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What's Working in Family-Based Services?--or, What's Left to Believe in During a Time of Such Doubt?

Roger Friedman

This article is a qualitative, personal report from the field, designed to highlight current developments in family-based theory and practice that bring hopefulness to workers and clients. The author, an experienced human services consultant and family therapist, draws from his recent experience in a number of states to identify exemplars of practice in the following areas: integrative theory building, functional family assessment, systems change in regard to inter-agency coordination and foster care, community building in low income neighborhoods, developing humility as helpers, and addressing issues of hope and spirituality with clients and with co-workers. Given the turbulent and hostile political environment for family-based services, this article challenges us to remember that effectiveness in helping others is directly related to our feelings of hopefulness about ourselves and our world.

Introduction

The title of this paper poses two different questions -- one is programmatic and client focused, and the second is personal, and oriented to ourselves as helpers and as human beings. Taken together, these questions reflect my conviction that our effectiveness in helping others is directly related to our feelings of hopefulness about ourselves and our world.

My thoughts on these questions draw on experience as consultant to many family-based services, as trainer in large state social service programs, as family therapist, and as middle-aged father and husband.

Our country's social policies and politics are in stormy waters. The reemergence of states' rights and authority over social spending, the lowering of priorities for human services, the reactive stigmatizing of poor people and in spite of rhetoric, the growing lack of policy concern for children, education, family and community support. Front line workers, supervisors, and state administrators are despairing, asking, perplexing questions--How can we possibly change our bureaucracies to be more humane, coordinated and family-centered? Are privatizing programs and laying off staff the right solutions or are they just conservative efforts to turn the program

clock back to pre-New Deal laissez-faire government? What will be the impact of so-called welfare reform on staff and families? Large federal bureaucracies seem immune from change. How can we keep our optimism and service levels during times of political and fiscal attack on family preservation and family-based services? How can we stay hopeful in the face of so many cut-backs and increasing referrals of traumatized families and children? Is the conservative political resurgence temporary or the wave of the future? Can progressives find a vision that works? There are other deeper, seldom-asked questions that need to be voiced. Why, after all our efforts to shape a better society do things seem to be getting worse? In the wrong spirit these questions invite despair. In another spirit, they call us to ask, "What's working?" What helps staff remain hopeful in such difficult times? When we meet with clients, what are the sources of change that allow us to look forward?

The main thesis of this presentation is that there is a lighthouse out there to guide us, something is working that we can trust -- services that no longer place the professional helper in a central leadership role; services that empower families and communities to help each other; services that invite us to return to hope as being just as fundamental as clinical technique; and services that encourage the helper to be personal and professional. To know what works not only benefits programs and clients, it helps us be better people as well. It focuses us on competency and revitalizes meaning in our work and our personal lives as well.

This presentation is a tentative report or reflection from the field, not a quantitative study. It is anchored in my work over the past few years in Maryland, Pennsylvania, South Carolina, Washington, D.C., Ohio, and New England. The focus is on finding exemplars of practice that work, sensing where staff energy is heading, finding the concepts and skills that are helping, and seeking the complexity and creativity in family-based services. In a way it's like looking at stars with your naked eye. You see patterns, ambient light and beautiful colors. Astronomers know not to look directly at a star, but rather to look a little to one side or the other, and then out of the corner of your eye, you can see what you are really interested in more clearly. So this is research out of the corner of my eye--trying to catch the hard-to-see subtleties, see them clearly, and understand what they are telling us. There are six major areas of investigation I want to report on. The first two relate to theory development, the third area focuses on systems change, and the last highlights specific practice skills.

Integrating Theory

First in the area of theory development, there has been a broad debate from the earliest days of family preservation. This debate was between those who saw a brief, strength-focused model as best served through individual, cognitive interventions, like Homebuilders, on the other hand, and those who saw family systems as the only approach that responded to the complexity of family and community life (Friedman, 1992). These perspectives took training and practice on two different and reductionistic paths during the 1980s and early 1990s that polarized our field.

