based on your past history in using similar privileges.

### **Knowledge BASED TRUST PRIVILEGE**

This level of trust is *knowledge-based trust*. This level of trust means that I've had enough experience with you and knowledge of your behavior that I have a pretty good idea of how you will react and behave in relationship with me. We've had enough interactions over time where there has been a consistent display of trustworthy behavior that I believe I can trust you with the everyday type issues we experience together. This is the level of trust that most of our day-to-day professional relationships experience.

Following are KBYH ILS & Age appropriate socialization rules. Staff will make decisions based on KNOWLEDGE of your past history in using similar privileges.

### **INDEPENDENCE BASED TRUST PRIVILEGE**

By now, the resident has probably gained the developmental skills needed to understand when they are doing something they should not be doing, or have experienced behavioral management techniques enough times that they know that they can get farther with cooperation than with outbursts. At this privilege level they have solid attention spans. Age appropriate expectations are important to avoid frustration and hurt feelings from both parties. Having too high expectations for an adolescent's developmental stage (i.e. thinking they will never make a mistake) sets him up for situations where he will not be able to succeed, and his emotional growth

and self-esteem can suffer. It is a good idea to ask ourselves a few questions about our expectations of our adolescent when we are faced with situations in which we find ourselves being frustrated with their behavior.

Know that along the way from infant to preteen to adolescent to adult, there are some important things that need to be done. There are things to learn, mistakes to be made, boundaries to be pushed, independence to be found. It will be a beautiful, exhausting, baffling, sometimes terrifying, sometimes overwhelming, sometimes traumatic adventure for everyone. Be patient and don't take their opportunities to learn and grow away from them by taking their mistakes and their less than ideal behavior personally. Their greatest growth will come from the mistakes they make and the boundaries that they push up against.

Even with the strongest supports in place, they are going to make mistakes – sometimes spectacular ones! Provided they have the support they need, their mistakes will be about their growth, not your parenting. REMEMBER, we must be there to pick up the pieces when they fall.

It is important that we are there providing protection and nurturing and a steady hand to guide them and with boundaries for them to feel the edges of themselves against.

Understanding what normal behavior for teens is will make this easier. Growing up is a journey of learning, exploring and experimenting – for them and for us. Therefore, the following is to assist the staff in not just allowing but encouraging our adolescent residents to see the world as their playground and not their cage.

## **Therapeutic Crisis Intervention**

Occasionally it is necessary to physically intervene with a child to assure the physical safety of the child, other children, and adults and to enable the child to regain control in a learning way. Physical involvement is a technique of last resort, yet there are some situations in which it may be necessary:

(1) TO ENSURE THE SAFETY OF THE CHILD

(2) TO ENSURE THE PHYSICAL SAFETY OF ADULTS AND OTHER CHILDREN

(3) TO PREVENT OR END THE DESTRUCTION OF PROPERTY, WHERE THAT DESTRUCTION OF PROPERTY MAY HARM SOMEBODY. (E.G. BROKEN GLASS)

Staff are trained in the use of safe, protective holds and escort techniques for use in the above situations, although they are rarely needed. The protective holds are designed to help children regain control of their behavior and keep the children from hurting themselves or others.

For a complete understanding of our Behavior Management Program please ask the child's KBYH Social Worker for a copy of the Behavior Management Policy.





