

CHAPTER ONE

The New Edition

Elements of Constancy and Change

Why have we written a new edition of this book? Certainly, many aspects of our family orientation and systemic approach remain constant. Yet, as time has gone by, the world has changed and we have changed. Society has become more complex, challenging the helping systems to keep pace in their delivery of services, and we have gained more long-term experience with a variety of problems and service systems. In the process, we have developed a clearer understanding not only of the obstacles to progress, which have long been familiar, but also of the factors that support the work and enable positive changes to endure. In this edition, we describe those forces and suggest procedures to strengthen the likelihood of successful interventions.

This first chapter provides a general orientation to the book. It includes a brief discussion of the changing world and the nature of service systems, an indication of what has been constant in our systemic approach, and a commentary on the search for forces that can enable a new approach to survive. The chapter concludes with a case history illustrating the problems and characteristics of the multicrisis poor, as well as a description of the services assembled to provide help.

THE CHANGING WORLD

With the advent of the 21st century, the world has become more complex and, in some ways, more frightening. We feel more vulnerable than we did, and the poor and needy are the most vulnerable of all; most directly in the paths of hurricanes, economic crises, inadequate health care, and other natural or man-made disasters. If that is the reality, how do current helping systems compare with those of a decade ago? Are they better organized? More compassionate? More effective? Yes, in some places and in some particulars, but, overall, the problems and inadequacies that existed a decade ago are still there.

Current services are often marked by procedures that are fragmented and involve needless duplication, by the efforts of multiple helpers who do not communicate with each other, and by a focus on the individual client without considering the relevance or resources of the family. In a social climate where priorities have shifted and funding for social services has become less available, it's especially important to consider how services for this vulnerable population can be reorganized so that they become more effective and humane. We suggest, in this volume, that a systemic, more family-oriented approach serves this purpose.

Beyond being confronted with the need to deal in better ways with familiar problems, service systems now face issues that stem from increasing diversity in the population and changing social values. Since the first edition of this book was published, the country has seen a significant increase in immigration from diverse corners of the globe, as well as the development of new lifestyles and social beliefs within the culture. Immigration means that recently arrived individuals and their families must cope with the difficulties of acculturation: social isolation, a new language, and the challenge of becoming economically stable, as well as the need to develop patterns of family life that acknowledge the different experiences and needs of older and younger family members. Changing values mean that traditional perspectives coexist with new ways of defining the basics of the social network—in sexual identity, in the definition of family, in the creation and raising of children, and in the very definition of life and death. People finding their way in these new forms must handle conflicts and confusions that have few precedents.

Although these differences were in formation toward the later years of the 20th century, they are now a staple of daily life, social conflict, and legal issues, and present special questions: To whom do children “belong” legally? Which adults should be included in the process, when social services are making decisions about a child, if the family is separated, blended, three-generational, consists of a same-sex couple, or is otherwise complex? What is the appropriate balance between welfare and work, when parents, children, and society must all be served; and who should be making policy that must take into account the different developmental needs of 2-year-olds, 7-year-olds, and 13-year-olds? The challenge to society is profound. We are in need of compassionate and effective services in all areas that affect the health, welfare, and protection of a complex and changing population.

WORKING WITH FAMILIES AND SERVICE SYSTEMS: FUNDAMENTAL PRINCIPLES

Our work has long been guided by two fundamental principles: a *systemic orientation* and an *emphasis on families* as the primary social context for its members. We have carried that perspective through decades of working with people in need and with the systems that serve them. Despite shifts in the population and in the problems that must be dealt with, those principles have always been relevant.

A systemic orientation is both a mode of thinking and a guide for facilitating change. It means that we understand the behavior of people and organizations as functions of connections and interactions, and that when we intervene to facilitate a constructive change, we must take account of the relevant network. From that perspective, it is never enough to isolate individuals as the sole focus of attention. When the services concern or affect children, that point is self-evident, but it also applies to recipients of any age and in any situation. We are better able to plan and implement effective services if we understand the context within which people live; the involvement of others in their problems; and the resources available from immediate family, friends, and extended kin.

