

SUSTAINING COLLABORATIVE PRACTICE IN THE “REAL” WORLD

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WORKSHOP DESCRIPTION

Many helpers committed to strengths-based collaborative practice face challenges pursuing these ideas in more traditional contexts. This workshop examines the effects of taken-for-granted professional assumptions, organizational practices, and funding mandates on our work. Drawing on ideas from Appreciative Inquiry, Narrative Therapy, and Dialogical Approaches, we'll envision a helping practice based in an ethic of possibilities, collaboration, and accountability; and develop sustainable practices to ground our work in preferred values and principles. This workshop highlights ways to use bureaucratic requirements (clinical forms, progress notes, case presentations, etc.) to support preferred helping practices, examines ways to invite colleagues into critical reflection and dialogue about these challenges, and generates strategies to reclaim our work and live into the values and commitments that brought us into the field.

PRESENTER DESCRIPTION

William Madsen, Ph.D. is the founder and director of the Family-Centered Services Project. He provides international training and consultation regarding collaborative approaches to working with youth and families and assists community and government programs develop institutional practices and organizational cultures that support family-centered work. Bill has written numerous articles and is the author of *Collaborative Therapy with Multi-Stressed Families (2nd Edition)*. He is currently working on another book tentatively entitled, *Collaborative Helping: Towards More Supportive Services*, which highlights a simple, accessible and comprehensive practice framework for family support workers, case managers and milieu workers.

ADDITIONAL RESOURCES

Additional materials and resources on family-centered services, wraparound and systems of care, collaborative approaches to child welfare practice, institutional supports for family-centered practice, and family-driven outcome measures can be found on the Family-Centered Services Project website – www.family-centered-services.org

FOUR COMMITMENTS THAT FORM A FOUNDATION FOR COLLABORATIVE FAMILY-CENTERED PRACTICE

STRIVING FOR CULTURAL CURIOSITY AND HONORING FAMILY WISDOM

Families and helpers can be seen as distinct cultures, each with beliefs and preferred styles of interacting. Services can be seen as a cross-cultural negotiation in which families and helpers interact in a mutually influencing relationship. In this interaction, family actions may be more understandable through the family's lens than through the helper's lens. To fully understand family complexity, it is useful to approach each family as a unique micro-culture and to learn as much as possible about their particular culture. We can think about entering each family as an anthropologist looking to elicit family meaning rather than assigning professional meaning. This endeavor can be supported by entering with a stance of "not knowing" or cultural curiosity.

BELIEVING IN POSSIBILITIES AND ELICITING RESOURCEFULNESS

When we enter a culture, what we look for profoundly organizes what we see. All families have particular competencies and know-how as well as capacities to grow, learn and change. Our work proceeds quicker and elicits less "resistance" when we focus on *what is and could be*. A belief in possibilities does not ignore or minimize problems in family life. In fact, viewing families as different from and more than the difficulties in their lives allows us to simultaneously acknowledge the severity of problems and elicit, elaborate, and appreciate family resourcefulness in addressing those problems. In this way, we can maintain a belief in resourcefulness without romanticizing families.

WORKING IN PARTNERSHIP AND ON FAMILY TURF

If we believe that families are the experts on their lives and often have more resourcefulness than we realize, our work together can become a collaborative process that draws on the skills and know-how of both parties. The goal is to develop a cooperative relationship in which the family is an active participant. Cooperation is a two-way street, and helpers as well as families can be non-cooperative. Since, we as helpers hold a leadership position in the relationship, a collaborative relationship begins with us finding ways to cooperate with families and fit our work to their turf.

ENGAGING IN EMPOWERING PROCESSES AND MAKING OUR WORK ACCOUNTABLE TO PEOPLE SERVED

Empowering processes refer to ways of thinking and acting that acknowledge, support, and amplify people's participation and influence in developing the lives they prefer. Disempowering processes refer to ways of thinking and acting that inadvertently disqualify, constrain, or supplant people's participation and influence in their lives. Despite our intentions, helpers' actions may have empowering effects, disempowering effects or mixed effects. One way to avoid inadvertent disempowerment is to make our work accountable to people served and actively solicit feedback about the effects of our actions. In this way we can become accountable allies *working with* families rather than experts *acting on* them.

