The Coaching Project:
Behavioural Training by Non-Professionals
for Youths with Poor Community Living Skills

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Summary

In the last decade there has been a tendency in the Netherlands to make a stronger appeal to the 'community' instead of making use of professional mental health care. Several reasons have contributed to this phenomenon: criticisms on professional care, which may render people dependent; a lack of warmth and affection in professional health care; and that the expenses for professional health care no longer be carried by the state.

According to O'Donnel & Tharp (1982) some implications of the 'community' approach are that: intervention occurs in *natural settings;* a *multi-disciplinary knowledge basis* is necessary; professional services are *mediated* through the setting and the people who usually participate in the setting; greater emphasis is placed on the *prevention* of human problems.

The Coaching Project in Amsterdam is presented as an example of a behaviourally-oriented community approach. 'Coaching' implies a behavioural training and guidance given by volunteers for youths with psychosocial problems. The theoretical background of Coaching is described, and some general features of the project. The usefulness of the community and neighbourhood concepts are also reviewed.

Résumé

Au cours de la dernière décennie on constate aux Pays-Bas une tendance à faire appel à la prise en charge par la communauté plutôt que par des équipes professionnelles de santé mentale. Plusieurs raisons contribuent à expliquer ce phénomène: les critiques adressées à la prise en charge par des professionnels; les risques de dépendance entraînés par cette prise en charge; un manque de chaleur et d'affection dans la prise en charge professionnelle; et le fait que les dépenses pour la prise en charge par des professionnels pourraient ne plus être supportables pour l'Etat.

D'après O'Donnel & Tharp (1982), l'approche communautaire se caractérise notamment par: une intervention qui a lieu en milieu naturel; la nécessité d'une base de connaissances multi-disciplinaire; les services de professionnels, proposés à travers le

lieu et les gens qui participent du lieu; une plus grande emphase sur la prévention de problèmes humains.

Le "Projet d'entraînement" (Coaching Project), à Amsterdam, est présenté comme un exemple d'approche communautaire inspiré de la thérapie du comportement. "L'entraînement" implique un entraînement du comportement et des conseils de la part de volontaires s'occupant de jeunes ayant des problèmes psychosociaux. L'article expose un point de vue théorique sur "l'entraînement" et quelques caractéristiques du projet. L'intérêt des concepts de communauté et de quartier est également discuté.

1.   Theoretical Background of Coaching

Since 1973, researchers of the Paedologisch Instituut in Amsterdam have been developing and evaluating treatment programmes for youths with varying degrees of psycho-social problems, including antisocial behaviour. These programmes have been based on the 'competence deficiency model', which states: (a) that poor social competence is a major cause of antisocial behaviour in youths; and (b) that treatment of antisocial behaviour in youths should be directed to the enlargement of social competence.   Social competence is defined as *the degree to which a youth's response is adequate to tasks arising from everyday social interaction* (Slot, 1988).   The enlargement of social competence can be accomplished in two ways: (i) through social skills training and/or (ii) task reduction.

The model has been supported by different authors.   In several studies it was found that youths with antisocial behaviour showed poor social competence (Patterson, 1982; McFall & Dodge, 1982; Freedman *et al.,* 1981).   Moreover, Loeber & Dishion (1983) showed that skills deficiencies, displayed at an early age, are precursors of antisocial behaviour in adolescence.   They stated correctly, however, that this is no proof that skill deficiencies are the main *cause* of antisocial behaviour.

Bartels (1986) studied the characteristics of effective treatment programmes for delinquent youths and demonstrated that all these programmes were aimed at teaching concrete everyday skills which enabled the youths to function more successfully in society.   Bartollas (1985) concluded in his review of the literature on juvenile delinquency:

> "Effective programmes ... help delinquents develop skills that prepare them for adjustment in the community. These range from educational and vocational to interpersonal and problem solving skills".

In the Coaching Project the increase of social competence is accomplished through training by volunteers, called coaches. These volunteers can be regarded as representatives of the youths' local community. They live in the neighbourhood of the youths, which makes it easier for them to be well-informed about the daily life of the youths. Coaches can even meet the youngsters in the street, in a shop or at an evening out.

2.   Set-up of Coaching

During the Coaching Project coaches were recruited, trained and supervised by researchers of the Paedologisch Instituut department. The youths were referred by social workers from several youth care institutions.

The coach, who normally trained only one youth at a time, has contact with the youngster about once a week. They usually meet at the house of the coach. Emphasis is placed on subjects that play a role in the daily life of the youngster. The coach gives advice and information, explains how to tackle a problem, thus stimulating him or her to take action. Aside from this more structured training, time is taken for more informal activities like watching television, playing a game, and so on. The aim of training is the youngsters' independent functioning in daily life. The volunteer acts as a coach for a period of six months. Youths usually keep on visiting the coach for a long period afterwards, by which time the training contact has developed into a more informal one.