A grasp of systemic principles is also essential when we intervene

in the policies and procedures of an organization. If we want to create an impact, we need to understand how a particular issue fits into the larger whole, and when the organization is large and complex, we need to accept the fact that the process of change will probably be slow and the effect will generally be partial.

As the reader moves through this book, it will be useful to keep in mind that large organizations, such as the complex enterprise that manages foster care in New York City, and small units, such as the family of a soldier or an unemployed single mother, are all systems. As such, they have similar features. They all contain subsystems and hierarchies of authority; they are marked by boundaries that are sometimes functional and sometimes not; and they must deal with growth and change over time and handle the inevitability of conflicts that may or may not be easily resolved. And, large or small, they must constantly balance the patterns of the whole with the particular needs of their individual members. In the remaining chapters of this first section, we expand on systems, families, and the details of working from a systemic and family-oriented perspective.

WORKING WITH FAMILIES AND SERVICE SYSTEMS: INTERVENTIONS

In the second section of the book, we describe the application of our model in three areas: substance abuse, foster care, and mental health. We have included some projects described in the previous edition, along with material concerning later developments in this work, and have added new projects conducted in recent years.

In presenting this material, the emphasis is on the experience of entering an organization to introduce a new, family-oriented approach to the services they provide. We describe our contact with administrators, the training of institutional staff, and our direct work with families. The material is detailed and concrete; we describe the steps and sequences involved in the intervention process and provide specific examples of how the new approach has been implemented. We also discuss how institutional staff, families, and consultants faced and dealt with the many issues that arise, inevitably, when familiar pathways are disrupted. The aim is to provide ideas and examples that will be useful for people who work in similar circumstances.

THE SEARCH FOR FACILITATING FACTORS

This new edition also discusses our concern with the long-term effects of constructive interventions and with the factors that support such effects. We have accumulated experience over more than two decades, and have been involved with a variety of community organizations. Every chapter in the second section describes interventions in at least two kinds of organizations, covering a broad range: hospitals, residential centers, day and home-based programs, community agencies, and city and statewide systems. Some interventions have been large, some smaller; some have been self-contained, others wide open to pressures from elsewhere. Because of these varied experiences, we have been able to identify a number of factors that sustain the basics of a new approach.

At the end of each chapter, we address the same question: *What enables a new approach to survive?* We answer that question by drawing on the programs described in the chapter, noting the features that have been supportive in that context. Because our understanding has grown by accumulating ideas from the different areas of intervention, we bring the reader through the same experience in reading the successive chapters. We first present the factors that emerged in connection with the substance abuse programs; then we consider the factors that reappeared or were new in the context of foster care, and so on. In the final chapter, we synthesize the material.

The search for facilitating factors is a crucial task for the field at large, both for the institutions that invest in learning about different ways of working and for the teachers who enter an institution as proponents of something new. It's important to structure an intervention so that it creates an immediate impact, but it's equally important to consider what happens when a project has finished and the original proponents leave the scene. Community services function within an ever-changing environment of policies and personnel, and neither the worth of a program nor research about its effects guarantees its survival over time. In our search for relevant factors, therefore, we have considered characteristics of the times, the leaders who make policies and shape services, and the institutions where interventions are mounted, as well as the behavior of the consultants and trainers who bring in new approaches. Not surprisingly, all of these aspects have been relevant.

In coordinating our material in this way, we have been interested primarily in the trajectory of our own interventions and the fruits of our own work. We value the principles of a systemic, family-oriented model, and we want our interventions to survive. It's probable, however, that the factors we have identified are applicable to the survival of any new program introduced into an existing organization.

THE MULTICRISIS POOR: AN ILLUSTRATIVE CASE

Before presenting the principles and skills that are central to our work, we need to bring the problems of poor families to light. We can do this best by describing a particular situation. Readers acquainted with Angie's case from the previous edition can proceed directly to the next chapter, but for new readers, her story is a useful prologue to the remainder of the book.

