

## THE CORNER: IMAGINE: BRINGING VISION INTO CHILD PROTECTIVE SERVICES

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I (Beth) walked across the street from my office to the jail to visit with my new client. Clare (all patient names have been changed to ensure confidentiality) had been arrested the night before and sat across from me wearing inmate garb, looking a little shellshocked and perhaps a bit sheepish. She also had a faint glimmer of determination that didn't fit with the surroundings. I liked that. This mother had been home the day before in her football jersey, watching her favorite football team and drinking too much alcohol. Her precocious and difficult-to-manage 10-year-old son, Zach, didn't appreciate her repeated attempts to set limits with him while

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she was intoxicated. He became belligerent, and she threw a toy at him. The toy smashed into his nose, causing it to bleed. He picked up the phone, dialed 911, and asked for the SWAT team. Clare was taken to jail in a non-SWAT team squad car, and Zach went to his father's house. She still was wearing the football jersey in her mug shot. The court immediately put a No Contact Order in place between mother and son. I was assigned to the family to complete a child protection assessment and figure out how to help them create safety so they could be reunited. I had been implementing Bill Madsen's Collaborative Helping practice framework with my clients for a while, and I had some ideas about how to get started.

I (Bill) am a trainer and consultant to a variety of human service agencies and state and provincial departments across North America. Beth is a frontline child protective services worker who has taken ideas from Collaborative Helping and applied them in very creative ways. Together, we have provided training and consultation to child protective services in a number of jurisdictions. This article chronicles some of our efforts to apply the Collaborative Helping practice framework to child protective services.

Collaborative Helping is a principle-based, integrative practice framework grounded in family-centered values and principles such as striving for cultural curiosity and responsiveness, believing in resourcefulness, working in partnership, and making our work accountable to the people we help (Madsen, 2009; Madsen & Gillespie, in press). It offers a generic approach to helping across many different contexts and draws from Narrative Therapy (Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; Madsen, 2007; Monk, Winslade, Crocket, & Epston, 1997; Morgan, 2000; White, 2007; White & Epston, 1990; Zimmerman & Dickerson, 1996), Solution-Focused Therapy (Berg, 1994; Berg & Kelly, 2000; Christensen, Todahl, & Barrett, 1999; de Shazer, 1985, 1988; Durrant, 1993), Appreciative Inquiry (Cooperrider, 2000; Hammond, 1998), Motivational Interviewing (Miller & Rollnick, 2013), the Signs of Safety approach to child protective services (Turnell, 2010; Turnell & Edwards, 1999; Turnell & Essex, 2006), and perhaps most importantly, the daily experiences of frontline workers and the people and families they serve.<sup>1</sup> A core aspect of this practice framework is the use of Collaborative Helping maps to assist workers in thinking their way through complex situations and to provide a framework for constructive conversations about challenging issues (Madsen, 2011; Madsen & Gillespie, in press). The Collaborative Helping map in its simplest form consists of four questions that can be arranged graphically as in Figure 1.

We can think of these four questions as areas of inquiry that can be rigorously explored in depth, though not necessarily in a linear fashion. The art and skill of

<sup>1</sup>The book *Collaborative Helping* by William Madsen and Kevin Gillespie (in press) grew out of interviews and focus groups with gifted, although often noncredentialed, workers and people receiving help who were asked questions such as, "What for you is at the heart of good helping?," "How do you put that into practice?," "What challenges and obstacles do you run into in the process of putting that into practice?," "How do you respond to those challenges?," and "What might be lessons for our field from your experiences?" Their responses have contributed to a practice-based evidence that builds this framework from the ground up.

**FIGURE 1. Collaborative Helping map.**

<b>Vision</b> <i>Where do you want to be headed in your life?</i>	
<b>Obstacles/Challenges</b> <i>What gets in the way of your Vision?</i>	<b>Supports</b> <i>Who and what support you in obtaining your Vision?</i>
<b>Plan</b> <i>How can we draw on supports to address obstacles to obtain Vision?</i>	

this work lie in our ability to ask thought-provoking, focused questions that elicit concrete details for each area of inquiry.

