

Tom Kelly asked "Who's the Kids Advocate?" and did not stay for an answer. The FSECC is

an ADVOCATE FOR THE KIDS

MARY JANE BROWN and PRISCILLA STREATOR

Couldn't we use such a well-coordinated service in the public schools??

Mark: At 20, having split from school in the middle of the tenth grade, with Scholastic Aptitude Test scores in the upper 600s—that's good—and the high school equivalency test now successfully passed—to college? Which one?

Janet: At 18, a freshman living off-campus in circumstances ignored by college and only vaguely recognized by parents about to go overseas to a new post—what to do? Whom to turn to?

Billy: At eight, after five years, three countries, two languages, four departing nans and a father's lingering death—a residential treatment center for emotionally disturbed children: Where? How to apply? The prognosis? The expense?

Steven: At 16, into drugs, parents separating, siblings rejecting—will a boarding school help or hinder?

Barbara: At six, with clear and unmistakable signs of a specific learning disability but obviously bright—try the school at the post or ask Personnel for assignment to Washington, D.C.

In his article "Who's the Kids Advocate?" (FOREIGN SERVICE JOURNAL, September, 1973) Thomas F. Kelly pointed up a range of problems experienced by children of the foreign affairs community. Many of these problems might have been exemplified by the situations above, where the

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names have been changed but the substance has not. To deal with that range, the Foreign Service Educational and Counseling Center (FSECC) came into being. It can be the advocate for the kids—and the parents—and the foreign affairs community.

Proposed a couple of years ago by Clarke Slade, the FSECC got off the drawing board in April, 1973. The Center's specific objectives are:

- To establish an educational/family "service base" in this country for consultation and planning with children and parents;
- To provide means for assessing children's inadequate or lapsed progress;
- To offer remedial facilities and to enhance coping capacities;
- To develop innovative ways to counter such Foreign Service conditions as are adverse to children's progress.

The order is big for a new agency, but so is the need. Combining State, AID, and USIA, foreign affairs employees total approximately 12,000 people. They have 11,000 children at or below college age. Although contact with all children would certainly not occur, the FSECC's intention is to touch as many who are in need of its services as possible. Referrals come through the Medical Division of the State Department, the Office of Overseas Schools, past clients or self-referrals.

Before the Center was established no central or comprehensive counseling service existed for foreign affairs people. There were

services for parents and children limited to educational counseling, but there was no single source of overall assessment, evaluation or counseling. Parents needing services had the task of securing them individually and from private or public agencies. For instance, US metropolitan public school systems provide some special testing facilities, but their educational counseling is predominantly related to the needs of the local system. Usually group participation for parents regarding child/school problems is of the "PTA" variety. Independent schools and colleges offer few "assessing" services except for whatever information the SATs, SSATs, or other group tests provide. Generally foreign affairs parents or students have had to "search out" individual services needed.

The Center is designed to give direct services to clients and to act as a coordinator for other services needed. Parents are relieved of searching out private agencies. Initial contacts serve to assess clients' needs. Then testing, tutoring, educational counseling, personal counseling, group counseling, or orientation of children coming back into or leaving the country is carried out. At the same time that any assessing, diagnostic, or evaluating period is occurring, a counseling and interpreting process is going on concomitantly with child and parents at their respective levels of understanding.

To be sure, family, individual, and group-focused services and agencies do already exist, but not

usually as "package deals," and certainly not specific to the needs of the foreign affairs community. The FSECC seeks to stress this concept of specialized needs. The transiency of the foreign affairs community makes such a concept particularly and practically valid. The Center is designed to meet the average needs of parents and children with their range of "Foreign Service living problems." Where there are complicated situations and special needs, the Center draws on additional resources to deal with the problems.

What sort of problems does the Center handle? Some case examples will illustrate. Again the names have been changed, but the facts stand.

Mary: Mary was ten. In the middle of a Washington assignment she was doing poorly in school. Her parents sought out Clarke Slade, who was then the American Foreign Service Association's consultant in educational and youth concerns. He wondered about a perceptual/visual problem and recommended testing by the Kingsbury Center.* Her parents did not follow through on the recommendation. Next year the father was reassigned.

Two years later the parents wrote Kingsbury from their post and asked that an appointment be made at the start of home leave. The appointment was not kept.