Cognitive intervention models for family preservation received major foundation funding and established a track record for being cost effective that was appealing to conservative state legislatures. I think of that marriage as an unholy alliance between social progressives and fiscal conservatives. Unholy because progressives tended to oversell their program's effectiveness, and legislators often endorsed cognitive models because they thought it would save the state money.

On the other path, social workers in departments of social services, with high case loads and training in systems theory, viewed the client's world as being shaped by family and community rather than cognitive variables. They tended to cling to a case management/systems approach to family preservation—an approach adaptive to their agency needs, if not always responsive to clients. It has been like the old story of the twelve blind men who each touching one part of an elephant, declared their part to be the total reality. This type of fragmented thought and practice is one of the reasons why family-based curriculum and theory development has lagged so far behind our practice. Consequently, we have remained a methodology encumbered with high values, caught without a home. Unwelcome as too raunchy for academic psychology, and to "upstart" and creative for the ecclesiastical world of social work education.

Family-based services are the neglected children of several disciplines, being shuffled back and forth depending on the politics, professional agenda, and funding of the moment. This has its bright side because we've been free to experiment. However, no synthesized conceptualization guiding our view of development, families and communities was able to emerge after 15 years of practice. This is changing, finally, propelled by experience, wisdom, frustration with the old false dichotomies—a new stage of theory development in family-based services is inexorably entering our conscious view of reality—and this change is one of the things that is working in our field.

Evidence of this change is taking form in the programs that are blending social constructivism and ecological systems approaches and using cognitive and ecological systems strategies for change. Social constructivism assumes that people construct their own picture of reality. This approach leads us to strategies that effect cognitive process and the meaning that people attach to behavior. How we perceive our life situation determines how we feel about possibilities for change in our lives. The focus is on constructing solutions with parents rather than focusing on problems, highlighting strengths, using interviews to identify solutions and setting small realistic goals. By focusing on client's telling their life stories, externalizing depression, learning behavioral techniques for managing anger or despair, we break goals down into steps so small that one must succeed. I recently heard from a social worker who wanted to help a young single parent, mildly retarded mother learn to relax when around her new born--the social worker taught her how to breathe deeply and sing "this little piggy went to market..." when feeding her baby. Her task was to breathe deeply and sing this song for the next day, and when accomplished they celebrated it!

What we call this intervention is important, for I think it carries the hallmarks of good behavioral and constructionist practice--it is concrete and strength building, solution oriented, as focused on the woman's self-concept as it is on good parenting skills. It allows for a mind/body connection that is characteristic of many constructivist techniques. Effective programs are seeing that this type of intervention goes beyond clinical technique. It goes to the core of meaning for overwhelmed parents and children--it empowers and builds on strength. But self talk, cognition, and self-esteem are not enough--these internal concepts of theory do not address the larger social dimensions of the outside world.

Ecological thinking gives us a set of contextual metaphors that describe the influences of different systems levels on the family. It provides a way to view patterns of relationship within the family. Certainly, family structure seen in hierarchy, complementarity, boundaries, and triangles are important. How communities flood or isolate families and provide nurture or toxicity are other parts of this view. Typically, interventions tend to be focused on interpersonal and inter-systems relationships. For instance, in conducting family-school meetings or conjoint family meetings we create a moment of difference for the family. Likewise, reaching out to extended family, team meetings and wrap around meetings--are techniques that derive their approach from ecological thinking. Here we are empowering parents by finding ways to be collaborative with the whole family.

Programs that I see working effectively are adapting both of these approaches and finding ways to blend them. They are training their staff in them, without worrying about illusive conceptual purity. This practice thinking is ahead of documented program models, and way ahead of what is being trained and taught in most psychology and social work schools. Many family-based services are tiring of the old false dichotomies and are approaching practice with a fresh, integrated blend of theory that is commensurate with the complexity of the lives of those we are trying to help.