3.   The Target Population

The youths who participated in the project can be subdivided into three categories. The first category is represented by youths with problems in their everyday functioning but not to such a degree that intensive treatment is needed. For example, youths who start living independently because they do not want to (or cannot) stay at home. Normally these youths show moderate social-competence deficiencies, for example in the sphere of handling money, peer contacts, and leisure time.

The second category are youths who have just completed a form of residential or outpatient treatment and who need additional support and guidance in daily life afterwards.

The third category are young people who need a very intensive form of treatment, but who are insufficiently covered by the usual treatment facilities. The reason could be that they became opposed to the official youth-treatment organisations, or that they have a very unstructured life style. A coach can offer these youths a great deal, because the coach normally has much more time available for them and, therefore, is more flexible than an average therapist or social worker.

4.   Training and Monitoring of Coaches

A central role in coaching is played by the *consultant*. Apart from the recruitment and selection of coaches, the contact with young persons and referring agent, the consultant is responsible for the transmission of the treatment model by means of training and supervision of the coaches.

The *training* of the coaches takes up three evenings. During the training, four methods and techniques are transmitted to the coaches:

(i) At first, basic principles in the communication with the youth are illuminated and practiced:

- talk common language, focus on overt behaviour;
- focus on the *daily life* of the youth;
- use *small steps* in teaching skills;
- provide unconditional positive feedback to the youth.

(ii) In the second place, the *weekly checklist* is introduced to the coaches. This is an observation instrument in the Coaching Project to stimulate talking about daily life and overt behaviour. With the help of this checklist, the coach gets a clear picture of the functioning of the youth during the previous week. Regular subjects of the checklist are daytime activities, contact with parents, contact with friends, contact with a partner, spending leisure time and handling money. Taking the scores of the checklist as a starting point, the coach and the youngster start working out a number of targets for the next week.

(iii) In the third place, the coaches practice a simple skill-training technique: *paper and pencil training*. This technique is used to subdivide skills in small steps, and to teach a youngster how to make a well-considered choice. In this way the youngster is stimulated to think for himself/herself and to come into action.

(iv) In the fourth place, the coach is taught that it is important to *make a proposal* to the youngster about a subject they can work on. In this way the coach is taught an active role: the coach does not wait until the youngster starts talking about problems, but comes up with a proposal.

The model is extensively described in a training manual (Berger, Dik & Slot, 1987; Berger, Slot & Beljaars, 1987). The training constitutes the first part of the transmission of the model. It is continued in the *supervision* of the coaches. Supervision is given by telephone contact. The consultant calls the coach once every three weeks to discuss the progress of the youth's training. In this way, one full-time consultant can reach 60 youths per year via the coaches and mediators.

5.   Effects of Coaching

The results of the evaluation study have been fully documented (Beljaars, Berger & Slot, 1987). The results of the study were generally positive; youths who had been trained by a coach showed considerable progress (in most cases on a significant level) from pre-training to follow-up with regard to:

  (i)   problem behaviour;

  (ii)   peer relationships; and

  (iii)   community involvement,

whereas youths of a comparison group showed deterioration on these three main variables.

6.   Community and Neighbourhood

The 'community' concept has been criticised recently for being unspecific. The concept has been used as a cloak during fund cuttings. On the other hand, the concept has been overidealised by those with heavy doubts of the effect of professional care.

Baldwin (1987), therefore, proposes to use the concept of neighbourhood instead of community. He also provides us with some specific guidelines for setting up neighbourhood projects. Some of these are consonant with experiences while setting up the Coaching Project. For example, compiling a Neighbourhood Workers Directory by recruiting coaches was crucial in getting sufficient community representatives. Baldwin's emphasis on a compilation of a Neighbourhood Resources Directory corre-

sponds with the Coaching Project experience. These guidelines indeed can be very helpful to specify the community concept.

Baldwin's suggestion to move away from the concept of community is, however, questionable. In contrast to the neighbourhood concept, the community concept comprises a set of values, rules and expectations with regard to the way a person should function in relation to his/her environment. These values may be normative, but knowledge of these values is essential for appropriate functioning.

In the training programme for problem youths - including the Coaching Project - emphasis is placed on the analysis and clarification of the expectations and rules which the community enforces on the youths. Thus, the 'community' concept may contribute to the selection of target behaviours. Therefore, 'community' is indispensable.

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