Three years went by.

Then from the other side of the world came a cable to Mr. Slade, now Director of FSECC: "Mary arrives Washington Friday. Kingsbury testing urgent."

Mary stayed with her Aunt Betsy for two weeks while Kingsbury tested and while Mr. Slade conferred with her and with Kingsbury step-by-step. The testing and the conferences seemed to brush away the cobwebs. Yes, she did have trouble learning, bright though she was. Yes, she did want to go to boarding school, but not a stuffy one. Yes, she would like some specialized tutoring.

To Aunt Betsy and Uncle Frank she breathed a sigh of relief: "Now I have a future!" A floundering

child began to find confidence and her parents began to find hope.

Donnie: Thirteen-year-old Donnie and his parents were referred to the Center by Dr. Frank Johnson, adolescent psychiatrist in DG/MED. Mr. and Mrs. F. wanted advice about whether to take Donnie back to post in the Middle East or to arrange for admission to US boarding school. About to begin high school, Donnie already had a scattered educational background overseas. With an older sibling already in boarding school here and doing well, his parents at first accepted Mr. Slade's recommendation that Donnie follow a similar route. However, instead of a boarding situation, the parents finally chose a day school while Donnie lived with an aunt and uncle in the same city. But the "traditional" school wasn't adept at discerning Donnie's immediate problems: his first separation from parents, a new living situation with relatives whose life-style had a different flavor, a new school, new friends, a possible learning problem, inability to achieve as well as his older sibling—all of these factors, as well as Donnie's own frustration and denial of any problems at all: a heavy emotional overlay, indeed, for a youngster to handle on his own.

About mid-semester the aunt and uncle contacted the Center because of some behavior problems Donnie was presenting in school. Mr. Slade recommended a work-up at Kingsbury with concomitant counseling to help Donnie bring out into the open some of his worries. There was also a meeting between Donnie's counselor and his headmaster to better understand the school's attitude towards him.

Test results showed that, indeed, he did have a minimal learning disability, for which he adequately compensated in "normal," non-stressful situations. But the combination of new stresses reactivated old anxieties and Donnie acted out his feelings since he wasn't sure what was "wrong" with him. Kingsbury made specific recommendations to help Donnie cope with his learning problem more effectively. Mr. Slade recommended to the parents that another, less traditional school be tried—one that would "hear" Donnie. Don-

nie and his parents agreed on a boarding school which combined less rigid academic structure with much individual attention.

By no means was the new school a solution to all of Donnie's problems. As a matter of fact, he initially had some difficulty adjusting to his new setting. The difference was that now Donnie was a bit more sure of where he stood and his new teachers were more committed to working *with* him, cheerfully taking him "as is."

Joan: At 3½ and just back from a two-year tour in France, Joan spoke only French. Her year at nursery school was very successful: she learned English quickly. Kindergarten seemed just the opposite: she couldn't learn to read and needed lots of special attention. A first grade special class was successful, but second grade, at age seven, presented problems. Joan withdrew from people and refused to go to school. The parents, serving in Washington, contacted the Center. Mr. Slade encouraged them to continue their plans to have Joan seen by their pediatrician for neurological testing and to have her seen at Kingsbury Center. The neurological was negative; Kingsbury's recommendations were for some academic tutoring and psychotherapy. Joan now sees a tutor three times a week and goes for play therapy once weekly. Her grades reflect her brightness and she has regained her confidence and a healthy interest in life.

In all three cases the process with the FSECC provided recognition and acknowledgement of factors in children's environments which *do* cause anxiety and *may* result in unproductive patterns. The Center's commitment is to working with parents and children in confronting problem situations, and together, exercising options and choices available to create change.

Why didn't somebody think of this before? Somebody did, a number of somebodies, in fact.

In 1939 AFSA formed a committee to study the problem of educating children of Foreign Service officers and to suggest practical solutions. Ambassador Theodore C. Achilles, father of a foreign service wife and grandfather of several

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* The Kingsbury Center for Remedial Education is Washington, D.C.'s long-established, non-profit facility for the evaluation of learning disabilities and their amelioration by corrective methods.

