

Collaborative Helping Maps: A Tool to Guide Thinking and Action in Family-Centered Services

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This article highlights “disciplined improvisation” as a metaphor for community-based work with multi-stressed families. It introduces Collaborative Helping maps as a tool that both helps workers think their way through complex situations with families and provides a structure to support constructive conversations between workers and families about challenging situations. The article illustrates this map through a clinical vignette and uses interviews with workers to highlight ways in which the map can both enhance worker thinking and support constructive conversations between workers and families about problems that could easily divide them and lead to polarization and escalating tension.

Keywords: Collaborative Clinical Practice; Family-Centered Services; Narrative therapy

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INTRODUCTION

Collaborative Helping is a practice framework grounded in family-centered values and principles. It offers a generic approach to helping across a wide range of contexts and is designed to help families envision desired lives, address long-standing problems, and develop more proactive coping strategies with the active support of their local communities. Collaborative Helping draws from a number of conceptual sources, including Narrative Therapy (Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; Morgan, 2000; White, 2007; White & Epston, 1990), Solution-Focused Therapy (Berg, 1994; Berg, & Kelly, 2000; De Jong & Berg, 2001; de Shazer, 1985, 1988), Appreciative Inquiry (Cooperrider, Sorensen, Whitney, & Yaeger 2000), Motivational Interviewing (Miller & Rollnick, 2002), and the Signs of Safety approach

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to child protective services (Turnell, 2010; Turnell & Edwards, 1999; Turnell & Essex, 2006). Previous writings have highlighted different aspects of this practice framework in detail (Author, 1999, 2007, 2009). This article introduces Collaborative Helping maps as one aspect of this practice framework. It sets a context for the use of these maps, illustrates components of the maps through an example of work with a particular family, and highlights ways in which these maps can both enhance worker thinking in complex situations and provide a vehicle for constructive conversations between workers and families.

DISCIPLINED IMPROVISATION, PRINCIPLE-BASED PRACTICE, AND THE USEFULNESS OF MAPS

Work with multi-stressed families is inherently messy. Workers are often responding to surprising and unusual circumstances. While there have been various attempts to rely on policies and protocols to organize the work, the fact remains that human service workers “live in the gray.” Parton and Byrne (2000) have suggested that efforts to bring order and certainty to work characterized by unpredictability run the risk of missing the point. They have encouraged our field to (re)discover our traditional strengths of working with ambiguity, uncertainty, and complexity. One phrase I have proposed to capture the challenge of working in this context is “disciplined improvisation.” The best way to convey the idea of disciplined improvisation is through a story about a mother who sought help in dealing with her son who struggled with impulsivity. After several meetings, she remarked,

When we started, I was looking for lines. I figured I'd describe the situation and you'd give me the right lines to use with my son. However, I've come to realize that my son's impulsivity is much too clever and I will never be able to memorize all the possible lines I might need. Instead, our work has helped me to develop a role, character or place to stand in responding to my son's impulsivity. When I'm grounded in that role, I can respond to whatever comes at me and handle that pretty well. I want to thank you for helping me develop a place to stand rather than giving me lines to memorize.

This work is too complex for workers to simply follow a recipe for action. For helpers doing home visits in unpredictable situations, improvisation is often an inherent part of the work. However, as singer Paul Simon put it, “Improvisation is too important to be left to chance.” The improvisation of accomplished jazz pianists sits on years of practicing scales that has led to the development of muscle memory. Similarly, principle-based practice assists human service workers to develop “habits of thought” that help them work their way through complex situations by internalizing a map that can organize their thinking and guide their actions. This practice map does not seek to provide answers, but raises questions to be explored in a rigorous fashion and in this way contributes to enhanced practice depth. The goal is to help workers develop the practice equivalent of muscle memory that supports disciplined improvisation in uncertain, ambiguous situations.

COLLABORATIVE HELPING: A MAP TO GUIDE HELPING EFFORTS

The process of helping has historically begun with two questions: “What is the problem?” and “What caused this problem?” We could flip these two questions to instead ask, “What might the nonproblematic future look like?” and “What gets in the way of that happening?” Let’s examine each in turn.