In the past, I (Bill) lived a rather fragmented existence professionally, applying safety organized practice (Signs of Safety and related approaches) in child protective services and Collaborative Helping in the rest of my professional endeavors. I think the incorporation of Vision and the process of organizing helping efforts around the generic question of “Where do you want to be headed in your life?” rather than the question of “What are the problems in your life?” is very important. However, in the course of ongoing conversations with child protection workers, I came to accept the repeated assertion that Vision was an unaffordable luxury in the context of high-risk, dangerous situations that demanded immediate intervention. As a result, I tended to organize my work in child protective services around the four questions in Figure 2 that come from Signs of Safety (offering families the possibility of beginning with either worries or what’s working well) (Turnell, 2010).

Beth challenged this position, asserting that while Vision may come across as a luxury to beleaguered workers, it was a basic necessity for the families she encountered in her practice. Vision Work, as we have come to call it, enhances engagement, offers opportunities for parents to step out of the immediacy of a problem-filled, crisis-ridden life, and allows them to step into a leadership role in their families based on their own hopes and dreams for their children. We have brought these two maps together in Figure 3.

This article examines the important role that Vision can play in child protective services and how the process of eliciting caregivers’ hopes and Vision for their children’s future lives is an effective engagement tool, sets a tone for a more col-

**FIGURE 2. Questions from Signs of Safety.**

What are we worried about?	What is working well?	What needs to happen?
On a scale of 0 to 10, where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad that the children can’t live at home, where do you rate the situation? If judgments differ, place all numbers on the continuum.		
0 ←-----→ 10		

**FIGURE 3. Collaborative Helping map in a child protective services context.**

<p><b>Vision</b>  <i>Safety, Permanency, and Well-Being</i>  <i>What are your hopes for your children? What kind of family would you prefer to be?</i></p>	
<p><b>Obstacles/Challenges</b>  <i>What gets in the way of your Vision for your family?</i>  <i>What are we worried about?</i></p>	<p><b>Supports</b>  <i>Who and what support you in obtaining your Vision for your family?</i>  <i>What is working well?</i></p>
<p><b>Plan</b>  <i>On a scale of 0-10, how safe are the children?</i>  <i>What needs to happen?</i>  <i>How can we draw on supports to address obstacles to ensure Safety, Permanency, and Well-Being?</i></p>	

laborative relationship, and opens up space for a family’s preferred way of being, which can be profoundly interventive in its own right. We will focus on the importance of the attitude or relational stance we as helpers hold in our interactions with family members, how this process can support the development and enactment of more constructive life stories and enhance parenting abilities, and how the narrative therapy practice of externalizing (viewing people as separate from and more than the set of problems in their lives) can contribute to this process.

As a child welfare worker, I (Beth) often find myself up to my eyeballs in a plethora of problems that families are dealing with on a daily basis. I am often in a standoff with what Michael White and David Epston (1990) called “problem saturated stories.” I imagine myself challenging these problems to a duel: “You are not going to win this one. See all of these preferred ways of being over here? See this Vision Statement we just developed? You’re on your way out, pal, so pick up your ball, go home, and don’t bother coming back.” Collaborating with a family on the development of a Vision Statement bridges the gap between a life dominated by problems and a preferred life or way of being that the family identifies, describes, and can move toward.

When developing a Vision Statement, we are asking families to consider what it is they would like their children to say about their upbringing when they are adults. “What story do you prefer to have about your family? What story do you want your kids to tell about you and about their childhood? When your kids are 25 years old, and someone asks them about their upbringing, how do you hope they will describe their childhood? How do you hope they will describe you as their parents?” We ask parents to finish this sentence in their children’s voices when their children are adults: “When I was growing up my mother was or my father was. . . .”

These discussions are facilitated by asking parents to talk about the important components of a childhood. “In your opinion, what makes up a good childhood? What categories (family, friends, education, religion, activities, character, work, nurturing, discipline, etc.) do you want to make sure you are paying attention to for your kids? Is there something you would wish to improve upon in comparison to your own upbringing? Is there something you want to give your kids that you didn’t receive? Is there something you received that you hope to pass down to your kids?”