FOUR IDEAS THAT SUPPORT COLLABORATIVE FAMILY-CENTERED PRACTICE

OUR ATTITUDE APPROACHING FAMILIES IS THE FOUNDATION OF OUR WORK

The attitude or relational stance we hold with families is the foundation of our effectiveness. The ways in which we think about families (our conceptual models) and act with families (our helping practices) position us in particular relationships with them and can be evaluated in terms of their potential to support the relational stance we'd prefer to hold. One useful relational stance is that of an "Appreciative Ally" in which we position ourselves in alliance with people and in which people experience us as "in their corner" or "on their side." This stance is grounded in a spirit of respect, connection, curiosity, and hope.

EFFECTIVE HELPING IS BEST ORGANIZED AROUND A FORWARD-THINKING SHARED VISION

Our work is often focused around problems and what needs to change. While this is an understandable focus, it can leave families feeling overwhelmed by problems and contribute to shame and defensiveness. This is unhelpful and slows down our work. Instead, we can organize our work with families around their hopes for the future and preferred ways of being in the present. A forward-thinking agreed upon focus provides an irresistible magnet for change, establishes positive momentum, and minimizes "resistance."

IT IS USEFUL TO THINK ABOUT PEOPLE AS BEING IN A *RELATIONSHIP* WITH PROBLEMS RATHER THAN *HAVING* OR *BEING* A PROBLEM

The ways in which we think about problems that people face shapes our work with them. We often think of people *having* a problem (e.g. she is suffering from depression) or *being* a problem (e.g. he is bi-polar). This can imply that change requires an alteration of people's very being and bring about despair, shame, and/or defensiveness. We can also think about people as separate from a problem and yet in an ongoing and changeable relationship with it (e.g. Depression has come into a person's life and created problems for them). This separation helps people experience themselves outside the influence of the problem and opens space to better respond.

INQUIRY (THE PROCESS OF ASKING CAREFULLY CRAFTED QUESTIONS) IS A POWERFUL TOOL IN THE HELPING PROCESS

If we view the people we serve as more than the sum of problems in their lives and if we begin by attempting to help them envision preferred directions in life, we can re-think helping efforts as a process of co-research or collaborative inquiry. In this process, helpers pose questions designed to help people envision desired lives, identify challenges that stand in their way, and jointly develop constructive ways of responding to those challenges. Collaborative inquiry represents a partnership that taps the resourcefulness of both families and helpers.

A BRIEF DESCRIPTION OF COLLABORATIVE HELPING

Collaborative Helping is a practice framework to help families envision desired lives, address long-standing problems, and develop more proactive coping strategies. It offers an alternative approach to thinking about and working with families. Beginning with a conviction that people are more than the sum of the problems in their lives, we can expand our focus from simply identifying and correcting immediate problems to helping people envision and develop new lives. The heart of this model is “collaborative inquiry,” a process of joint exploration in which helpers pose questions designed to help people envision and develop preferred directions in life. In this process, we can view helper expertise as the ability to ask questions that elicit, elaborate and acknowledge people’s abilities, skills, and know-how that have been previously obscured. The questions in collaborative inquiry are developed for the benefit of people served with a focus on how they experience themselves in the process of responding to the questions. The questions are designed to contribute to a more complex experience of self and invite the enactment of alternative life stories. The enactment of preferred lives can be powerfully enhanced with the development of communities of support that can serve as appreciative audiences for change.

This framework draws on ideas from appreciative inquiry, motivational interviewing, the signs of safety approach to child protective services, and solution-focused and narrative therapy models. It is applicable at multiple levels and can be productively used in direct work, supervision, administration and organizational consulting. In fact, its effectiveness at a front-line level is enhanced when the organizing principles are also applied at various levels throughout an organization through the development of institutional practices and organizational cultures that are grounded in the four commitments previously described.

In collaborative inquiry, there is a two-way flow of information. The process does not simply convey helper expertise to families nor simply elicit their ideas. Instead, it is a joint process that highlights the shared knowledge that emerges in the course of a conversation. Collaborative inquiry does not require helpers to abdicate their own knowledge. There may be valuable wisdom in our work and life experience that can be useful for people served. However, it is important to be cautious about when and how we offer this wisdom. My own preference is to first emphasize local wisdom, then ideas that are jointly developed in meetings, and then additional knowledge from my own work or personal experiences, if it seems appropriate, useful and invited.