Often our work is framed in terms of problems that need to be addressed. There’s an understandable focus on learning more about the problem, what caused it, and what we might do to address it. But, beginning with a focus on the problem often pulls families and workers into a shared sense that life is filled with problems and little else. Instead, we can shift our initial focus from “what needs to change” to “what that change will look like”; in other words focusing on the nonproblematic future (Durrant, 1993). This nonproblematic future could be thought of as people’s preferred directions in life (i.e., “Where would you like to be headed in your life?” or “Who is the person you’d like to be in responding to this current challenge?”). A proactive vision establishes a positive momentum that has the potential to build connection and minimize “resistance.”

The second question “What caused this problem?” is firmly embedded in a belief that knowing what caused a problem will help us figure out how to best address it. This may or may not be the case. There are a number of possible descriptions of why someone has a problem and our hypotheses about causality may have little to do with effectively addressing the problem. In fact, most of the “answers” we have traditionally come up with are grounded in a focus on deficits and are often experienced by families as blaming and shaming. While it can be very useful to examine the history of the relationship between a person and a problem, the question of what constrains someone from living differently opens up more possibilities for change than the question of what caused the existing situation. In this way, constraints (or what we’ll refer to here as obstacles) open more space for change. In addition, Solution-Focused Therapy has suggested that we can help people without focusing on problems at all by devoting attention to those things that support families move forward in their lives (de Shazer, 1985). Sometimes that may be the case and sometimes we may need to address obstacles that stand in the way. With this in mind, here are the four questions that comprise the Collaborative Helping Map in its simplest form.

1. Where would you like to be headed in your life?
2. What might help you get there?
3. What might get in the way?
4. What needs to happen next?

Let’s first acknowledge that this process is a lot harder than simply asking folks these four questions, receiving their thoughtful responses, and then watching them head off to live happily ever after. These questions represent areas to be jointly and creatively explored. The art and skill of this process is the ability to pose compelling questions that are relevant and thought-provoking. An elaborated version of this map is illustrated below.

Organizing Vision

Where would you like to be headed in your life?

Developing a mutually shared, proactive, meaningful, and sufficiently concrete vision

Building a foundation of motivation, resourcefulness, and community

Obstacles

What gets in the way?

Identifying obstacles at individual, relational, and socio-cultural levels

Describing obstacles in a way that *separates* problems from people

Supports

What helps you get there?

Identifying supports at individual, relational, and socio-cultural levels

Describing supports in a way that *connects* people to their intentions and sense of agency

Plan

What needs to happen next?

Developing a mutually agreed upon plan that draws on supports to address obstacles to achieve vision in a way that is proactive and meaningful

Outlining an action plan that concretely specifies who will do what with whom

Engaging people's natural community in the development and support of plan

This map organizes helping efforts around a vision of possibilities (drawing from Appreciative Inquiry and Solution-Focused Therapy). Beginning with an organizing vision establishes momentum, generates inspiration, and creates direction for helping efforts. People served are offered the option of beginning by examining obstacles to or supports for that vision. The focus on both obstacles and supports parallels the Signs of Safety focus on “what are we worried about” and “what is going well” (Turnell, 2010). The examination of obstacles and supports is powerfully influenced by narrative therapy. Drawing on externalizing assumptions, obstacles are framed in ways that *separate* problems from people (Morgan, 2000; White, 2007; White & Epston, 1990). Supports are framed in ways that *connect* people to their best intentions and personal agency (Tomm, 1989; White 2007). I have previously highlighted aspects of this map in the context of a practice framework (Madsen, 2009). In this article, I want to specifically focus on the usefulness of this map as a tool to help workers focus their thinking and have constructive conversations with families. The next sections use an example of a family referred to a home-based outreach team to illustrate the four areas of this map in more detail.

THE COLLABORATIVE HELPING MAP IN ACTION

Camilla is a 14-year-old Latina girl with an infectious laugh, outgoing personality, and talents in dance and drawing. She is also struggling with impulsivity, depression, and escalating out of control behavior. She lives on the edge with a lot of risky behaviors that involve sex, drugs, and late night partying with a crowd that scares her mother Rachel. Rachel is originally from Costa Rica and had Camilla at 14 shortly after coming to the United States. Rachel's parents have both passed away, but she remains close to her younger sister Sylvia who lives nearby. Camilla's father is out of the picture, as are the different fathers of her three younger siblings. The family lives in a poor, urban neighborhood and is involved with a home-based outreach team, child protective services (due to previous charges of neglect), and juvenile probation (due to Camilla's vandalism charges). Camilla and Rachel have an explosive relationship. Rachel is worried that Camilla is going to end up pregnant, in jail, or dead on the street. She fears that she will have to watch her daughter go through struggles she endured after coming to the United States. She often phones workers in crisis and has a tendency to exaggerate the stories she tells about Camilla in the hopes that someone will

grasp the severity of the situation. Camilla is very reactive to her mother's "exaggerations" and minimizes concerns about her life decisions. The crowd she hangs out with has little use for adults and Camilla experiences a lot of pressure to be cool and suspicious of adults. She struggles to find a balance between peer expectations and her own cultural upbringing of close connection among different generations.