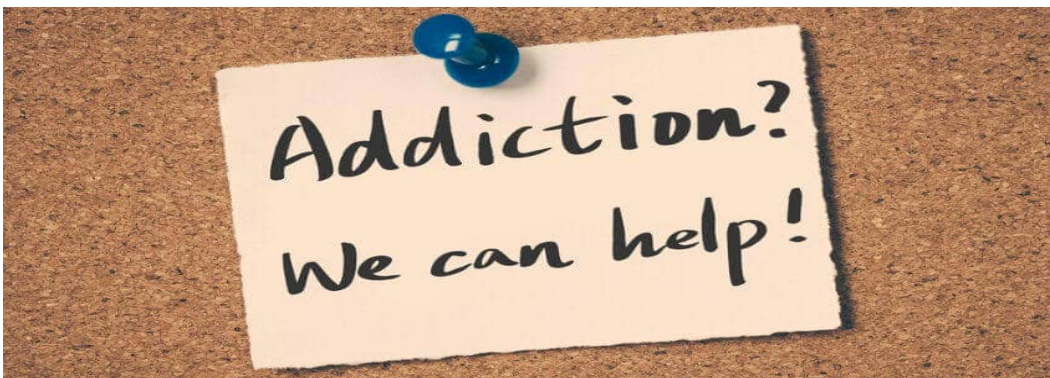
## Teens with Substance Abuse Issues

Nowadays many teens, especially teens with an abusive history, turn to drugs and alcohol. KBYH in cooperation with Kern County Mental Health provides substance abuse treatment for youth who are experimenting or imbibing in the gateway drugs of tobacco, alcohol, and marijuana. Any habitual use of anything stronger than those substances means that a child will be referred out of the KBYH program. An initial experimentation with something stronger will initiate a calling of a CFTM with an initial recommendation for referral to another program. However, it will be determined in the CFTM what actions to take.

Some things to note regarding substance abuse treatment:

Stealing is a constant problem when the STRTP population includes youth who are substance abusers. It is common that substance abusers will steal anything in order to obtain money to purchase their drug of choice. All children are strongly encouraged to lock up their possessions or to ask staff to lock up their possessions. KBYH will NOT replace items stolen from youth if that item was not placed under the care of the staff. KBYH is aware that under Title 22 the youth has the RIGHT to maintain possession, except for disciplinary reasons, of their items. With that right also comes the responsibility to keep things in a safe place. All youth should be aware that some of their peers will have stealing as a behavioral issue. With that said, KBYH staff will make a concerted effort to locate and retrieve any stolen items if possible.

**Adolescents experiencing substance abuse problems have some specific rules that apply to them that do not apply to other youth in the program who do not have substance abuse issues.**



## School and Homework

At intake, an appropriate school placement is decided upon for each child based upon his/her age, behavioral functioning, academic abilities, and special needs. Periodic Individualized Education Plans (I.E.P.'s) are called for the children to determine that they are in the appropriate school placement. Kern Bridges provides the following educational services in conjunction with local educational agencies:

- Special Education classes through Kern County Schools, Regular Education classes in the Kern County Schools, Special tutoring.



Title 22 allows a child to stay in their school of origin as long as it is in the best interest of the child. Kern Bridges staff assist the children in making a successful transition to their new school. They help the teachers with crisis intervention, and the STRTP social worker serves as the communication link between the public schools and Kern Bridges staff. Many of the children are assigned homework on a regular basis. Generally, homework is done after dinner in the STRTP with the assistance of the direct care staff. Additionally, study hall is provided each school day for children who have had particular difficulties in school or need extra assistance in completing their homework.

## Recreation Activities

Activities during the school year are dominated by the school program. In the afternoons a full, rich recreational program is provided by the direct care staff and recreation staff. During any one school week there are numerous different recreational activities. The goal of the recreation program is not only for the purpose of having fun, but also:

- To improve children's self-esteem;
- To improve children's social skills through peer interaction;
- To improve children's listening skills and the ability to follow directions;
- To expose children to new experiences and activities;
- To improve children's gross and fine motor coordination.

Recreation is considered a treatment right, not a privilege, therefore children are generally not restricted from structured recreation time as a consequence for their behavior. Special exceptions are made, however, when it is considered in the best interest of the child's treatment plan. During the summertime, KBYH does a lot of traveling activities that expose our residents to positive experiences outside the facility. Also, during the summer months, activities such as camping trips and outings to the beach or mountains are added to the recreation schedule. Additionally, some of the older children are involved in enriching community activities such as soccer, Little League, swimming, etc. A resident's treatment plans will determine if he/she will take part in these additional activities.



## **Personal Allowances and Paid Jobs**

All children, regardless of their age, will receive an allowance for their own use. Amounts vary according to the age of the child. The allowances are kept locked up in the unit's staff room and the children must request their allowance from staff. Additionally, some of the children at Kern Bridges are given the opportunity to earn extra money by doing extra chores.

## **Religion / Spiritual Development**

It is the belief of Kern Bridges that a child's development consists of four primary areas: mental, psychological, social, and spiritual. To take care of the spiritual development of the children arrangements are made to see that they get the proper instructions in their religious preference. All religious participation is on a voluntary basis.