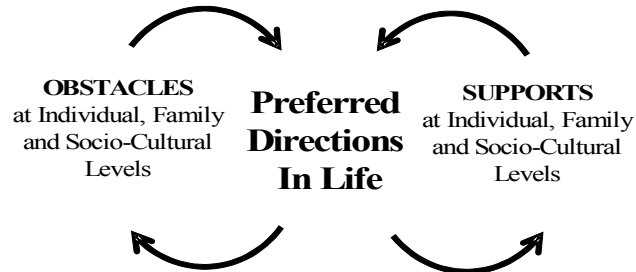
While this is a collaborative process, it is not an egalitarian partnership. Families are in a more vulnerable position in helping relationships and it is important to acknowledge this and be mindful of the power differential that exists. Helpers take on a leadership role in the organization of questions, but remain accountable to people served for both the direction of the inquiry and the effects of the questioning process on them. We can accomplish this by asking people how the process is going from their perspective and adjust our efforts accordingly.

A FRAMEWORK TO GUIDE COLLABORATIVE HELPING

An outline for collaborative helping that is applicable at multiple levels includes five steps (in this outline, “client” can refer to families, workers or organizations; “consultant” can refer to workers, supervisors, administrators or organizational consultants):

1. Building a foundation of client engagement (Getting to know clients in ways that humanize them, build connection with them, and encourage hope for shared work)
2. Helping clients envision preferred directions in life and work. (Drawing on clients’ best moments and greatest frustrations to focus on a desired future or preferred coping in a difficult present.)
3. Helping clients identify obstacles to and supports for their development of preferred directions in life and work. (We can think about these elements as separate entities and view clients as being in a mutually influencing and changeable relationship with them.)

Obstacles and Supports



4. Helping clients address obstacles and/or draw on supports in order to “live into” preferred lives and work.
5. Helping clients develop communities to support the enactment of preferred lives and work. (These communities may involve presence of others who are alive or dead, real or imagined.)

A FEW QUICK WORDS ABOUT CULTURAL DISCOURSES

Discourse is used here to refer to a collection of our taken-for-granted cultural assumptions, our unexamined daily habits, and the economic, political and cultural institutions within which these assumptions and actions exist. These are all intertwined and we both participate in and are the recipients of them. Taken-for-granted cultural assumptions shape how we interact and our interactions maintain prevailing cultural assumptions.

Discourses can be seen as “presumed truths” that are part of the fabric of everyday life and become almost invisible. They are difficult to question, shape our identity, and influence attitudes and behaviors. In our lives, we are subjected to multiple and often conflicting discourses. However, over time, certain discourses become dominant and take up more space in our culture. Discourses are often prescriptive, and include cultural specifications about how people should be and against which people compare themselves. They both reflect the prevailing social and political structures and tend to support them.

Michel Foucault, a French social philosopher, examined the ways in which cultural discourses are internalized by individuals. He suggests that people monitor and conduct themselves according to their interpretation of cultural norms. Through this process, discourse shapes our sense of who we are and who we “should” be. When cultural discourses become a framework for making sense of our lives, those experiences that do not fit become invisible. This process has marginalizing effects on some individuals and families. Their own knowledge is obscured and their life is interpreted through the lens of dominant discourses. In this way discourse contributes to the construction of identity and constrains alternative possibilities.

This focus on discourse can be helpful both in our attempts to assist family members in making sense of their lives, and in our examination of our own professional lives. Professional and cultural discourses not only affect the people served. They also profoundly affect our professional identity and how we make sense of the work we do.