John, a Spanish-speaking Anglo worker, went out to meet with the family. He spent time getting to know them outside their immediate concerns; asking about family traditions, how they spent time together, and what they were proud of about themselves as a family. He spent time alone with Rachel listening to her worries and complaints about her daughter and time alone with Camilla listening to her outrage at her mother's "exaggerations" and her desire for more trust. This initial work was crucial to the success of their subsequent work. The process of engagement is not simply a first step before we get down to the "real" work. Relational connection is the heart of this work and needs to be attended to always. John's initial effort to get to know the family outside their immediate concerns built connection and ultimately saved time. It also provided an easy transition from stories of pride into hopes for a preferred direction in life. From those hopes, John was able to help Rachel and Camilla identify obstacles and supports and then help them develop a plan draw on supports to address obstacles to help them "live into" the vision they had developed. The map they completed will be illustrated here and each component discussed in some detail.

Organizing Vision

Where would you like to be headed in your life?

We want to "get more trust and respect in our family." We both realize that Trust and Respect "are tied up together and that we both have to work to make this happen." In particular, Camilla will work to "act more respectfully" towards Rachel and Rachel will work to "hold more trust in her daughter." This is important because we miss the closeness we used to have when it was "us against the world." We can't think of many times right now where there has been more Trust and Respect, but believe we have had some and are committed to building more. Other people who would notice and support this include Aunt Silvia (who is kind of an interpreter between us) and Camilla's dance teacher who Rachel trusts and Camilla respects.

Obstacles

What gets in the way of Trust and Respect?

Impulsivity, which gets Camilla in trouble at school and with her Mom.

Worries, which make it hard for Rachel to trust her daughter.

That **Nag/Explode Thing** – Rachel's expressions of Worries lead to Camilla's Explosions and exacerbate Worries.

Possible **adolescent cultural belief** in which friends encourage "**separation**" and "dissing" of adult culture.

Possible **parent cultural belief** that parents should have **control** over their children and attempt to exert that control in problematic ways.

Supports

What supports Trust and Respect?

Camilla's **openness** to getting help.

Rachel's **commitment** to her daughter and **welcoming of supports**.

Connection between Camilla and Rachel and their desire to recapture the **closeness** they used to have.

Aunt Silvia as someone who provides a place for Camilla to stay when things heat up between Rachel and Camilla and as an interpreter who is trusted by both parties.

Dance and art as activities after school that engage Camilla and help her keep busy and out of trouble.

Importance of "**Family**" as cultural value.

(continued)

Plan

Who will do what next to draw on supports and address obstacles to “live into” vision?

In order to support the development of Trust and Respect in our family:

- Camilla will talk with John to examine the impact of Impulsivity on her life and what she wants to do about that. Rachel will talk with John to examine the impact of Worry on her life and find ways to turn down its volume without completely turning it off.
- Rachel and Camilla will develop a plan for Camilla to go to Aunt Silvia’s when necessary to provide a space that interrupts that Nag/Explode Thing.
 - Camilla and Rachel will talk with John about ways to untie the knot of impulsivity and worry.
 - John will support Camilla in her involvement in extra-curricular activities (dance and art) to keep her interested, engaged, occupied, and out of trouble to support the development of Trust and Respect.
- Camilla and Rachel will talk with John to examine some of the broader socio-cultural supports for Impulsivity, Worry, and that Nag/Explode Thing and figure out what they want to do about that.