Not surprisingly, the answers to these questions are totally incongruent with the problems that bring us to a family’s door, or in the case of Clare, to the door of the jail. This Vision Work provides a solid foundation for a conversation that then moves into an examination of the obstacles that stand in the way of that Vision as well as supports that might contribute to realizing this Vision.

Once we have an initial Vision that has been developed with a family, we can strengthen the hold of that Vision by asking questions to build a foundation of motivation (e.g., Why is this Vision important to you?), resourcefulness (e.g., When have you been able to bring bits of this Vision into your life?), and community (e.g., Who in your life appreciates this Vision and might support you in moving towards this Vision in your life?). These three areas of inquiry help to sustain the Vision.

The use of Collaborative Helping maps to develop Vision requires relational connection to be effective. Helpers often talk about the importance of engagement, viewing it as a necessary first step or prerequisite before getting down to the real work. However, we think of relational connection as the heart of this work. The attitude with which we approach families, the relational stance we hold with families, and the way in which we position ourselves with families shape both the quantity and quality of information that emerges. It also affects how family members experience themselves in helping interactions with profound implications for family life. If we begin with an assumption that people are more than sum of problems in their lives, it behooves us to get to know them outside the influence of those problems before we attempt to address problems with them. A motto that captures the spirit of this approach for us is “Connection Before Correction.”

The timing of my (Beth’s) entry in Clare’s life could not have been better. A “series of unfortunate events” had led her to the edge of our helping relationship, and she took a leap right into it. She was ready, and so was I. Whatever defenses she had at her disposal disappeared as I sat with her and listened to her. I heard a story once about a 3-year-old boy who was attempting to gather his mother’s attention. She was busy in the kitchen making dinner. The little guy repeatedly said, “Mommy, Mommy, Mommy!” and his mother repeatedly replied, “Just one minute, honey.” Finally he went over to his mother and pulled on her pant leg. She leaned down, and he put his hands up to her face, holding her cheeks and said, “Mommy, listen to me with your eyes!” Clare had my listening eyes in the jail that day as I asked questions and she shared her story. I have a commitment to spending the first 45 minutes asking questions with a family before making a statement because I truly value the family’s story, opinions, and ideas. I also see

it as a way of building a foundation for future work and have learned that in the long run, it saves time.

From the beginning of our work together, Clare identified alcohol misuse as a problem for her. She told me, “None of this is Zach’s fault. A parent should never lose control no matter how badly a child is misbehaving.” I explored with her how alcohol might be a problem separate from her that had come into her life, how she might currently be in a relationship with alcohol, and how she might carry the skills and capacities to alter that relationship. Clare grabbed hold of this logic and said, “So if alcoholism is separate from me and I am in a relationship with it, you’re saying I could get a divorce from it?” In talking about how her life had been captured by alcohol and how that had affected her children, Clare became very clear that the role alcohol had come to play in her family did not fit with her preferences for their life together. That opened space for a conversation about her own Vision for her family. I asked her to start thinking about what kind of childhood she really wanted Zach to experience.

Perhaps in all work with families, but particularly in child protective services, it is crucial to keep one eye on the bottom line of safety, remembering why a child protection worker is involved in a family’s life and what it would take for us to get out of their life. We are not merely a helping presence. We also have a statutory responsibility to ensure safety. One way to keep the issues that led to our involvement with families on the table is through the use of Harm and Danger Statements from Signs of Safety that help social workers to be explicit about our worries for a family (Turnell & Parker, 2010). The Harm Statement is simply what was reported to authorities, framed in terms of caregiver actions and the resulting impact on the child. The Danger Statement is what the agency, social worker, and family are worried about happening in the future if changes are not implemented, again framed in terms of caregiver actions and impact on the child. Clear and concrete Harm and Danger Statements lead to much more honest, respectful, and constructive conversations between helpers and families.