A Wider View of Families and Communities

A second area I wish to highlight is in how we are moving to define the parameters of family more broadly. Programs work more effectively when they see the family in a functional way, i.e., who ever is involved in raising children should be included as part of the family (Nelson and Allen, 1995). This pushes us to think multi-generationally and include grandparents, aunts and uncles and neighbors. It leads us to reach out to include the men who are never really absent, even though they may not be present in ways that fit stereotypical two-parent family myths. This broad view of the family is especially important when it comes to working with young, single mothers who may technically be referred to as "case head." They really are embedded in a larger system, including a grandmother and great-grandmother, uncles, older brothers, and boyfriends and neighbors. I saw a recent example of this in a reunification program where an oppositional 16-year old daughter was in foster care; her biological mom was often deeply

depressed and overwhelmed with an infant from her current relationship. Mother battled viciously with her daughter over clothes, hair style, high heels, staying out, drugs, etc. Whenever they battled, the daughter would run away into the streets and the mom would become so melancholy that suicide was a real possibility. Instead of focusing on the mother/daughter relationship, the worker began to engage mother's husband, who was the teenager's step-father, as a support for mom, and an aunt to serve as respite care for weekends when tension got too great; the daughter was able to return home from foster care, and the mother began to work more closely with the worker and her husband on ways of managing her melancholy. This functional view of family changes how we relate to the family. The family is now defined less biologically and more functionally as the real souls who struggle together through life. Most staff I work with are intrigued by this variable, but find case studies that end so miraculously more dismaying than helpful. No one can replicate published miracle cures! So I should say that working with an extended family is often messy, exhausting and takes many more phone calls and meetings than staying with the mom alone requires. But it brings us closer to the lives and souls of the families we help, and so it becomes a more relevant way of helping.

The third area of focus in this report is systems change—or how helping agencies can be changed to relate to each other and to families as a supportive rather than fragmenting community (Kagan and Neville, 1993). Programs that are focusing on the inter-organizational field of services, and trying to find ways to intervene in this field are being very effective. There is an inter-organizational web of agencies that exists in all communities that we are aware of mainly at time of transfers or crises. Trying to proactively change this will help families a great deal. Family-based services are finding that family-centered thinking can be a common backdrop for workers in different agencies, and can lead to more permeable boundaries between institutions and communities.

Programs that view the world only through the lens of their own categorical services tend to work with families in isolation from their schools, communities, agencies and churches, etc. That isolationist view makes it increasingly difficult to avoid placements, reunify families and work with any real influence. A more hopeful development is the ambitious cross systems change effort exemplified by the formation of county-wide, inter-agency Family Councils involving education, health, social services, juvenile justice, and vocational rehab councils. In Ohio, sites for administrative and clinical cross systems collaboration projects include joint planning, client advocacy, wraparound planning, cross systems training, case coordination, etc. This type of multi-systems reform needs an environment fertile with political and fiscal support among agency heads and state officials. Family Ties in Boston blends substance abuse and family services in another, smaller scale example of cross-system work. Yet another practice that helps systems change are invitational workshops where staff invite one person from another agency they work with regularly. Likewise, joint picnics and social gatherings, exercises in exchanging staff for the day or having one agency's staff shadow another staff for a day and then debrief over what they've been leaning. These initiatives work because they help us to learn about another agency's culture, to appreciate the inter-organizational field and the circumstances

that drive the other agency's perspective and needs. Our goal is to build a sense of community among helpers that transcends agency boundaries. Without that, it is very difficult to enact real collaboration or coordination.

Yet another area of systems change is the conflicted relationships between families and institutions. Many client families are part of communities and participate in institutions but tend to be excluded or scapegoated in these contexts. The challenge is to help those polarized relationships become more collaborative. Effort is spent on bringing parents and teachers together, linking up church leaders with families in need of help, connecting family members to self-help programs and neighborhood helpers, organizing team meetings and wrap-around meetings, where parents and children are empowered to play a joint role in the setting of goals and implementing plans. These techniques are important and effective tools--they are needed and more importantly, they are working in systems change.

