

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

Volume 3, Number 1

Children's Services Practice Notes is a newsletter for North Carolina's child welfare workers produced four times a year by the North Carolina Division of Social Services and the N.C. Family and Children's Resource Program, part of the Jordan Institute for Families and the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace regular supervision and peer consultation—only to enhance them.

Let us hear from you!

If you would like to comment about something that appears in this or any other issue of Children's Services Practice Notes, please do so! Address your comments to:

John McMahon

Jordan Institute for Families
UNC-CH School of Social Work
Chapel Hill, NC 27599-3550

State Courier Number: 14-24-11

E-mail: johnmcmahon@mindspring.com

Newsletter Staff

Joanne Caye, MSW, Advisor
Lane Cooke, MSW, Advisor
John McMahon, MA, Writer/Editor
Daniel Brezenoff, Writer
Angie Pittman, Writer
Michelle Wetherby, Writer

PROMOTING RESILIENCY IN FAMILIES AND CHILDREN

Did you ever wonder why some of the families and children we work with overcome their hardships, despite crisis, pain, and difficult life experiences?

When this occurs, we say that the family or child involved has the power to bounce back—that they are **resilient**.

As social workers, our job is to promote resiliency in families and children, to help them recover from whatever challenges they face, be it abuse, neglect, or separation. In order to succeed in this task, we need to be able to do two things. First, we need to know how to assess families and children for the traits that promote or inhibit resiliency. This allows us understand the strengths a particular family can build on to solve the problems that confront it. Second—and more importantly—we need to know how to help families obtain or maintain their ability to “bounce back.”

RECOGNIZING RESILIENCY

To assess a family's resiliency, social workers must be able to identify two kinds of characteristics: protective traits and risk traits.

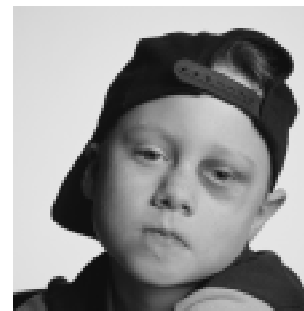
Protective (or resiliency) traits are strengths that help a person or family cope with stress or life difficulties, increasing the likelihood of rebound from difficult situations. Resiliency

traits include: a sense of humor, being first-born, having insight into situations, and independence. These traits are tools people can use in times of crisis; they give them the edge and help them make it through the situation. These traits don't prevent problems, but they do help solve them.

Risk traits are influences that may interfere with a person's or family's ability to cope during times of stress. Risk traits include: living in a home with domestic violence or substance abuse, low birth weight, and low self-esteem (Fraser & Galinsky, 1997). These traits can negatively influence the way people react to crisis. For example, when a problem occurs, an individual may not know how to solve it, what the options are, or even how to ask for help.

ASSESSMENT IS KEY

Some believe there is a window of opportunity during crisis when social workers can help families find and build on the traits that will **cont. page 2**



What can you do to help families and children “bounce back”?

RECOGNIZING AND PROMOTING RESILIENCY

from page 1

help them recover (Saleebey, 1996). Others believe that, if a family is working in partnership with someone they trust, the window of opportunity never closes, and they can learn and develop new skills that increase their resiliency for an indefinite period.

To intervene appropriately, however, a social worker must first thoroughly assess a family's resilience. To do this, he or she must assess protective and risk traits on three levels: individual; family, school, and community; and environmental (Kirby & Fraser, 1997). Once this is done, the family and the worker can then create an intervention plan that builds on the family's strengths.

INDIVIDUAL FACTORS

To assess resiliency at the individual level, it is important to look at both birth and psychological traits. Building a social history of the individual is a good place to start this portion of the assessment. You can do this by

drawing a genogram with the individual or family, or by just talking to them. If family members are not available or do not know the whole story, key data can usually be obtained from a child's medical birth record. This birth information is important, since risk traits such as genetic problems, low IQ, low birth weight, and mental disorders affect not just the child's but the whole family's ability to respond to adversity.

Gender plays an important role—research shows that girls adapt more easily than boys to things such as divorce and out-of-home care, although there are no long-term studies regarding the children of today (Kirby & Fraser, 1997). (See side-bar, page 3.)