THREE SETS OF JUXTAPOSED PROFESSIONAL DISCOURSES

<p style="text-align: center;">Discourse of Deficits</p> <p><i>Assumptions</i> – Our job is to identify problems, discover their causes, and intervene to ameliorate problems.</p> <p><i>Practices</i> – Focusing on problem, precipitant, risk factors & DSM diagnoses.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to not a conduct a thorough investigation of the problem and adequately assess risk factors.”</p>	<p style="text-align: center;">Discourse of Possibilities</p> <p><i>Assumptions</i> – We benefit from focusing on what <i>is</i> and <i>could be</i> rather than on simply what <i>isn't</i> and <i>should be</i>.</p> <p><i>Practices</i> – Focusing on signs of safety, protective factors, and resilience.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to inquire about difficulties without first having built a foundation of competence, connection, and hope.”</p>
<p style="text-align: center;">Discourse of Professional Expertise</p> <p><i>Assumptions</i> – Our job is to assess clients, develop a service plan, and bring them in line with normative functioning.</p> <p><i>Practices</i> – MDTs or foster care reviews that only draw on professional wisdom.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to not draw on the specialized expertise that we have.”</p>	<p style="text-align: center;">Discourse of Collaboration</p> <p><i>Assumptions</i> – It is important to “work with” rather than “act on” families and honor family wisdom in that process.</p> <p><i>Practices</i> – Family group conferencing in which families devise plans and professionals act as resources.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to not actively elicit the wisdom families have about their lives.”</p>
<p style="text-align: center;">Discourse of Protection (Prof. responsibility <i>for</i> people served)</p> <p><i>Assumptions</i> – Clients are in a vulnerable position and it is our responsibility to protect them in that position.</p> <p><i>Practices</i> – Confidentiality, Filing 51As, Protective investigations.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to not file a 51A when there is a question of neglect or abuse.”</p>	<p style="text-align: center;">Discourse of Accountability (Prof. responsibility <i>to</i> people served)</p> <p><i>Assumptions</i> – People served are the best judges of the effects of our actions on them and we benefit from their feedback.</p> <p><i>Practices</i> – Explaining our actions to family members and actively seeking their feedback.</p> <p><i>Revealing Declaration</i> – “It is unprofessional to use objectifying language without considering how families might experience it.”</p>

ONE EXAMPLE OF A STRENGTH-BASED ASSESSMENT OUTLINE

Identifying Information

- Demographic information

Description of the Family

- Brief appreciative description of family, their network, and community supports
- Living environment and recent changes in household composition
- Family hopes and preferred directions in life

Presenting Concerns

- Presenting concerns in the words of the referral source
- Family members' response to referral
- Family members' definition of their concerns (in rank order)
- Family members' vision of life when concerns are no longer a problem

Context of Presenting Concerns

- Situations in which problem(s) is most/least likely to occur
- Ways in which client and others are affected by problem(s)
- Family members' beliefs about the problem(s)
- Family interactions around the problem(s)
- Cultural supports for the problem(s)

Family's Experience with Helpers

- Family's current involvement with helpers
- Family's past experience with helpers
- Impact of past experience on their view of helpers

Relevant History

- Multigenerational history organized by theme that captures presenting concern, constraining interactions, beliefs and life stories, and experiences with helpers

Medical Information

- Status of physical health and relationship to the presenting concerns

Mental Status

- Effects of presenting concerns on concentration, attention, memory, etc.

Risk Factors and Safety Factors

- Suicide - violence - sexual abuse – neglect - substance misuse
- Personal, family and community abilities, skills, and know-how that protect from risk and promote safety
- Individual and family preferences, intentions and hopes that protect from risk and promote safety

Diagnosis

- DSM diagnosis if required (may also include people's colloquial language)
- Ways in which person's particular experience is different from standard description of that diagnosis

Formulation

- Include information that addresses:
 1. Person/family's hopes and preferred direction in life
 2. Existing supports and constraints at biological, individual, family, network, and socio-cultural levels

QUESTIONS TO ASSESS EXTERNALIZED PROBLEMS

Description of the Family

- Who are the important people in your lives?
- Can you tell me about your life together outside the immediate problems that bring you here?
- As I get to know you better, what do you think I might particularly appreciate about you?
- Where would you like to be headed in your life together?

Presenting Concern

- What is the referral source's biggest concern?
- What is your reaction to that?
- What concerns do you have? (in rank order)
- How will your life look different when these concerns are no longer problems?

Context of Presenting Concern

- In what situations is the problem most/least likely to occur?
- What is the effect of the problem on you and your relationships?
- How does this problem interfere with your preferred life together?
- How do you explain the problem?
- How have you attempted to cope with the problem?
- What broader cultural support does the problem receive?

Family's Experience with Helpers

- What helpers are currently involved with you?
- What has been your past experience with helpers (good and bad)?
- What impact does that have on your view of helpers?
- How might that affect our work together?

Relevant History

- What is the history of the relationship between the problem and you?
- When has the problem been stronger/weaker in the history of that relationship?
- When have you been stronger/weaker throughout the history of that relationship?
- What has supported the problem's influence on you (family of origin level, family-helper level, broader socio-cultural level)?
- What has supported your influence on the problem (family of origin level, family-helper level, broader socio-cultural level)?