Angie and Her Family

Angie is at the center of this case, but she's not alone. Her world includes her companion, their two young children, the foster families with whom the children reside, and Angie's parents, siblings, and assorted aunts and uncles. Over the years, Angie and her family have passed through courts, hospitals, shelters, housing programs, drug centers, rehab clinics, day care facilities, and foster care agencies; and they have been attended by lawyers, investigators, doctors, social workers, drug counselors, foster care staff, and therapists. The helpers in this case have been serious about their roles and have wanted a happy ending for some, or all, of the principals. Inevitably, however, they have jostled each other and the family, and often it has been unclear how everyone's work fits together.

Angie, a troubled woman in her early 20s, has had a difficult past. As a child, she was sometimes ignored and sometimes a caretaker for others, and she was abused intermittently and raped more than once. As a young adult, her life has been erratic. She has grappled with drug addiction, maintained an on-and-off relationship with her male companion, and borne children who were removed from her care—a pattern shaped by poverty, poor education, and multiple trauma. Depending on one's focus, Angie can be seen as uncertain,

depressed, and irresponsible, or as assertive, realistic, and resilient, or—more accurately—as all of the above.

What would not be accurate is to think of Angie as an isolated individual. In her own view, she is part of a small nuclear family composed of Harlan, her companion, and two young children—Jocelyn, who is 3, and Gail, who is 2. Harlan is the father of both children, and he and Angie clearly consider themselves a couple, although their relationship is volatile.

Harlan suffers from a chronic disease, but he is surprisingly competent in managing his severe handicap. He appears to have no permanent housing and is often vague and unrealistic when he talks, yet he has a strong sense that they are a family. He wants the children to live with Angie, and has an intense interest in Jocelyn, who has inherited his illness. He feels he can help her cope with her condition.

Jocelyn has been in foster care for 2 years. She is unable to walk and appears much younger than her age in speech and intellectual development, but she can do some things for herself and is affable and responsive. She receives rehabilitation services, attends a day care center for handicapped children, and lives with a family trained to deal with her special needs. Jocelyn and the foster family have adapted well to each other, but because Jocelyn lived with her mother until the second child was born, Angie feels that she and Jocelyn have a continuing bond.

Gail, a beautiful, wide-eyed little girl, has been luckier than Jocelyn, since she has not inherited her father's disease, but her life has not been smooth. Angie was drug dependent when Gail was born, and the infant was immediately placed in foster care. The bonding in this foster home is strong. Angie knows she never had a chance to connect with Gail, but she and Harlan both want her returned to live with her mother.

Despite their problems and uncertainties, these people are connected. Harlan and the children are part of Angie's sense of herself and her situation. It's important to keep this in mind as we review the organization of services she has been offered by the community of helpers.

The Community of Helpers

Social organizations have made multiple efforts to provide services for Angie and members of her family. Certainly, the worst disasters

have been averted. The city has provided shelter, Jocelyn and Harlan have received medical attention, the children are cared for, and Angie has participated in counseling and substance abuse programs. But these interventions have had complex by-products. The system has sometimes confused Angie so that she becomes less competent, and the family has been fragmented by procedures that solidify the separation and make a viable reunion difficult. If we are to be helpful in such cases, it's necessary to understand the problems created by system interventions, as well as the good intentions and positive effects.

The services provided fall into four areas: professional assistance, the provision of housing, foster care for the children, and a drug rehabilitation program.

Professional Assistance

The number of social service workers involved in Angie's life is overwhelming. It may seem good that so many people have tried to help or wasteful that so much time and money has been poured into one case, but the important point is that the involvement is uncoordinated. Angie has memorized the number on her file that renders her anonymous, and, as the file is handed from one worker to another, she feels impatient with the repetitions. As a result of the turnover at one agency, she says she has dealt with six different workers in a short period of time, and that she's "sick and tired of telling my story to all these people."

Inevitably, perhaps, Angie has learned to work the system, and has been something of an advocate for "us" (the recipients) versus "them" (the system and the staff). Workers have found her difficult at times—"a woman with an attitude." She talks about meetings at a women's shelter where the staff would ask the opinion of the women, and she says impatiently that "you had to do what they want anyway, so why ask?" She doesn't recognize that the staff must work within certain rules, or that they may genuinely want to incorporate group opinion when they can. At the same time, one can understand her sense of frustration and her impression that the system is inefficient and chaotic.