Culture and ethnicity, too, play a role in assessment. More African Americans, Hispanics, and Native Americans live in poverty, which put them at risk due to limited resources and limited access to healthcare (Fraser & Galinsky, 1997).

Psychological traits also affect resiliency. Children born with "easy" temperaments are more easily nurtured by parents, making a "good" disposition a resilient trait at birth (Charity, 1997). While talking with a family, observe the level of nurturing parents show their child. Based on your observations, you can ask questions that will tell you more about a family's degree of bonding, communication and problem-solving skills, and general resourcefulness.

Social workers should evaluate individuals' independence, comfort with their roles (caretaker, parent, role model, friend, etc.), and sense of purpose in life—important resiliency traits (Giordano, 1997). Although they may not see these traits immediately, social workers can help families find and develop them. For example, since a nurturing caregiver in a child's life can mediate many risk traits, social workers should focus on helping parents develop their abilities in this area.

PROTECTIVE TRAITS

Working together, social workers and families can identify resilient traits and build them into intervention plans. Some traits to look for include:

- Communication—family members discuss things openly.
- Bonding and mutual respect—an emotional connection among two or more family members.
- Adaptability—family members can respond to changing circumstances.
- Resourcefulness—when families are in a bind/crisis, they can think of and achieve alternative plans.
- Commitment—to each other and to family goals.
- Family time—they spend time together consistently.
- A present caring adult—a family member, friend, mentor on which the child/family can rely.
- Problem-solving skills—the family is able to process problems and come up with solutions.

(Source: Pike, 1996)

FAMILY, SCHOOL, AND COMMUNITY FACTORS

To assess a child's or a family's resilience, it is important to look at the role extended family, school, and the community play in their lives. Strong, positive peer bonds, involvement in positive peer social groups (such as athletics), and informal community networks (such as faith community and after school programs) are resilient traits for children. Extended family support and adequate access to

The NC Department of Human Resources does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. 2,700 copies printed at a cost of \$1,450.00 or \$0.54 per copy.

needed services (such as health care) also contribute to a child's or a family's ability to deal with hard times.

Usually, if a child has a resiliency trait, the same strength will be found in the child's family. These strengths can give social the worker and family a foundation for their work together. For example, a child who adapts to different circumstances may come from a flexible family. If a social worker makes this connection, he or she can build an intervention plan that will help families remedy their situation by maximizing this strength.

School and community should also be considered when assessing a family's resiliency. If a child is doing well in school and participating in sports or positive peer groups, you should count these things as strengths that can help the child "bounce back" in other parts of her life. If children

are in trouble in school, make poor grades, and have few friends, take notice. Community atmosphere and support in their community should be taken into consideration. If the community is involved and supportive, they can help the family in times of trouble, adding to a family's resilient traits.

ENVIRONMENTAL FACTORS

Environmental conditions should be included in any assessment of resiliency. Environmental traits are those of culture, ethnicity, socioeconomic status, education, and employment status/opportunities. Other portions of your assessment will naturally bring environmental traits to light—take the opportunity to discuss these with families.

So, a comprehensive, family-inclusive assessment is needed in order to identify the resilient traits to concentrate on in your work with an indi-

cont. page 8

INTERVENTION POINTS

Following are some tips for increasing resiliency in families and children:

- Promote a stable, supportive, continuous relationship with at least one responsible adult in the child's life (this significantly enhances resilience).
- Accept families as they are—be aware of and respect their cultural heritage, home life, and past experiences.
- Give support and encouragement, whether or not the child has a "difficult" or "easy" temperament—we all need support and encouragement; telling families they are doing something right can build trust.
- Understand their reality—know what experiences they are having and their developmental level.
- Support development of resilient traits based on their strengths—use what they already have to strengthen weaker areas.
- Invite them to reach out to peers, adults and groups to widen positive social support—help them make friends, find groups, or learn where to look for help.
- Model constructive thinking and problem solving — use opportunities to work through problems with them by asking questions.
- Seek their strengths—look for and verbally reinforce all they are good at doing.
- Assist them in self awareness and reflection—ask them what they think; try to understand what they are saying.
- Encourage humor and other natural coping personality traits.