A fourth skill area is the challenge of becoming community builders with the neighborhoods we work in (Bruner, 1996). This means seeing ourselves as community members, and where possible, facilitating groups and small systems of relationships. Increasingly, programs are more effective if they are able to see and help facilitate the formation of natural support groups in housing developments and neighborhoods. A good example is the formation of teen clubs and activity groups in transitional housing programs. These groups provide a sense of positive community. They nurture types of interactions among young people and between adults and kids that we expect for all of our children.

Here's a note from Meiesha, a 13-year old recently elected president of a new teen club in a transitional housing program in Maryland. The families live for a year in a subsidized apartment in a housing development with support from family preservation staff and then are expected to move into their own living space. Most of the families are involved with child protective services for neglect or abuse and have extensive substance abuse histories. Meiesha writes to the kids in the new club with excitement. This positive peer group represents a new way of relating and a vehicle for belonging, self-help and pride.

"HEY TEEN CLUB. SETTLE DOWN.
I HAVE SOMETHING TO SAY NOW THAT I HAVE BECOME PRESIDENT.
WE WILL NOT BE TALKING ABOUT EACH OTHER ANY MORE.
NOW WE ARE A TEAM
NOT A CLUB THAT FIGHTS. THERE WILL BE NO YELLING,
SCREAMING OR HITTING
NOW I HAVE SOMETHING TO ASK YOU.
DO YOU WANT TO BE PROUD OF YOURSELVES?
WE CAN LEARN A SONG? HOW ABOUT MY COUNTRY TISS OF THEE,
LIFT EVERY VOICE AND SING, OR AMERICA. ANY SUGGESTION?
LET'S SHOW THE STAFF WHO WE ARE AND WHAT WE CAN DO!

THE TEEN CLUB IS TO LEARN, HELP AND MAKE THE WORLD BETTER.
AND WE STRIVE!!!!!!!!!!!!!! A MATTER OF FACT HOW DO YOU FEEL ABOUT ME
BEING PRESIDENT OF OUR CLUB?

YOUR PRESIDENT,
MEIESHA

Here, Meiesha is leading us. Other community building work is being done by Settlement Clubs that encourage families to create rituals to celebrate achievements--an example is Rites of Passage clubs for teenagers where teens explore both loyalty and the realities of growing up together including grieving together for community members who have been killed or hurt seriously through violence. Traumatic attack, loss and social isolation is so prevalent in many low-income communities, that families need connection, intimate interaction and a place to share sorrow and joy with others in the same situation. Meiesha says there is a difference between being a gang and being a group-- when family-based programs engage in this kind of work they add multi-levels of effectiveness to their efforts. This part of our hope in action is very exciting.

Finally, community building is a way of changing small helping systems when children must be placed out of the home for safety. New Family-to-Family projects are redefining foster care, from fragmenting and disempowering birth families, to creating a collaborative relationship between a community family and the child's birth family. Whenever a child goes into foster care, a new system is created that includes the agency worker, the foster family and the biological family (Minuchin, 1990). Traditionally, this triangular system is full of distrust, fragmentation for the family. The worker is most powerful. The new model of foster care focuses on expanding the role of the foster family to become a long-term network of support with the biological family. Naturally, the social worker is less central. It facilitates foster parents to engage biological family parents in personal ways that professional helpers are unable. A colleague tells me that after 15 years in foster care, he was asked to supervise a new family-to-family foster care program. On cleaning out his desk, he found a 1981 memo telling staff that under no circumstances should foster parents and biological parents meet. In amazement at how archaic this sounded, he looked to the top of the memo and realized he had written it! A paradigm has really shifted. All of these newer different community building efforts focus on professionals helping community people relate to each other in more healing ways. The old model of professionals controlling interactions, with all the knowledge to heal the world, is bankrupt. We must face this and find how to use ourselves in richer more humble ways.