ORGANIZING VISION AND PREFERRED DIRECTIONS IN LIFE

Our work with families often goes better when organized around preferred directions in life. A focus on possibilities (what life *could* look like rather than what is *wrong* in life) can lift people out of the immediacy of a problem-filled life, enhance engagement, and provide direction. In his second meeting with Rachel and Camilla, John asked them about shared hopes for their life together. While the conversation could have slid into an escalating confrontation about their respective complaints, John’s use of this map kept a focus on their hopes for what could be different. With dogged persistence, John kept bringing Rachel and Camilla back to their mutual desire for shared Trust and Respect; asking them what might that look like and why that would be important to them. Eventually, with his help, they pieced together the vision reflected in the map above.

The Vision Statement they developed has a number of important qualities. It is mutually shared, proactive, meaningful, and sufficiently concrete. Let’s briefly consider each of these in turn. While Camilla and Rachel began with very different changes that they thought the other should make, John was able to keep them focused on their shared hopes and weave them together in a way that was acceptable to both. One of the biggest barriers to effective work is the lack of a shared focus. Things go much better when everyone is pulling in the same direction and it is important to take the time initially to develop a focus that will help accomplish that. This is particularly true in mandated situations. While helpers can often begin with their own vision for families or a vision handed to them by referring agencies (e.g., child protective services), truly effective work does not begin until families have signed on to a journey of change. Rather than conceptualizing this process as “How can we get families to buy into *our* organizing vision?” we can approach this initial challenge as “How can we develop a mutually shared vision with families that will be relevant and meaningful to them?” There are a number of ways to approach this challenge. Turnell and Essex (2006) have developed creative approaches for constructively addressing “denial” in child abuse situations. Motivational interviewing has emphasized the importance of entering into a client’s worldview to examine the discrepancy between

current behavior and future goals (Miller & Rollnick, 2002). Solution-Focused Therapy has distinguished between customer, complainant, and visitor relationships, and offered strategies for responding to each (Berg, 1994; De Jong & Berg, 2001; de Shazer, 1988). My own work has outlined principles for responding to situations in which clients come to hold a No Problem stance (this is not a problem and I don't need to address it) or a No Control stance (while this is a problem, I have no control over it and can't address it) (Madsen, 1992, 2007). While it is beyond the purview of this article to elaborate particular steps for engaging reluctant families, one cross-cutting theme that emerges in each of these approaches could be summed up in the phrase "connection before correction." When faced with actions that we find problematic and/or personally challenging, we can elicit people's intentions, purposes, and preferred views of self that we can come to respect and appreciate. From that foundation, we can then examine with them the discrepancies between important future goals and the effects of their current behavior.

Let's return to Rachel and Camilla's situation. Their vision statement is proactive (i.e., framed as the *presence* rather than *absence* of something). It highlights particular activities that Camilla and Rachel will begin doing. It is much easier to pursue a goal of something you will *start* doing than something you will *stop* doing. A goal of ending an undesirable behavior keeps us locked in the problem. A goal of beginning a new behavior invites people outside the problem's influence, opening new possibilities, and providing direction.

Their organizing vision was also meaningful and sufficiently concrete for them. They talked with sadness about the closeness they used to have and the words "trust and respect" resonated with a deep relational connection between them despite their fiery blow-ups. There is significant research that suggests that people who have a clear vision for the future cope better with challenging current situations (Markus & Nurius, 1986). If we think about an organizing vision as a lighthouse serving as a beacon in dark times, it is crucial that the vision be bright enough to be seen through the fog of everyday life and close enough to people's daily experience to be recognizable.

Finally, we can deepen the hold of an organizing vision by asking questions to build a foundation of motivation (Why is this vision important to you?), resourcefulness (When have you been able to bring bits of this vision into your life?), and community (Who in your life appreciates this vision and has or might support you in grounding your life here more often?). The second half of the Vision Statement developed by Rachel and Camilla captures their responses to these questions and helps to solidify their vision and give it more substance.

IDENTIFYING OBSTACLES AND SUPPORTS

Once we have an organizing vision and the beginning of a foundation of motivation, resourcefulness, and community, we can ask people what might be some of the potholes on the road to their preferred future and what might support them in getting there. We can be flexible and ask whether family members would prefer to start with obstacles or supports. This allows us to meet people where they are at and move in the direction for which there is more energy and enthusiasm.