The process of crafting Harm and Danger Statements becomes an important moment in maintaining rapport during a difficult conversation. I was able to talk openly with Clare about what had happened and about what my worries were if alcohol misuse continued taking the upper hand in her life. I explained what Harm and Danger Statements are and why we use them. Her Harm Statement read, “Our agency received a report that Clare had become intoxicated, threw a toy at her 10-year-old son, hitting him in the face and resulting in a bloody nose.” A Danger Statement for her could read, “Our agency and the court are worried that Clare will become intoxicated, lose her temper, and Zach will again be physically harmed.”

One of the things I particularly appreciate about Collaborative Helping is the narrative idea that problems are separate from people. The use of externalizing language has a profound effect on parents as they search for solutions to problems and move toward their preferred way of being. Clare’s Danger Statement written in externalizing language did read, “We are worried that alcohol will get the upper hand in Clare’s life again, she will forget to reach out for help, her temper will take

over, and Zach will be physically harmed.” Clare now had a statement about what had happened, a statement about our worries, and the foundation had been laid for a statement about her preferred story for Zach. The sequencing of Harm, Danger, and Vision Statements is most effectively set by families and facilitated by helpers. We will examine this more after completing the story of work with Clare and Zach.

At my next meeting with Clare, we were able to development a Vision Statement together. It is written in her son’s voice, 10 years into the future:

I had a happy childhood in a loving home with a mom who cared. I had good experiences that I will always remember. I had good relationships with my parents and my siblings. My mom helped me keep up with my homework and helped me have friends. She spent a lot of time with me, was fun to be around, gave me boundaries that I respected, and taught me how to be a responsible and productive member of society.

We worked through the rest of the Collaborative Helping map, identifying alcohol misuse as the main obstacle to her Vision for Zach, and identifying supportive relatives and friends whom she could lean on for help. Her plan included abstaining from alcohol, accessing counseling, and creating a safety network of people who would regularly check in with them once they were reunited.

Typically I have the Vision Statement laminated on a card and give it to the family as it becomes a focal point of our work together. At a follow-up meeting, we examine the Vision Statement together, separating each part of it and talking about how they are “doing” their Vision. After a few weeks of supervised contact between Clare and Zach, and meetings with me, the two were reunited. A week later, we examined her Vision Statement. I asked her to comment on each part:

- *“I had a happy childhood in a loving home.”* Clare reported that they were getting back into a routine since the No Contact Order was lifted. She talked about doing their bedtime ritual with prayers, giving lots of hugs, saying “I love you,” and laughing together.
- *“I had good experiences that I will always remember.”* Thanksgiving was coming up with extended family and traditions. Clare said that they were really low on cash so were playing board games and watching movies at home together instead of going out much.
- *“Mom spent a lot of time with me.”* She recounted taking Zach on errands with her and visits to the library. She proudly stated that she was staying sober and refused to have any alcohol in the house.
- *“She gave me boundaries.”* Clare and Zach had started attending counseling, and the therapist was helping them set up a token system.

As this family continued to move toward their Vision, the problems that brought them to CPS’s notice were being left further and further behind. At the time we ended our work together, Clare had four months of sobriety, the family had experienced



no new physical altercations, and what she described as a “sense of happiness” had returned to their household. Clare was forthcoming about divorcing herself from alcohol and was adamant that she had no desire to drink any more. When asked how that came to be, Clare revealed to me that she simply thinks about the consequences she and her kids have suffered due to alcohol use, that she didn’t want those problems anymore, and that consequently she was heading down a new path. After our last meeting, I wrote a letter to her summarizing what we had discussed.

Dear Clare,

I wanted to write you a letter to summarize our last meeting together. Four months ago, we had talked about how you were taking your life back from alcohol. We revisited those same questions last night. I thought it might be helpful for you to have the summary in writing. Sometimes letters like these can help solidify change or give you something to look back on in times of need.

You said that you are at day 112 of sobriety, and things are different without alcohol’s influence in that Zach knows you are always present. You talked about how he has some special challenges, and your being extra-present has been helpful to him. You said that he knows that you are stable and consistent.