(Source: Giordano, 1997)

ARE GIRLS REALLY MORE RESILIENT?

Although research suggests that girls are more resilient than boys, practitioners should be careful about relying on this conclusion. There are several explanations for the higher incidence of serious emotional and behavioral disturbance in boys.

One theory is that, due to dominant cultural values, girls are more likely to keep their distress to themselves. Girls are often taught that assertiveness is impolite, while boys learn to express their feelings freely. Therefore, boys may show their anger in destructive ways, while their sisters remain relatively "calm." As a result, mental illness may go undetected in girls, only to show up later in life.

Another explanation has to do with the many roles girls play. Especially as they reach maturity, girls may be asked to become housekeepers, employees, and caretakers for children. Parents may feel that it is necessary for girls to remain in the home at all costs. Boys are more likely to be removed from the home (Packman, 1986), which often aggravates existing problems.

Thus, girls may appear more resilient than they actually are. With this in mind, practitioners should accept that boys and girls may have different ways of expressing their distress, and take care not to stigmatize boys or ignore girls.

Packman, J. (1986). *Who need care*. Oxford: Blackwell Scientific.

Rutter, Michael. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331.

TECHNIQUES FOR HELPING CHILDREN RECOVER

Every social worker knows the story: a boy who has been physically abused, lived in poverty all his life, and written off as a hopeless case by teachers, parents, and therapists somehow manages to succeed. He may not always be smiling, and he may deal with a great deal of pain, but eventually, through hard work, confidence, and a mysterious sense of hope, he becomes a mentally healthy adult, marries, and raises his children without the violence or pain he knew so well as a child.

Social workers also know that, unfortunately, such stories are all too rare.

Many children survive abuse, poverty, poor nutrition, or a learning disability. However, when all of these risk factors, and more, are present, the chances are high that a child will grow up with serious mental or social problems. Surely, there must be something we can learn from the kids who beat the odds, something we can bring to our practice that will help more children overcome adversity.

The ability to recover from trauma, respond to stress, and maintain a sense of meaning, hope, and identity is called **resiliency**. Factors long associated with mental health seem to promote resiliency, and factors associated with behavioral difficulties, failure in school, and mental illness decrease the likelihood of a child being resilient. Of course, the children exposed to substance abuse, spousal abuse, poor nutrition, and other risk factors are the ones who most need to be resilient. Research into childhood resiliency has therefore concentrated largely on children at risk.

One of the pioneers of recent resiliency research is Michael Rutter. In 1987, he developed four techniques for promoting resiliency. No one is free from risk, but if these four techniques are used, the children we serve are more likely to cope positively and avoid more serious problems.

The four techniques Rutter outlined were: reduction of risk impact, reduction of negative chain reactions, establishment of self-esteem and self-efficacy, and opening up opportunities. These interventions are easy to remember and understand, but difficult to put into practice.



Timely intervention can prevent negative patterns, enabling a child's natural resiliency to blossom.

REDUCING RISK IMPACT

Reducing risk impact may be the easiest intervention to envision and the hardest to accomplish. There are two ways to reduce risk. We can alter the risk itself, for example by providing an abusive parent with alternative means of discipline. Or we can alter the child's exposure to the risk, for example by working with families to improve supervision of children who are beginning to engage in antisocial behaviors like stealing or fighting.

Sometimes an indirect approach is best. For example, if one parent is overburdened and often yells at the children,

the other parent can be encouraged to share more of the parental duties. One risk factor that seems simple to remedy is poor nutrition. However, families often eat poorly due to financial restrictions, and may find any criticism of their diet to be extremely offensive.

It is impossible to shelter children from all adversity. We often work with children who live in situations that are difficult to alter, for example, they may be poor or have parents who use drugs. Sometimes, risk factors truly cannot be altered, for example low birth-weight, past abuse,

HELPING CHILDREN RECOVER

Here are some examples of interventions that can be made when working with children who have been abused.

- Be honest with the child. Let the child know what is happening to him or her and why. Give the child opportunities to ask questions about the situation. Answer those questions.
- Offer the child as many choices as possible. For example, let them select among healthy food choices, decide what possessions to take along to a new placement, or even have a voice in choosing potential foster parents.