The Collaborative Helping map encourages identification of obstacles and supports at individual, relational, and socio-cultural levels (the socio-cultural level here refers

to obstacles and supports at both a community level and at broader social, cultural, economic, and political levels). It is important to talk about obstacles in ways that minimize blame and shame as these shut down conversations and limit possibilities. One way to do this draws on the practice of externalizing from narrative therapy. Externalizing conversations were originally developed by Michael White and David Epston (1990) as a way to separate people and problems in order to diminish the influence of problems and help people gain more maneuverability in responding to them. Thus, the Collaborative Helping map encourages workers to elicit obstacles in ways that *externalize* or separate problems from people.

John asked Rachel and Camilla what could pull them away from their shared desire for Trust and Respect. They identified Camilla's impulsiveness and Rachel's constant worrying. John introduced the idea of externalizing by saying, "Sometimes, people I've worked with have found it very useful to think about problems like Impulsivity and Worry as separate things that have come into their lives. Would you be willing to try that on?" Following a simple map for externalizing (Madsen, 2007), he asked them about their *experience* of these problems, the *effects* the problems had on them, how those effects fit with their *preferences* in life, and (since they didn't like those effects) their *responses* to the problems (how they had coped with and/or resisted the influence of these problems). As they talked, John wondered whether Impulsivity and Worry might be connected in some way. Camilla and Rachel described intense arguments in which Rachel's expressions of concern grew into "accusations and bringing up the past" and invited Camilla's "denial and threats to hurt herself to get her mother to back off," which led to more concern on Rachel's part and on and on. They disagreed about the cause of these fights ("I explode because my Mom nags me and drives me crazy. No, I nag because my Daughter explodes and doesn't take me seriously."). However, they both agreed that the fights were stressful and left them each feeling "disrespected and raw." John asked whether the interaction might be like a dance that could take on a life of its own and they both agreed. They worked out a title for that dance as that "Nag/Explode Thing." Rachel and Camilla were clear they did not like that "Nag/Explode Thing" and thought it did great damage to their relationship.

Finally, John attempted to place Impulsivity, Worry, and that Nag/Explode Thing in a broader socio-cultural context and asked whether Camilla and Rachel knew other mothers and daughters who had similar struggles and what other pressures mothers and daughters might be under as they try to negotiate the interface of cultures. Camilla talked about her "American" friends giving her grief for being so close to her mother and encouraging her to "grow up and lie" so that she could go out with them. John wondered whether Camilla's friends might be channeling this American adolescent idea that "Kids are cool and parents drool," which brought a smile and appreciative nod from Camilla. Rachel talked about some of her friends being aghast that she "allowed" her daughter to talk back to her. John wondered whether that might be tied to a strong cultural idea that parents "should be in control of their kids." Rachel responded that she felt like she "should" be in control of Camilla and that she also knew Camilla had a stubborn streak (which she admired) and wasn't likely to be controlled by anyone. Placing individual and relational difficulties in a broader context of cultural specifications or "shoulds" (e.g., adolescents *should* separate from their parents; parents *should* be in control of their teens) allows a deconstruction or taking apart of culturally constructed ideas. This process fosters an examination of these ideas, where they came from, effects they have, the degree to which they fit or don't fit

with people's preferences in life, and how people might prefer to respond to these ideas (essentially the same externalizing process described above). The goal here is not to impose counter-cultural specifications, but to open culturally constructed ideas up for examination. Often the examination of "cultural shoulds" increases people's sense of influence and participation in the development of their lives.

In summary, John elicited externalized obstacles at an individual level (Impulsivity and Worry), at a relational level (that Nag/Explode Thing), and at a broader socio-cultural level (the cultural ideas that adolescents *should* separate from their families and that parents *should* be in control of their youth, both of which can divide teens and parents and lead to problematic interactions). He examined the effects of these externalized problems on Camilla, Rachel, and their relationship, and explored with them ways in which these problems were obstacles to their desire for "Trust and Respect."

John also asked Rachel and Camilla about things that supported Trust and Respect in their life together. At an individual level, they identified Camilla's openness to getting help and Rachel's commitment to her daughter and welcoming of support from others. At a relational level, they identified Aunt Silvia as an interpreter who understood Camilla and respected Rachel. They thought she could provide a place for Camilla to "run to" that Rachel could tolerate. They identified dance and drawing as after school activities that engaged Camilla and helped her keep busy and out of trouble. And at a socio-cultural level, they identified the importance of "family" in helping them remember the value they placed on their relationship.