You told me how you haven’t given in to alcohol and that when drinking has crossed your mind, you’ve not had a desire to drink. You said that the negative consequences far outweigh the positives of drinking. You talked about how it’s better just to deal with emotions than to drink.

Last year we talked about imagining a life without alcohol, and last night you said, “I’m living it.” You talked about making it through the holidays and football season without drinking and without really even wanting to. You said that things are different for your son because you are providing a positive environment and more stability.

I asked you what you would say to someone who is just starting out with sobriety. You said, “It gets better. The changes are positive. You won’t miss it as much as you think you will. Remember the consequences and don’t forget that what you are craving is why you’re in this place.”

We went over your backup or safety plan for when times get hard. You said that you will continue with sobriety, you have a lot of support around you, you are good at reaching out to family and friends, and you will continue with the counseling as it is helpful to you and to Zach.

Good luck to you, Clare! Please feel free to contact me any time. It was a pleasure working with you and your family.

Sincerely,  
Beth

Clare’s safety network of family and friends had supported her during the reunification process by doing regular check-ins at the house and by phone, and by being available to her for emotional support. They had agreed to intervene by taking Zach over to his father’s house if a problem occurred. Clare and her ex-husband were on board with this plan. Clare made a commitment to herself and to Zach to reach out to her network when feeling stressed, and she had put that into practice on several occasions during our time together.



Child protection workers sometimes meet with parents who, like Clare, are ready to jump into a helping relationship by willingly admitting that their actions caused harm to their children or put them at risk. In situations where the client is a “customer,” walking through what happened, to what we are worried about happening, to what the family would prefer to have happen is calming and life-giving. However, we probably more often meet with families who are reluctant to talk with us or are unsure about government involvement and what that might entail.

Admitting they did something wrong could have legal ramifications, and many parents fear, not without reason, that their children could be taken away from them. The introduction of Vision Work opens a window to the more difficult conversations by creating an opportunity to build a collaborative relational stance through careful attention to parents’ preferred story for their children (e.g., “I am hearing your description of what you want your kids to experience during their childhood, and it is utterly in opposition to what was reported to the authorities. How can I help you move from this Harm and this Danger over to your Vision?”). Giving attention to a family’s preferred Vision for their children doesn’t mean we are ignoring the problems and risks that brought us to the family in the first place. Collaborative Helping within child protective services requires a worker to hold multiple and quite contrary stories at the same time while continually assessing and reviewing danger, safety, and risk.

I (Beth again) worked with Brad, a father whose house was visited in the night by the Drug Task Force. The Task Force entered the house military-style on a tip that drugs were on the premises and possibly being sold. Brad and his 8-year-old son, Seth, were home at the time. The encounter terrified Seth. Police found methamphetamine residue, a small amount of LSD, and loaded, unlocked guns in the house. Brad was arrested and Seth went to his mother’s house. I was assigned to the family to complete a child protection assessment.

Not surprisingly, Brad was reluctant to meet with me. He was facing criminal charges and feared that Seth would never be returned to him. He didn’t want to admit to having done anything wrong for fear of making matters even worse. We worked through his apprehension by my listening to him, asking questions, and repeating back to him what I heard him saying. I introduced the idea of Vision by peppering our conversation with questions about his preferences for Seth’s childhood.

We talked about his Harm Statement, which read, “Our agency received a report stating that Seth was present during a raid where drugs and unlocked, loaded guns were found in the house, exposing Seth to criminal activity and a dangerous environment, and causing him great fear.” Brad’s Danger Statement could have read, “We are worried that if Brad continues using illicit drugs, Seth will be harmed by a loaded weapon without safety locks, and his needs will go unmet.” Instead, Brad’s Danger Statement with externalizing language read, “We are worried that if Brad is pulled away from his better judgment and best parenting practices by the lure of illicit drugs, Seth may be injured by a loaded weapon without safety locks and/or his needs may go unmet.”