Angie claims that she doesn't trust any of the workers except Mona, whom she considers an exception. Mona is an experienced social worker, whose way of functioning generates both respect and concern in a thoughtful observer; respect because she's an empathic

and skillful coordinator, concern because she has taken over much of the executive part of Angie's life. Angie's dependence on the system and its workers is ingrained and has grown deeper with time, even while she feels hemmed in and resentful.

Housing

The urban population of the homeless and/or drug addicted includes a high percentage of women like Angie, whose children have been removed and placed in care. According to both Mona and Angie, the local system has established a Catch-22 policy: "You can't have housing unless you have your children . . . and you can't have your children until you get housing."

Angie has been relatively fortunate. She was contacted by a women's advocacy group and moved into living quarters where children can visit while their mothers wait for official action. Once the children are returned, a family apartment is provided, along with day care for children and counseling for mothers. This new facility has solved some of Angie's problems, but created others. Since male companions are not admitted, there's no provision for Harlan, and an apartment for their nuclear family could not be arranged at this facility.

Foster Care

It would be a distortion to discuss the foster care system as if it had completely failed this family. The children are cared for, and Jocelyn receives the special services required by her physical condition. Nonetheless, the separate services have pulled family members away from each other so that, in the ordinary course of events, they will grow increasingly distant. Jocelyn and Gail are in the care of different foster agencies and do not live with the same foster family. The agencies are geographically distant from each other, have no contact, and it is a logistical problem to arrange family visits. Angie describes the setting for visits organized by protective services as "like a warehouse . . . stuff cluttering up the spaces . . . it's dirty . . . I can't let the girls play on the floor." This is nobody's fault, perhaps, but it is an indication that family contacts have low priority. It's difficult for parents to maintain the visiting schedules, which are usually evaluated as a sign of interest in later court hearings concerning custody.

Even if plans for family reunification go forward, there's little understanding of how complex such a transition would be. There have been many years of separation since the children were placed in foster care, and there has usually been little preparation for the successful management of becoming a family again. Angie is clear about the limitations of the mandatory parenting classes she has attended: How can she answer questions about the way she disciplines her children or what games they play when they don't even live with her? Observing her during an arranged visit, it's clear that she's loving, wants contact, and has some good ideas, but she has few parenting skills for issues that arise in the course of a day with one child, let alone two—one of whom is severely handicapped and requires special care.

There are other matters that have never been addressed, including Harlan's role as a father and the relationship between this family and the foster families that have become so important to the children. In a later section of the book, we discuss a family-oriented approach to foster care, in which procedures would be available for working on such issues.

Drug Rehabilitation

Angie has spent time in a residential drug center as part of the required activity for getting her children back, as well as because of her own desire to become free of drugs. She comments that the program helped her to understand herself and control her habit, but she left long before the allotted duration. "If I stayed up there, I would learn that I could live without Harlan and without the children and be my own person, and take care of *me* . . . but my concern is toward him and the children."

The program presented Angie with a dilemma, but the confusion was not only internal; it was also a function of the mixed messages coming from different agencies. In a meeting that brought together drug counselors and foster care workers, it became clear that each service had its own priorities. The foster care agency was concerned with family relationships and the coordination of Angie's contacts with Jocelyn and Gail. The drug program focused on Angie as an individual, maintaining that she needed to be honest about what she wanted and become strong as an individual before she could deal with other issues.

When a visit with the children upset Angie, the staff of the drug program placed a moratorium on the visits. At that point, Angie faced the contradiction and made a choice, opting for continuing contact with the children. She left the residential program, hoping to remain drug free with the help of counseling—and understandably uneasy about an uncertain future.

In offering this case history, we stop at an arbitrary point. We have wanted only to present a concrete example of the population that comes to the service systems for help and to raise the issues we have addressed in formulating a systemic, family-focused approach to their needs.