Just as it is helpful to elicit obstacles in ways that *separate* problems from people, it is useful to elicit supports in ways that *connect* people to them. This process highlights intentionality and personal and collective agency. It also requires a shift in how we think about "strengths." Michael White (2007) has suggested the usefulness of moving from thinking about strengths as essential qualities that reside inside of people (internal states of identity) to considering them as skills of living guided by intentions, values and beliefs, hopes and dreams, and commitments in life (intentional states of identity). This shift can lead to richer conversations and enhance people's sense of personal and collective agency. An example of this would be Camilla's previously described "openness to help." We could think about Camilla's openness to help as an internal quality (e.g., she's an open person). We could also think about this openness as a practice (e.g., how does Camilla "do" openness? What are the practices of this openness?). As John invited Camilla to trace out the ways in which she actively sought out help, he elicited a story of the specific ways in which she did that. This allowed John to ask Camilla what her intentions were in seeking out help ("I don't like what my life looks like and I want something different."). That response allowed John to ask Camilla about the values and beliefs that stood behind that intention ("People should have a say in their lives and be able to draw on those who care about them."). That response allowed John to ask Camilla about the hopes and dreams that stood behind those values ("I want a life in which I'm making choices and those choices are respected and acknowledged by others."). While this shortened version can present Camilla as an extremely insightful person, it's important to not underestimate the contribution of John's patient questioning in this process. The questions we ask shape the responses we get. In this way, John helped Rachel and Camilla experience their "strengths" as active practices they engaged in buttressed by intentions, values and beliefs, hopes and dreams, and commitments in life. This led to a much richer description (and experience) of strengths and supports.

PLAN

The final question (What needs to happen) is an attempt to bring responses to the first three questions together into an amalgamated whole. The goal of this section is to develop a mutually agreed upon plan that draws on supports to address obstacles to achieve the vision in a way that is proactive and meaningful and then outline concrete steps that different participants will take. You'll notice the parallel in the vision and plan sections of developing something that is mutually shared, proactive, meaningful, and concrete. The rationales highlighted for these qualities in the vision section also hold for the plan section. In addition, it is important to engage families' natural communities in both the development and support of this plan. If we recognize that people are embedded in social networks and appreciate the power of this network to support people, it is important that we actively work to identify and include the community available to people served in the enactment of the plans we develop with them. The process of doing this requires creativity and commitment.

APPLICATIONS OF THE COLLABORATIVE HELPING MAP

The Collaborative Helping map is applicable at multiple levels and can be productively used in direct work, supervision, and administration. In fact, its effectiveness at a front-line level is enhanced when the organizing principles are applied throughout an organization. At a frontline level, the Collaborative Helping map can be very helpful in organizing workers' thinking and assisting them to develop disciplined ways of thinking through complex situations. The map also provides a structure that can help workers have respectful, honest conversations with families. We'll examine each of these in turn.

COLLABORATIVE HELPING MAP—ENHANCING WORKER THINKING

A follow-up interview with John captures his experience of using the Collaborative Helping map.

This map is very helpful in my work. We walk into crazy situations and there are all these distractions and tangents we could go off on and this map keeps me organized and focused in the questions that I ask. I think it's easier to engage people by beginning with their hopes rather than with the same old story of all the things wrong in their life. Developing a vision together gives us a shared direction. That makes the work more efficient because it easily leads into what needs to be different and what can we draw on to make that happen. And, those things are not simply coming from professionals, but coming out of a collaborative process that happens with the family. So, the work is relevant to them and they're more likely to put forth the effort to make it happen.

Information gathering in helping efforts can often be a monumental undertaking. We collect huge amounts of information, most of it focused on problems and dysfunction. This process can be arduous for workers and demoralizing for families. Repeated questions about a litany of challenges can pull families into an experience of their life as filled with problems and either drag them down or provoke defensiveness. In framing problems as obstacles to a preferred direction in life, information collection becomes theme driven rather than an accumulation of every piece of data available about a family. This sequencing helps bring a laser like focus to our work, avoids

overly long assessments, and enhances partnerships with families by insuring that our work is experienced by them as more directly relevant to their lives. This holds true for supports as well as obstacles. At times, strengths-based work can develop a reputation of talking about the “positives” in a superficial and banal fashion. Recasting strengths in a context of supports for preferred directions in life makes discussions about them more immediately relevant and shifts those conversations from “nice talk” (Isn’t Johnny resourceful?) to “pragmatic talk” (What strengths and supports might we identify to help Johnny and his family get to their desired future?).