Medical Information and Risk Factors

- What effects has the problem had on your physical health? Has it exacerbated existing medical concerns for you or others?
- What, if any, interactions has the problem had with suicidal ideation, violence, substance misuse, sexual abuse or neglect in your lives?

Formulation

- Where would you like to be headed in your life together?
- What constraints stand in the way of your getting there?
- What abilities, skills, and wisdom might you draw on to address those constraints?

RE-THINKING TREATMENT, SERVICE OR ACTION PLANS

Traditionally, the process of goal-setting has been grounded in a medical model in which “experts” diagnose problems, prescribe a recommended treatment, and evaluate results against measurable outcome indicators to ensure accountability to funders. Although this operational structure may work in some settings, it has the potential to encourage a problem-saturated experience and place persons served in a disempowered passive stance in the helping relationship. In my own work, I have tried to place the development of therapeutic contracts within a broader organizational framework for collaborative inquiry. Within this framework, we can organize helping efforts around the following steps:

1. Getting to know families outside of the problem’s influence
2. Helping clients envision preferred directions in life
3. Helping clients identify elements that may constrain and/or sustain their development of preferred directions in life
4. Helping clients address constraining elements and/or enhance sustaining elements
5. Helping clients develop communities to support the enactment of preferred lives

Many family-centered programs are encouraged to organize helping efforts around the identification of strengths and needs in a range of life domains. Often strengths are matched to needs and a plan is developed for responding to those needs by drawing on strengths along with supplemental professional support. We can enhance this process by re-conceptualizing strengths as sustaining elements for preferred directions in life and re-casting needs as constraining elements to preferred directions in life. Collaboratively developed treatment, service or action plans can then become organized around a family’s proactive vision statement, the identification of constraining elements (needs) and sustaining elements (strengths), and the development of a plan to help people address constraining elements and draw on sustaining elements. This can be formatted into a treatment, service or action plan with the following components:

1. Vision statement or Agreed upon focus
2. Identification of constraining and sustaining elements
3. Plan to address constraining elements and draw on sustaining elements
4. Ways in which improvement would first be noticed.

Description of a Family for a Sample Action Plan

Lyra is a fiery 15 year old white girl with flaming red hair, multiple piercings, and a passionate approach to life. She lives with her two parents and has had a long history of impulsivity both at school and home. She is tired of adults messing with her life and wants to be left alone. Her late grandmother (whom Lyra worshipped) always kidded her that Lyra would “leap before she looked.” Lyra acknowledges that maybe her life would be better off if she could follow her grandmother’s adage of “look before you leap.” She has a secret dream to become a fashion designer, but thinks everyone at school sees her as “trouble” and would laugh at her occupational hopes. While she is currently furious at her parents, they used to have a close relationship and she misses that. Her mother Betty works is a quiet, reserved woman who wants a close knit family and is very worried about her daughter. Lyra’s father, Tom, values her outspoken feistiness. However, he becomes furious with how abusive she can be towards others and responds by demanding that she straighten up and respect her elders. Tom and Lyra can easily become locked in escalating power struggles which further upsets Betty as she watches her hopes for a close knit family dissolve. At those times, Tom becomes even angrier as he sees the effects their arguments have on Betty.

SAMPLE ACTION PLAN

Agreed Upon Focus:

Lyra wants to develop a “look before you leap” lifestyle characterized by planfulness and caution without losing sight of fun and excitement in life. This is important to her because a “leap before you look” lifestyle has gotten her in trouble at home and school and prevents others from recognizing and acknowledging the hopes and plans she has for her life. While she can often get caught in a Leaping Lifestyle (which can be quite compelling), she has been more able lately to bring planfulness and caution into her life and this ability is increasingly recognized by her parents and two friends.

Constraining and Sustaining Elements

Lyra can be easily captured by a Leaping Lifestyle and has a number of friends who are into cutting school, partying at night, and “not giving a crap in life.” A Leaping Lifestyle gets a lot of support from “being cool.” Lyra enjoys the respect she gets from friends for “living on the edge and not taking crap from adults.” She wants to be making more decisions in her life and be the “boss of herself.” When her parents set limits on her, she can get caught in proving to them that she and not they are the boss of herself by “leaping before she looks just for spite.”