Brad’s story involved more than drugs and guns. Through our work together, he

was able to create a Vision Statement that stands in stark contrast to the reason for my involvement in his life. This statement is written in Seth's voice, 15 years into the future:

My childhood was good. I felt loved, wanted, and accepted for who I am. My dad pushed me in the right way. He helped me learn from other people's mistakes as well as my own. He encouraged me to maintain friendships and was committed to helping me stay involved in activities. My dad helped me with homework, checked on my grades, and gave me positive encouragement when I did well, not just negative feedback when I didn't. My parents were on the same page, and they prevented me from going with the wrong crowd.

In taking apart Brad's Vision Statement, he was able to comment on how he was "doing" his vision with Seth:

- *"My childhood was good. I felt loved, wanted, and accepted for who I am."*  
Brad told me that he was maintaining patience even when Seth tested him. They were doing "stuff" together, for example, going to a water park resort for the weekend. He also said he was listening to Seth more.
- *"My dad pushed me in the right way."*  
Brad talked about taking time to explain what was not okay and consequences of doing wrong things in response to an incident at school where Seth had pushed another student.
- *"He was understanding and helped me learn from other people's mistakes as well as my own."*  
Brad and Seth had no current mistakes but talked about "taking electronics away if there was a problem."
- *"He encouraged me to maintain friendships outside of school and was committed to helping me stay involved in activities."*  
Brad said that Seth's mother was on board with his signing Seth up for activities; they had checked the community education bulletin and were considering signing up for wrestling and soccer.
- *"My dad helped me with homework, checked on my grades, and gave me positive encouragement when I did well, not just negative feedback when I didn't."*  
Brad had found out about a missing assignment, assisted Seth to get it turned in, and had helped him with homework on weekends.
- *"My parents were on the same page, and they prevented me from going with the wrong crowd."*  
Brad said he and Seth's mother had made a lot of progress in the previous few months and had started taking a supportive role with each other.

In the process of examining the ways in which people are "doing" the important components of their Vision Statement, their preferred life story becomes clearer, richer, and more doable. Discrepancies between preferred ways of being and problems are highlighted and discussed, and a plan is formed to address obstacles that are pulling families away from their better intentions. Brad maintained months of

sobriety during our work together (as evidenced by numerous, random, but negative urinalyses). He acted impulsively on one occasion, ending up in an altercation that could have easily been avoided. Through a discussion of the Vision he had created for his son, he was able to reconnect with his better intentions in parenting and refocus his energy on his preferred direction for his family (not one prescribed by a child protection worker). At the end of our work together, Brad thanked me for helping him, saying he felt heard and believed. Six months later he stopped by my office to say hello and reported that things were continuing to go well for him and his family.

Let's look at the interconnections between Vision, relational stance, the stories that organize people's lives, and the usefulness of externalizing in child protective services. When we ask parents questions about their hopes and vision for their children, they generally do not say, "I hope my child has a yacht or a mansion." Typically, they relate some version of "I hope my children would say their upbringing was safe, stable, and happy." This is a caregivers' version, in their own language, of the federal goals of working towards safety, permanency, and well-being. Pursuing a goal that caregivers have articulated is a much more efficient and effective course of action. Vision is also a powerful intervention in its own right. As David Cooperrider (2000) has noted, "What we give attention to grows." Developing a strong Vision and asking parents what makes that important to them, when have they seen bits of that Vision happening, and who can they find to support them in moving towards that Vision provide a foundation from which to first honor those better intentions. Then questions can more easily be raised about caregiver actions or problems that have developed that pull them away from those intentions.

We are struck by the contrast between the troubling details given in a child protection report and what parents truly want for their children. Child protection workers at times can get sucked into, or bogged down by, the long lists of issues families are facing. On the surface in these two situations, we see a mother who got drunk and gave her son a bloody nose that was serious enough to warrant her arrest and a court decision concluding he was not safe with her, as well as a father who exposed his son to criminal activity and a dangerous environment, causing him great fear. However, two contradictory stories emerge when pursuing a family's actual Vision for their children. The problem-saturated story is easy to see and rather obvious. In developing a Vision Statement with the family, a new story emerges. We have found most families' Vision Statements to be attainable. The process is respectful, engaging, and filled with hope. As Clare put it, "It's like building a bridge a family can take from the bad things over to the good things."