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school age children, was one of five members of that ad hoc committee. The committee found there were 676 children in the Foreign Service community who had potential needs. (Today that figure has increased by 200%.) Another FSO who recognized the problem was Richard Fyfe Boyce. While in the field he had groped with selecting boarding schools to meet the needs of his children. He realized that a large group of American parents abroad confronted, or would confront, the same kinds of problems he had. "If the problem is a group problem," he noted, "the solution must be a group solution. That solution lies in a systematic and concerted group effort."

Part of that systematic and concerted effort took on form. In 1950 Mr. Boyce, then newly retired from the Foreign Service, and Mr. Slade, then newly switched into counseling from headmastering, organized a non-profit agency called the Educational Consulting

Service. Its Board of Trustees included many of the great Foreign Service figures of yesteryear—Bliss, Briggs, Grew, Lane, Phillips, Wilson, to name a few. Commenting to Orme Wilson about the new service, Secretary of State Dean Acheson wrote: "The operation of this service, I am sure, will contribute substantially to the morale of the personnel in the field. Many of them are faced with the necessity of returning their children to the United States for schooling and are unable to complete satisfactory arrangements from a distance. The information service for parents and the proposed testing program, to mention only two of the services proposed, seem to me particularly worthwhile."

The ECS ran its course for eight years. In the meantime, Mr. Boyce had encouraged and endorsed AFSA's taking on the functions of ECS. In 1958 AFSA decided to employ Mr. Slade as a consultant. This was the beginning of AFSA's providing educational counseling

as one component in services which it offered to its members. Through the years the need for expanded services became ever more apparent. In response, Mr. Slade conceived the idea of the FSECC. It was received with enthusiasm by the Association of American Foreign Service Women and AFSA.

The emergence of the new Center is an example of the readiness of members of the foreign affairs community "to meet change in the nature and extent of people's needs." Need for services to this community was apparent: the Medical Division had responded by adding an adolescent psychiatrist to its staff for the first time in February, 1971; AFSA had responded by proposing to join with AAFSW in extending its limited counseling service by willingness to create a more comprehensive service; AAFSW responded not only by supporting the proposal in principle, but also by helping generously to finance it with essential seed money to operate for an initial period of three to five years.

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The FSECC is non-profit and not entirely self-supporting. It began operations with a grant of approximately \$16,000 from the AAFSW, and a matching one from AFSA. This money covers administrative and other expenses. Part of the grant is being held in reserve for testing of children or for counseling with clients who are unable to afford the costs and for whom no third party benefits are available through State Department sources or insurance sources. A grant from AAFSW is available for special education scholarships.

The Board of AFSA and AAFSW established a Policy Direction Committee to focus the Center's orientation. Two voting members from each sponsoring organization, the director of the Center and the director of AFSA, comprise the committee. Recently the committee has been expanding to include representatives of State, AID, and USIA interested in education.

In terms of staff the Center has been operating under a director/administrator who also counsels

parents. Other professional services are contracted by the Center. Clients are charged according to the service used. For the extended periods of time when clients are overseas and need services unavailable at post, FSECC acts in a consulting capacity, if only to offer written support to clients pending their return to this country.

A unique quality of the Center is its emphasis on encouraging parents and children to involve themselves in activities in conjunction with the Medical Division and with the FSI Family Workshop. From these sources people with experience in group process are asked to volunteer their services. For example, to orient students going to new posts overseas, volunteers recently at the posts share their experiences with them; to orient children coming back into US schools, young people from the Department of State Youth Development Team had helped. (Budget cuts recently forced the disbanding of the YDT.)

A future possibility of the Center's program which is being considered is the training of offi-

cers' wives as "para-social workers," so to speak. While the words "para-social worker" may, to some, equate with "amateur," the proposed training period would be structured carefully. It would be for nine months and would be under the supervision of a graduate social worker; there would be an ongoing process of evaluation.*

The Center has a personal address to clients that is gratifying to see in a population accustomed to bureaucracy. It is committed to the concept of a high quality of life for all in the foreign affairs community. Its philosophical orientation is to deal with clients "at their different levels of understanding."

The Center is committed to caring. It is an advocate for the kids—for the parents—for the foreign affairs community. ■

**This idea is similar to one on which the Mental Health Counselor training program at Phipps Clinic in Johns Hopkins Hospital is based, as well as the Metropolitan Mental Health Skills Center program in Washington, D.C. Something like this was carried on experimentally with two Foreign Service wives last year and had good results.*

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