The Heart of Helping

The fifth area of effectiveness that I see out there, emerges from working collaboratively and with humility with families. It is very difficult to balance one's professional role with the need

to empower. This is easier "to talk" than it is "to walk." We know that the concept of complementarity teaches that as long as there is hierarchy in our relationship with clients, we will be the expert and the other will be the lost child. But the hierarchy has its value, for if we totally reject this hierarchy, how are we to behave with families? Would we find ourselves as overwhelmed and lost as they? Would we become a part of the family, tossed and turned by the shifting coalitions and pain that the family experiences? To some degree the answer here is yes, for we must allow ourselves to enter the family's world without the protection and boundaries of expert roles. An expert role leads us to view life as a matter of therapeutic change, not the mix of mortality, meaning and survival that it is. To do this, when visiting the family's home, we must operate in ways that gives the family leadership, that joins in the flow of family life, disclosing some of our own experiences that match with the family's, allowing our sadness and anger to show, accepting that we are not experts, just helpers with different experience (Kaplan and Girard, 1994). For many of us this means shedding years of professional socialization and thought patterns that focuses only on deficits and therapeutic change. It has been hard for me to give up the pleasure and authority I find in being called "Doctor" with families--but as long as I introduce myself that way, I create a hierarchy that is difficult to change. If by "Doctor" I imply an ability to diagnose, prescribe, and fix a family or child, I am not only overselling my skills but fooling myself as well. After 20 years of practice, I am finding a kind of humility in my work that is full of anxiety and opportunity. Anxiety in that I must face long-suppressed feelings of self-doubt, and opportunity because new possibilities are emerging in how I relate to clients. After all these years, now I begin to see myself more clearly.

And yet, we do know some things about human development, parenting, and working with crises--can't we impart our wisdom and try to help families benefit from what's been learned by others? There is some science to our work that we can bring to parents and their children though not as much as we've thought. Balancing our perspectives and roles is difficult and the programs that encourage their staff to talk openly and honestly about this dilemma are most effective.

During consultation meetings with staff, I will spend time focusing on what you know clinically that can help this family. Then I ask, what as a person, aside from all your technical knowledge, can you offer this family? What about your life story, your hopefulness, your personal experiences of survival, defeat and recovery can you share person to person with this family? And then, who in this family has something to teach you and how can you go about this process of learning? We must ask these questions of ourselves as helpers--so we can enter families' lives with humility, and a combination of science and authenticity. When we do this or even try hard and fail, we are more likely to be effective with clients and more able to live fully ourselves.

The final area of skill development that I see working in family-based programs is related to this, but a different shade. It has to do with finding the courage to express issues of meaning and faith with clients and among ourselves--to notice how our work impacts our outlook on life, and to face our own needs to be hopeful if we are to help anyone else. The splitting of the

clinical versus spiritual in our training and work has left us disassociated from, and ill-equipped to help families whose major resource is their faith in God or a power larger than themselves. We train to help others, and rarely do we focus on how to engage these deeper issues in clients' lives or our own (Swenson, 1995).

The trauma of many family's lives eventually has its impact on us as helpers--we become numb, lose compassion, and avoid feelings. After a while we talk privately with a friend or keep it all to ourselves--certainly such pain is not welcome at home, not over the dinner table with our spouses or children, not at parties when someone asks "so what kind of work do you do" (Erikson, 1994). Programs that are effective are beginning to form support groups, response teams, are accepting our own need to find hope as helpers--to discuss how the trauma our clients face remind us of traumas in our own lives. To explore together how spirituality helps us live and care with existential crises.

In a recent group discussion among in-home services staff, we first spoke of the trauma of clients and talk shifted to discussing our own traumas--most of those in the room had experienced assault, painful loss, violent act, or major illness that was on their minds and that had been brought back to consciousness by encounters with clients. What happens with this underbelly of emotionality that is present in all family-based agencies but often goes unacknowledged and unexplored? We separate work from this part of our life, and our work loses meaning and so does life (Jay, 1991).