Because these actions foster a sense of control, the child may find it easier to recover from the stress of abuse and subsequent displacement from the life he or she knows. These kinds of interventions can help children become more resilient in other stressful situations as well, such as the death of a parent or a move to a new school district.

or serious medical conditions. Therefore, Rutter suggests some ways of mediating risk in the face of such adversities.

REDUCING NEGATIVE CHAIN REACTIONS

Researchers generally agree about the existence of negative chain reactions, which occur when one event (e.g., suspension from school) cause negative effects in other, seemingly unconnected areas of life (e.g., arguments at home after the suspension lead the child to run away). Rutter points out that they play a crucial role in any long-term effects of exposure to risk factors. For example, the death of a parent is a tragic event in a small child's life, but it is not usually enough to cause serious psychological problems in the long run. However, if a child is institutionalized or not provided with a safe or affectionate caregiver, resilience is less likely.

When children are abused, they may be removed from the home quickly enough to prevent trauma. However, the pattern of abuse, even when it has ended, may cause them to adopt certain behaviors they feel necessary for survival, such as lying, avoiding physical contact, running away, or becoming violent when angry. Social workers can try to intervene before such patterns of behavior become set, thus enabling the child's natural resiliency to blossom.

The two above interventions—reducing risk impact and reducing negative chain reactions—require us to change the child's environment. However, changing environment is not always possible. Therefore, we want to know what kinds of personality traits will help a child survive serious adversity.

PROMOTING SELF-ESTEEM AND SELF-EFFICACY

Rutter found two traits that promote resilience: **self-esteem** (a sense of self-worth), and **self-efficacy** (a belief that one can "cope successfully with life's challenges"). This is, of course, easier said than done. However, research points to intimate relationships and the accomplishment of tasks as essential factors in promoting self-esteem and self-efficacy.

The most important relationship in early childhood is a secure attachment to a primary caregiver. Rutter's work tells us that, even in the face of massive obstacles such as poverty, poor education and nutrition, and mental illness, a secure relationship with a parent can enable a child to grow into a healthy adult. He also observes that succeeding at tasks—whether academic, artistic, athletic,


occupational, or otherwise—helps build a positive self-concept and thus protects children from risk factors.

PROVIDING OPPORTUNITIES

Rutter's fourth and final technique for promoting resiliency is providing opportunities. Chances to receive academic tutoring, employment training, and positive social experiences serve two purposes. First, they give the child a skill, such as better reading, appropriate social interaction, or technical training. Second, they give the child a sense of hope for the future, and a sense that there is some meaning in life. Without the chance to grow and learn, a child has little incentive, and is less likely to be resilient. As social workers, we can make our clients and our clients' children aware of such opportunities and help them figure out which resources best suit their needs.

References

Rutter, Michael. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331.



HOLD THE DATE FOR

***Through the Eyes
of the Child:
Celebrating
and Creating
Success***

**A Special Conference for
North Carolina's Challenge for
Children Counties**

May 11–12, 1998
North Raleigh Hilton
Raleigh, NC

*This conference is open only to
county DSS's participating in N.C.'s
Challenge for Children. Registration
is free. Sponsored by the N.C.
Division of Social Services. For
registration information, contact
Clarence Lamb at 919/733-7672.*

Achieving Permanence for Families!

PROMOTING RESILIENCY IN YOURSELF

In other articles in this issue we have considered resiliency as it applies to helping families and children, but how does it apply to social workers and other helping professionals? Why is it that some talented, caring professionals only last a year or two, while others are still going strong at retirement?

BURNOUT

In order to talk about this kind of resiliency, it is helpful to define its opposite—burnout. Burnout leads to cynicism, decreased productivity, and general unhappiness. But what exactly is burnout, and what are its causes?

Burnout has been defined many ways. Maslach and Jackson (1986) define it as a “syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind.” A broader definition is “a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding” (Pines & Aronson, 1988).

Burnout can also be described as occurring in stages. The first stage involves an imbalance between



Are some individuals more prone to burnout?

resources and demands. The second stage consists of immediate, short-term emotional tension, fatigue, and exhaustion. The third stage consists of a number of changes in attitude and behavior, such as a tendency to treat clients in a detached and mechanical fashion, or a cynical preoccupation with gratifying one’s own needs (Chernis, 1980).