At the same time, Lyra has a deep commitment to keeping the trouble that a leaping Lifestyle has brought into her life “in its place.” She is tired of the reputation she has acquired at school and wishes people could also recognize her “thoughtfulness and seriousness.” She has two friends who are “less cool but less also maintenance to hang out with” and enjoys the time she spends with them. Her maternal grandmother (who encouraged Lyra to “look before you leap”) passed away a year ago, but is still a very important presence in her life and someone who she does not want to disappoint. She misses the closeness she used to have with her parents and wishes she could confide in her mother more.

Plan:

- We will work to help Lyra clarify why she prefers a Looking Lifestyle over a Leaping Lifestyle and concretize what a Looking Lifestyle might look like in the future.
- We will examine the cultural ideas of “being cool, not taking crap and living on the edge,” where they come from, and the degree to which they suit or don’t suit Lyra (without trying to prematurely talk her out of them).
- We will help Lyra and her parents talk about the fights that they can become caught in, the effects those fights have on their relationships, and different ways in which they talk about Lyra growing up and making more decisions for herself.
- We will help Lyra and her parents find ways to get back some of the connection they used to have and miss as well as helping Lyra find ways to keep her grandmother’s spirit more alive in her life.
- We will look for ways that Lyra’s two friends might become important allies in her life in helping others see her seriousness and thoughtfulness without becoming “boring.”

Ways in which Improvement might first be noticed:

- Lyra might be able to better describe what a Looking Lifestyle looks like and better explain why that appeals to her.
- Lyra might notice when the “voice of being cool” is speaking to her and take some time to think before she responds to it.
- Lyra and her parents might notice times when they were almost sucked into a fight and did something different.
- Lyra and her parents might be talking more and fighting less and Lyra might organize the pictures from her grandmother’s wedding that she has in a box.
- Lyra will talk with her two friends about being in therapy and also tell them how they have been helpful to her.

TRANSLATING BETWEEN METAPHORS ONE EXAMPLE OF A PROGRESS NOTE*

Date:

Data:

Current Effects of the Problem

- Use the language of the person.
- To speak to the language of “medical necessity” comment on how the problem continues to affect the person’s work/school performance, social/family interactions, or daily activities.

Steps Toward the Preferred Story

- Unique outcomes
- New discoveries / knowledges
- Redescriptions
- Qualities the person or his/her support system has demonstrated in the present or past that will help the person challenge the effects of the problem.

Assessment:

- Psychiatric label & GAF
- Psychosocial stressors
- Comment on changes observed since the last session

Plan:

Using the person’s language, note:

- Steps in the direction of the preferred story the person plans to take before the next session.
- New knowledges discovered or rediscovered during the session.

* *These ideas on revisions for Progress Notes are taken from Janet Adams-Westcott.*

NEW APPROACHES TO TERMINATION IN HELPING PRACTICE

Traditionally, the process of termination has been organized around a metaphor of loss. While there are often elements of loss in termination, the process can also be viewed as a rite of passage, somewhat similar to a graduation ceremony. The following questions provide a framework for Consolidation Interviews are useful to review and amplify the changes family members have made, to develop contingency plans with families for the possible re-emergence of problems, and to document client's wisdom and solidify changes they've made.

USEFUL QUESTIONS FOR A CONSOLIDATION INTERVIEW

Reviewing the Journey

- What were you most concerned about at the beginning of our work together?
- What problems were you struggling with?
- How strong were those problems (on a scale of 1-10)?
- How strong would you say those problems are now (on a scale of 1-10)?
- When you compare the problems' influence at the beginning of our work with their influence now, what do you notice?

Reauthoring Questions

- What steps did you take to bring about that change in the problem's influence?
- How did you do that?
- What does it mean that you've taken these steps?
- What does it tell you about each other and about your relationship?
- What does it say about what you care about and value in your life together?
- With these new achievements as a foundation, what changes might follow next?

Circulation Questions

- Now that you've accomplished these changes, who else should know about them?
- What difference do you think it would make in their attitude toward you if they had this news?
- Would it be better to go along with people's old ideas about you or catch them up on these new developments?
- What would be the impact of those people hearing about these developments?
- What would be the best way of letting them know about these accomplishments?

Problem Resurgence Questions

- If this problem were to attempt a comeback, how would you first notice that?
- What might give you an indication that this problem was coming back?
- What might be the first sign of that indication? (continue to trace back)
- What have you learned about managing this problem in the past?
- What of that knowledge could you bring to addressing its attempted comeback?