The use of the Collaborative Helping map to organize and focus worker thinking can also have substantial programmatic effects. Shaheer, a program director of a residential school for youth, has the following comments.

The Collaborative Helping map has been useful for our program because it forces us to think in a systematic and clear way around what needs to be different for this kid to be home with this family. It sets accountability from the very beginning on agreements of what we’re working towards. We’re trying to work in a way that is different here in this program. And there are all these factors in our work that pull us away from that. We’re pulled towards focusing on problems and diagnoses, towards being experts about other people’s lives, and towards working in ways that make things easier for workers than for families. We struggle with that and the Collaborative Helping map helps pull us back to where we want to be and keeps us honest.

Shaheer’s emphasis on the Collaborative Helping map as an accountability mechanism (a way to insure that helping efforts are responsive to families) provides a transition to the next section examining the usefulness of this map as a structure for conversations between workers and families.

COLLABORATIVE HELPING MAP ENHANCING WORKER–FAMILY CONVERSATIONS

Beth is an experienced child protective worker who holds a deep commitment to engaging families and working in partnership with them to ensure that a child’s family and community are as actively engaged as possible to ensure safety, permanency, and well-being. In this example, Beth used the Collaborative Helping map to guide an initial meeting with a family. This family consisted of Tom, Maria, and their three children Rhonda 6, Billy 5, and Sandy 3. They were involved with Child Protective Services following Tom’s arrest for drug dealing in the home. Tom had a prior felony conviction and was facing significant prison time. In his youth, all of Tom’s siblings were removed by Child Protective Services from his biological home (Tom remained because he was older) and Beth anticipated that Tom might be very reluctant to participate with her. Beth used the Collaborative Helping map to organize her first visit with the family. After that meeting, she sent each parent a letter to document the meeting. We’ll examine Beth’s reflections on the use of this map as a conversational framework and then the effects of her documenting that conversation through letters sent to the parents. Here Beth comments on her use of this map.

When I’ve used this map to organize conversations, people like to talk about what they hope for or want for their kids and most people can be really clear on that—they want their kids’

childhood to be filled with love and stability. When you have these kinds of conversations with families and you're serious, they don't say, "I want to live in a five million dollar home and own a yacht." They say, "I want my kids to be happy and healthy and stable." That's do-able and often leads to action. And when you ask about what's getting in the way, people start thinking, "This obstacle is in my way and maybe it's the problem not me, and what do I need to do to address it and what might help me do that." I think it becomes do-able to them.

What do you think might have been the effects on this family to use the map as a guide for your conversation with them?

The word that comes to mind is "calm." It calmed them down. I think they were really anxious about my coming, particularly with Tom's experience of his siblings being taken away and put in foster care in his youth. And so I think everybody calmed down when we started talking about what do you want for your kids and what is *your* vision for your kids and how can *I* help you get there? It didn't involve taking kids out of the home. I think it just helped them simplify and calm down.

And how did using this map with the family affect your relationship with them?

As much as I can, I try to see this as a collaboration with the family and not something I'm doing to the family. So, when you're talking about their hope and where they want to be headed and how they're going to get there and who can help them and what's the plan for that—what's getting in the way and how are we going to address that—we're working together and collaborating on reaching a goal. This never came across to them as something I was doing to them. They had a lot of say in the process. And they could tell that I heard them because I wrote it all down and sent it back to them in the mail.

Beth's last comment provides a nice segue into the letters that documented this conversation. While she sent individualized letters to Tom and to Maria, there was overlap between them. For space considerations, we'll focus on Tom's letter here.

Dear Tom,

I am writing this letter to share back with you some of the things we talked about in our meeting yesterday. Hopefully this letter will help to support the vision you have for your family's future and encourage you down that path.

We talked about your upbringing and how being involved with CPS and watching your siblings being taken away really messed with your head. You stated that your mom had a terrible gambling problem and because of this, she was unable to meet her children's needs. You talked about how you want to flip around your experience as a kid and do the exact opposite with your own kids. You said that your upbringing with your mom was negative, but your upbringing with your dad was positive. You said that because of your experience, you became very independent and motivated to not be like your mom. You said that you don't want your kids not knowing if they will have electricity or clothing.