JOB CHARACTERISTICS

Some jobs are more prone to burnout than others. When performance expectations and roles are unclear, the risk of burnout increases. Role conflict—for example, when a worker must act both as a legal

authority and a helping professional—is also related to burnout. High case loads are another contributing factor, as are lack of autonomy, inadequate feedback, monotony, lack of participation in decision-making, and lack of responsibility. Poor opportunity to use skills and poor physical work conditions have also been found to be related to burnout.

Organizational factors contribute as well. These include bureaucratic organizations and emotionally demanding relationships with clients. Poor team cohesion and interpersonal conflicts at work also contribute to burnout (Schaufeli & Buunk, 1996).

PERSONAL CHARACTERISTICS

Are some individuals more prone to burnout than others? Many studies have found that single people have an increased risk of burning out compared to those who are living with a partner (Maslach & Jackson, 1985). It may be that social support from the partner alleviates stress. However, it is interesting to note that stress at work exacerbates stress in marriages and vice versa—marital conflict affects job performance (Jayaratne et al., 1986).

Several personality traits have been associated with decreased worker resiliency. One of the strongest links is to a trait known as *external locus of control*—the feeling that forces outside yourself are responsible for what happens in your life. Poor resistance to stress (lack of hardiness), type A behavior, poor personal control, anxiety traits, and poor self-esteem have all been found to be associated with burnout (Schaufeli & Buunk, 1996).

SYMPTOMS OF BURNOUT

- Feeling ‘empty’ or ‘trapped.’
- Depressed mood, helplessness, hopelessness, and impotence.
- Sense of failure, insufficiency, and powerlessness.
- Aggression and anxiety, diminished tolerance for frustration.
- Irritability, oversensitivity, and hostile or suspicious behavior.
- Inability to concentrate, forgetfulness, difficulty making decisions
- Nervous tics, restlessness, inability to relax.
- Headaches, nausea, muscle pain, sexual problems, sleep disturbances, loss of appetite and shortness of breath, chronic fatigue, ulcers, gastrointestinal disorders and coronary heart disease. Colds or flu that will not seem to go away.
- Increased consumption of stimulants (e.g., coffee), alcohol or illegal substances.
- Interpersonal problems with colleagues, supervisors, and subordinates, withdrawal from social contacts, decreased involvement with recipients.

Source: Schaufeli and Buunk, 1996

INTERVENTIONS

Can anything be done to decrease the occurrence of burnout? Yes!

On an individual level, time management, physical training, dieting, and increasing one's social skills—particularly assertiveness—have been recommended to combat burnout. Utilizing techniques such as a deep muscle relaxation, mental relaxation, and mental imagery are considered to be effective for relieving stress (Maslach, 1982).

However, self-improvement alone is not enough. It is necessary to focus on the workplace as well as the individual. Because burnout leads to decreased productivity and effectiveness, and because turnover is disruptive to organizational effectiveness, agencies are wise to invest resources in keeping their workers healthy. Preparatory training programs may provide workers with more realistic images of their profession, especially when workers have unrealistically high expectations about their jobs. For new hires, an introductory mentoring program can alleviate feeling overwhelmed.

Career development programs and counseling are useful, too, since many workers feel 'locked in' to their careers. Job enlargement, job rotation, and job enrichment are useful preventative tools. Regular consultations and meetings between colleagues and superiors can provide much needed social support and the opportunity for communication about problematic issues. Conflict resolution classes, time-outs, and sabbaticals are useful. Also helpful are mutual aid groups formed by the workers themselves, rather than by their management (Schaufeli & Buunk, 1996).

Happy workers are productive workers. Ultimately, workers should feel they have a sustainable work load, choice and control, and a sense of community. They should receive recognition and reward, feel they are being treated with fairness, respect, and justice, and find meaning and value in their work (Maslach & Leiter, 1997).