Family Wisdom Questions

- I periodically meet with other families struggling with the same kind of problem you described. From what you now know, what bits of wisdom would you have to offer them?
- If they were to ask you about what you've learned in dealing with this problem, what would you say to them?
- Much of what I've learned about helping families comes from my work with families. Based on what you've learned in your accomplishments, what thoughts would you have for professionals trying to help other families with similar issues?

CO-AUTHORING TERMINATION/CONSOLIDATION SUMMARIES

TRADITIONAL TERMINATION SUMMARIES

Licensing agencies traditionally require that termination summaries contain the following information:

- Presenting Problem and Diagnosis
- Treatment Goal and Plan
- Client Condition and Level of Functioning at Termination
- Reasons for Termination
- Follow-up Recommendations

Based on the previous consolidation interview outline, we could co-author termination/consolidation summaries with families that are organized in the following fashion.

SUMMARY OF OUR WORK TOGETHER

Initial Concerns

- What were the family members most concerned about?
- How concerned (1-10) were they?
- Effects of problem on family members

Therapy Goals and Plan

- What was the agreed-upon focus of therapy?
- Who did what to address that focus?

Course of Treatment

- Current level of concern (1-10)
- Family's contribution to changes

Status at Termination

- Rationale for termination
- Family's plan to solidify progress
- Early warning signs of possible problem resurgence
- Family's plan to address possible problem resurgence

Follow-up Recommendations

- Family/therapist recommendations for family
- Family recommendations for other families and therapists working on similar problems

INTEGRATING A “FAMILY VOICE” IN HELPING DISCUSSIONS

CONTEXT FOR THIS FORMAT

This format is grounded in a social constructionist discourse. While many individual psychology models assume that what we call the “self” consists of innate personality characteristics that represent the true essence of the person, social constructionist approaches view the “self” as constructed in social interaction. Our ways of understanding ourselves and our relationship to the world develop in the course of our interactions in the world and are profoundly shaped by those interactions. We are continually creating our identity in the moment as we interact with others. This perspective shifts the focus from “who we are” (as a preexisting quality) to “how we are” (our ways of being that are continually being reinvented). In the process, the person we are becoming is profoundly shaped by and inseparable from our social context.

Social constructionist theory suggests that we grow up in a world of conversations; some involving us, some simply about us. Over time, these external conversations become internalized and begin to comprise the stories we tell about ourselves. The stories we tell about ourselves as well as the stories told about us operate as a framework for making sense of our lives. They promote selective attention to particular events in our lives and “prune from experience” those events that do not fit within the stories. In this way, identity and experience of self is constructed in social interaction and profoundly influenced by the conversations with and about us.

While social constructionist assumptions challenge many fundamental professional and cultural assumptions, they can provide useful guidelines in approaching families. If we assume that our conversations about and with families have important effects on them, on their experience of us, and on the development of helping relationships, then it becomes important to think carefully about how we organize both our internal conversations about families and the external conversations we have with them. Our internal conversations about families are often shaped by our conversations with other professionals. One common venue in which families are discussed is “case” presentations. (It is interesting to note that even the phrase “case presentation” may have objectifying effects on families. For example, what would be your reaction to being described as a “case?”)

This format offers a process for organizing helping discussions that invites workers to reflect on the real effects of taken-for-granted ways of talking about families in professional settings.

INTEGRATING A “FAMILY VOICE” IN HELPING DISCUSSIONS

This process is based on the assumption that the ways we talk about families outside their presence has significant effects on our experience of them, their experience of us, and the developing helping relationship. The process is designed to increase worker to possible positive and negative effects of taken-for-granted ways of talking about families. It organizes group discussions in a way that includes someone on the team listening to the discussion in the role of a family member being discussed and subsequently being interviewed in that role about his or her experience of the discussion.

After a discussion about the usefulness of therapeutic practices being accountable to the families they are designed to help, participants are asked whether they would be willing to engage in a process of holding their work accountable to families. If they agree, the process can proceed through the following steps:

- A helper is interviewed about a family or presents the family to the rest of the group who listen and then ask questions of clarification.
- The group conducts a reflecting team discussion about the material presented.
- The presenting helper reflects on the team discussion.
- The person who is listening as the “family voice” is (in role) interviewed by the group about his or her experience of the discussion.
- The group debriefs.