Staff groups that are able to address these issues are more hopeful with clients, but are also more hopeful as people. Our modern cultural tradition of privatizing and seeking psychotherapy for trauma, helps us medicalize what are also existential dilemmas. If we are to have long and meaningful careers, we must find a way to help ourselves carry the trauma of work, soothe each other's wounds, and appreciate our scars as the hard-earned texture of wisdom. With this we become compassionate helpers.

Reflections on Hopefulness

The main theme of this presentation has been that there are areas of much hopefulness in family-based services. What is working are services that no longer expect the worker to be the sole expert, that blend personal and professional, spirit and science, and that empower families and communities. These areas are evidence of new development that are hopeful and far-reaching in their impact. We in family-based services are recreating ways of helping that enrich human services and our own lives.

I want to conclude with a story from my own family. Over the past several years, my oldest daughter, a pre-teen, has become an active reader of wonderful literature; the Anne of Green Gables series, Little Women, the poetry of Robert Frost. We decided to read a book together,

and chose the Diary of Anne Frank. My daughter, like Anne, sees herself as a writer and is keeping a diary during exactly the same adolescent years as Anne Frank. We are reading the diary also because we are Jewish and this spring our family will celebrate her Bat Mitzvah. Reading the book together is a way to explore our Jewish experience and the big questions of growing up, life and death.

As you remember, Anne, her parents and her sister Margot and a family of friends, go into hiding in Amsterdam in May, 1942, 56 years ago. The Germans have taken over Holland and are deporting all Jews to concentration camps in Austria and Germany. The family remains in hiding, never leaving their secret annex, for just over two years--Anne turns 15 in hiding, and her writing becomes more sophisticated, thoughtful. It is full of life and hope throughout. Anne created a private soulmate in her diary and addressed each entry to this soulmate who she called "Kitty". Finally, Anne and her family are discovered in August of 1944, and all but the father perish in the concentration camps the next year, only two months before American and Soviet soldiers arrive.

In talking with my daughter after we finished reading, I said how sad I felt--knowing the ending before Anne did, feeling the pain of her loss and the destruction of the Jewish community in Europe. My daughter said to me that she did not feel so sad reading the book. After all, Anne wasn't sad, she lived a really full life in the annex, she didn't know when she was going to die and besides she said she couldn't pay attention to that anyway. My daughter said that we all are like Anne, we never know when we will die--maybe tonight, maybe tomorrow--and if we focus on that, we won't be able to live fully today. She said I'm going to do just what Anne did--and she reminded me of one of Anne's last entries before they were discovered--it goes like this:

Dear Kitty:

...People who have a religion should be glad, for not everyone has the gift of believing in heavenly things. You don't necessarily even have to be afraid of punishment after death; hell and heaven are things that a lot of people can't accept, but still religion, it doesn't matter which, keeps a person on the right path. It isn't the fear of God, but the upholding of one's own honor and conscience. How noble and good everyone could be if, every evening before falling asleep, they were to recall to their minds the events of the whole day and consider exactly what has been good and bad. Then, without realizing it, you try to improve yourself at the start of each new day; of course, you achieve quite a lot in the course of time. Anyone can do this, it costs nothing, and is certainly very helpful (Frank, 1986).

Love,

Anne

My daughter said that this was the lesson for her of Anne's Diary, that no matter how hard things got in life, she would try to go to bed each night thinking of the good she did that day and planning how she could be better the next day. I knew in that moment that our roles had switched, that I was learning about hopefulness and how to live life more fully from my 12-year old daughter. She was now the wise teacher and I the lost child. In such moments of caring across generations, of compassion for each other, of vulnerability about the big questions of life, we become aware of what makes our own and our client families work--and also, of what there is left to believe in.

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