References

- Homan, M. (1994). *Promoting Community Change: Making It Happen In the Real World*. Pacific Grove, California: Brooks/Cole Publishing Company.
- Jayarathne, S., Chess, W. & D. Kunkel. (1986). Burnout: Its impact on child welfare workers and their spouses. *Social Work*, 31(1) 53–59.
- Maslach, C. (1982). *Burnout: The Cost of Caring*. New Jersey: Prentice-Hall, Inc.
- Maslach, C. & Leiter, M. (1997). *The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It*. San Francisco: Jossey-Bass Publishers.
- Schaufeli, W. & Buunk, B. (1996). Professional burnout. In M. Schabracq, J. Winnubst, and C. Cooper (Eds.), *Handbook of Work and Health Psychology*. New York: John Wiley and Sons, Inc. 311–346.

STAYING EMOTIONALLY HEALTHY

- Get a life apart from your job and attend to it. Give yourself some things to look forward to.
- Develop, recognize, and be able to rely upon a strong value base from which you can draw strength. Find meaning and importance in what you do.
- Take care of the things that are important to you personally. Confront what is bothering you.
- Develop the skills to address the situations you routinely face.
- Make mistakes.
- Don't own others' mistakes.
- Develop some "perspective taking" abilities. Don't overvalue your disappointments or undervalue your gains and victories.
- Do what you need to do to experience success. Get your work done. You may be more intolerant and frustrated with other people when you don't feel good about your own efforts.
- Have fun. Enjoy the challenge and the people. Capitalize on the energy the tasks and relationships bring. Every now and again take the focus off the things that need to be done. Take advantage of opportunities to laugh, be a little silly, or just play.
- Look at your goals to determine if they are working for you. Set realistic goals and ask yourself whether they have been given to you by someone else or whether you have made them your own.
- Recognize that you can be an active agent in your life.
- Look to colleagues and friends for support. Don't try to internalize all your concerns and deal with them alone.
- Create a support group. With your colleagues you can collectively come up with alternative ways to approach problems and identify new ways to find hope. You can also use this time to get to know your colleagues on a personal level, have fun with them, talk about light subjects unrelated to work, and simply share whatever is on your mind and in your heart.
- Purposefully develop the skill to discover humor in the situations you face.

Source: Homan, M. (1994). *Promoting Community Change: Making It Happen In the Real World*. Pacific Grove, California: Brooks/Cole Publishing Company.

RESILIENT FAMILIES AND CHILDREN from page 3

vidual or family. For example, a child could be considered resilient biologically, with a caring adult caregiver, and still have difficulties due to environmental issues such as homelessness, racial injustice, and poverty. Social workers who recognize these gaps can work with the family to come up with new ways to lower or eliminate risk.

IMPLICATIONS FOR SOCIAL WORKERS

After assessing resilient and risk traits in families and children, social workers can use these strengths to create a plan with the family to enhance their resilient traits. The plan should be strengths-based and focus on issues the family would like to address, as well as those areas workers feel the family needs to work on. By increasing resiliency in families and children, workers can help them to be more self-sufficient and empowered (for tips on promoting resilience, see box on page 3).

At times a social worker is a key person in a child's life and has the opportunity to assist a child in acknowl-

edging, enhancing, and developing protective factors and strengths. Children have the capability to learn new skills in order to become resilient, and when social workers assist with the assessment and direction of that learning, children can grow to become productive, healthy individuals.

References

- Charity, J. (1997). *Resiliency: Overcoming the legacy of abuse and trauma* [online]. Available: hyperlink <http://www.umm.maine.edu/ackiCharity/jc330.html>.
- Fraser, M. W. & Galinsky, M. J. (1997). Toward a resiliency based model of practice. In Fraser, M. W. (Ed.), *Risk and Resilience* (pp. 265–275). Washington, DC: NASW Press.
- Giordano, B. P. (1997). Resilience—a survival tool for the nineties. *AORN Journal*, 65, 1032–1036.
- Kirby, L. D. & Fraser, M. W. (1997). Risk and resiliency in childhood. In Fraser, M. W. (Ed.), *Risk and Resilience* (pp. 10–33). Washington, DC: NASW Press.
- Pike, L. (1996). *Family resiliency* [on-line]. Available: hyperlink <http://www.exnet.iasta.org/Resiliency/q.a.html>.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41, 296–305.

IN THIS ISSUE: PROMOTING RESILIENCY IN FAMILIES AND OURSELVES