SAMPLE QUESTIONS FOR THE INTERVIEW WITH THE PERSON IN THE ROLE OF THE “FAMILY VOICE”

- What was this process like for you and what reactions did you have to it?
- What about the process felt respectful and empowering?
- What effects did that have on you?
- Were there parts of our discussion that felt unhelpful, disrespectful or disempowering?
- What effects did that have on you?
- How could we have had the discussion in a way that addressed difficult issues and yet did not have those effects?

EFFECTS OF THIS PROCESS ON HELPERS

Many participants have found this process very helpful. They have described it as useful to both listen as the “family voice” and to receive feedback from the “family voice.” Feedback from the “family voice” has often been direct, politely confrontive, and quite profound for participants. The power of the format grows over time. As more participants spend time in the “family voice” role, the voice becomes a stronger presence in the room. As the “family voice” becomes stronger in helping discussions, participants seem to become emboldened to respectfully advocate for family members in other settings.

The format can have a lasting impact on participants. One participant reported that as a result of this process over time, she now carries two voices in her head when she does therapy. She experiences a “supervisory voice” reminding her to be a good diagnostician and conduct a thorough assessment and a “family voice” reminding her to be an authentic human being and develop a strong relational connection. By her report, the two voices usually complement each other. This is an intriguing comment. Although it is a fairly common experience to internalize a “supervisory voice,” the additional internalization of a “family voice” holds significant potential to shift how we think, talk, and act with family members.

CONSIDERATIONS IN THE USE OF THIS PROCESS

It is important that participants fully agree to participate and authorize the “family voice” to give them candid feedback. It’s also important that team members who are discussing a family have permission to be inadvertently offensive in their comments as long as they are willing to receive feedback about and address the effects of those comments. It also helps when there is a foundation of trust in the group. At times, the person in the “family voice” role has spoken bluntly and passionately, and this process works best when it is done lovingly and in a way that honors worker’s best intentions.

One danger of this process is that it can have silencing effects on workers who may respond by only saying “nice, positive” things about families. The intention in this process is not to sanitize our conversations about families, but to help workers increase their sensitivity to the effects of unexamined professional ways of talking and to find respectful ways of having difficult conversations about family members.

There are times that using a “family voice” might be less useful, that is, when a helper wants to examine difficult personal reactions to family members, and the conversation is more focused on the helper than the family.

The process has raised interesting questions about who to include as the family voice in “case presentations.” Generally, groups have found it useful to pick a perspective they would find interesting or seek out the most marginalized voice in a particular situation. Often this voice is not a family member. Some of the more interesting “voices” have been those of other helpers.

This process can also be useful in management or academic discussions about difficult employees or students.

RE-THINKING QUALITY ASSURANCE, OUTCOME MEASURES AND UTILIZATION REVIEW

If quality care rests on a foundation of relationships characterized by respect, connection, curiosity and hope, how do we develop organizational cultures that institutionalize these qualities, both in how helpers are encouraged to relate to families and in how supervisors and administrators are encouraged to relate to workers? The following ideas represent initial thoughts designed to stimulate thinking “outside the box” rather than to provide definitive answers.

Evaluative Criteria for Collaborative Family-Centered Policies and Procedures:

- How could this policy or procedure be more sensitive to families’ and workers’ phenomenological realities?
- How could this policy or procedure promote more attention to family and worker resourcefulness?
- How could this policy or procedure better elicit family and worker input to enhance its development and implementation?
- How could this policy or procedure better support and enhance family and worker influence and participation in their lives and work?

Evaluative Criteria for Outcome Measures:

- How do we make sure that family voices are included in outcome measurement efforts to ensure continued accountability to the people we serve?
- How do we develop nuanced measures that recognize that a particular helping practice cannot be separated from the worker practicing it and that helping relationships are jointly developed?
- How do we develop measures that recognize the uniqueness of human beings and encourage tailoring our efforts to particular people rather than specific conditions?
- How do we take into account the importance of “client factors” and “relationship factors” as the two biggest contributors to psychotherapy outcome as we attempt to develop outcome measures and not focus only on isolated techniques (even though they may be easier to measure)?
- Finally, how do we think carefully about our intentions, purposes and values in this work to ensure that we are *measuring what is valuable* rather than simply *valuing what is measurable*?

Questions that could be included in utilization reviews:

- Are individual, family, and broader contextual issues adequately considered?
- Does this record promote sufficient attention to family resourcefulness?
- Does this record convey a tone of respect for the family?

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