Vision/Hope

You stated that fifteen years from now, you hope your kids will say that they had fun while growing up, that they had everything they needed, they had support from their parents and always knew that their parents would be there. You talked about

wanting them to know about hard work and discipline, and you want them to be successful adults some day.

Supports

You talked about how your dad has been very supportive of you and that you first started seeing him when you were about 13 years old. You talked about how he said he was disappointed in your bad decision making (in the current situation), but he isn't mad at you. You talked about how you and "Mom" and the kids see him weekly for dinner if not more often. You also talked about how your grandma is a support to you and the kids and you have regular contact with her as well. You said that everything about your situation is out on the table, and your family and friends know everything. You talked about being motivated because of your past.

Obstacles

Tom, you said that your main obstacles to your vision/hope are the bad decisions that you have made, and you are experiencing a "big bump in the road." You said you realize the obstacles are inconsistent with your hopes for your kids.

Plan

I am hoping that our next step will be to develop a plan for overcoming obstacles, maximizing your supports and moving forward in your vision for your family. Typically what we do here in our department is have meetings with people's support networks so the extended family can come up with a plan to help the kids in a time of need. You are way ahead already because you have shared everything with your family and friends, and everyone knows what is going on.

I look forward to our next meeting on Friday at 9:00.

*Sincerely,
Beth*

The letters to Tom and Maria were followed by a meeting with Tom, Maria, their children, and a network of four relatives and friends to further develop a plan for their future moving forward. The letters helped to engage the family and set the stage for the subsequent work with their extended network. Beth's language in these letters is very important. She continually used phrases like "you said..., you described..., you talked about." In this way, she placed the parents' words at the center of the letters. This was not a professional prescription, but an accounting of their words and thoughts organized within a particular format. We'll conclude with Beth's comments about the time involved to write these letters.

The letter you wrote was very cool. And, one response from other workers might be, "This is way too much work. I can't do all that." What's your sense of that? Is it more work, less work, what?

I could see people thinking that, but I think the result was worth it because I didn't have to spend the next two months trying to build trust with these guys. I did it in one meeting and one letter (actually two letters because I wrote one to each of them). That's far less work if you ask me. However, I love writing and if writing is a chore to somebody, I could see that it

might be more work. For me, it comes pretty easily and I enjoy doing it. But I bet that was worth two months of meetings.

Really, two months?

Yes, particularly because of the history here for Tom with the removal of his brothers and sisters. There's no reason for him to trust a child protection worker coming into his house. And I think this way of approaching the situation helped him to gain trust in me. By the end of our second meeting, he was speaking honestly with me, he believed I was hearing him, and we were collaborating together on this instead of me telling them what they needed to do. That's why I would say it was worth a couple months of meetings.

SUMMARY

Family-Centered Services represent not just a shift in *what* services are provided to families, but also *how* services are provided. The heart of family-centered services is the attitude or stance with which we approach families. While there are many different definitions of family-centered services, they all highlight a shared set of values and principles such as believing in resourcefulness, working in partnership, striving for cultural responsiveness, and making our work accountable to families served (Allen & Petr, 1996; Madsen, 2007). Collaborative Helping maps are a tool to help workers think their way through complex situations as well as a vehicle to structure constructive conversations between workers and families. These maps help ground our thinking and conversations in the core values and principles of family-centered services. While a consideration of obstacles and supports is not a new concept, placing them in a context of an organizational vision provides a direction and structure that brings a laser like focus to our work. Framing obstacles as externalized entities that come into people's lives *separates* problems from people in way that minimizes shame and blame and enhances participation and options for responding. Describing supports in a way that *connects* people to their intentions, values and beliefs, hopes and dreams, and commitments in life leads to much richer conversations and supports people's influence and participation in the development of preferred directions in life. The final category of Plan (what needs to happen and who will do what) leads to concrete action steps that help families draw on supports to address obstacles to "live into" preferred directions in life.

The use of these maps supports *disciplined improvisation* and gives workers a solid place to stand in their work. The map does not seek to direct helpers in how to work, but assists them in holding a picture of the territory of their work. The repeated use of these maps over time supports a shift in relational positioning. Workers drawing on these maps often find themselves moving from a role of professional experts repairing dysfunction to appreciative allies helping families envision and develop desired lives with the active support of their local communities. This shift in positioning has beneficial effects for both families and helpers and may help to reclaim the passion and excitement that brought many of us into this field.

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