Given the choice of working with the mother who is pictured in her mug shot on the jail roster and the father who is on the receiving end of a drug and gun raid, or the mother and father who emerge in the conversations about their respective Visions for their children, we are very clear about which parents we would rather have as clients. And these different descriptions of these two parents concern the same people. How are we to make sense of this?

The idea of life stories may help us here. There are too many events in our lives to be able to hold them all, so we organize our lives into stories to make them more manageable. The stories of our lives don't just represent our lives, they shape our experience of our lives. Life stories promote selective attention to some events and selective inattention to others. Events that fit within a prevailing storyline are noticed and attended to. In the words of Michael White and David Epston (1990, p. 11), life stories "prune from experience those events that do not fit with the dominant evolving stories that we and others have about us." In this way, the dominant parenting stories initially presented for Clare and Brad feature inadequate parents with bad judgment who cannot be entrusted with their children's care. Profoundly different stories are captured in their Vision Statements. If we accept that identity continually evolves and changes in the course of interacting with others, this holds the possibility of shifting child protective work from finding parents' "true" identity to interacting with them in ways that help bring forward preferred stories and experiences of self, while simultaneously keeping a clear and consistent focus on our bottom lines for safety.

We want to suggest that almost every interaction between helpers and the people we serve has the potential to invite the enactment of particular life stories, so we're going to adapt another idea from narrative approaches to help us reflect on this. Narrative approaches have drawn from cultural anthropologist Barbara Meyerhoff's (1982, 1986) use of the phrase "definitional ceremonies" to develop some really interesting witnessing practices. We will not go into the details of her work here but want to honor the phrase "definitional ceremony" and extend it to a way of thinking about every helping interaction. Michael White (2007, p. 165) has framed definitional ceremonies as

rituals that acknowledge and 'regrade' people's lives, in contrast to many rituals of contemporary culture that judge and degrade people's lives. In many of the degrading rituals, peoples' lives are measured against socially constructed norms, and they are judged to be inadequate, incompetent, disordered, and often a failure in terms of their identities.

While narrative approaches have used the idea of definitional ceremonies as a way to organize a formal way of bearing witness to people's stories, we think the notion of definitional ceremonies can organize our thinking about every helping interaction. Every time we meet with someone, we are offering that person the opportunity to live out a story that shapes his or her life. The ways in which we structure our interactions with people have the potential to elicit stories that will regrade and lift them up or degrade and drag them down. We think that we can intentionally organize formal and informal contacts with people as "definitional ceremonies" with an eye towards "What might be their experience of this interaction? How might they be experiencing themselves in it? And what can we do to enhance the possibility that they will have an experience that will lift them up and

carry them forward rather than drag them down?" We can view both formal meetings with families (e.g., family group conferencing, foster care reviews, or team meetings) as well as ongoing contacts with families (family meetings, supervised visits, driving a parent to court or a school meeting) as opportunities for them to experience themselves in a different fashion. In this context, we can focus on the *process* as well as the *content* of such contacts (e.g., How are people experiencing themselves in the course of such a contact? What life stories are they enacting or living out? And how might those particular life stories enhance or constrain their abilities to care for children and promote safety, permanency, and well-being?).

Another element of Collaborative Helping that we have been applying in child protective services is the use of externalizing as a way of thinking about worries, obstacles, and problems. Externalizing conversations were originally developed by Michael White and David Epston (1990) to help people view problems in their lives as separate from them in order to hold onto an identity outside the influence of those problems. Externalizing offers a powerful way to help people address obstacles and develop proactive coping strategies. This can be particularly useful in child protective services. We can move from viewing *Parents* as the problem and seeing our job as protecting children from maltreating parents to viewing *Problems* as the problem and seeing our job as partnering with parents to protect their children from Problems (e.g., frustration, stress, substance misuse, etc.) that pull parents away from their better judgment in order to build safety. This simple shift radically repositions workers in their interactions with families and has great potential to minimize what has been referred to as "resistance" and maximize engagement. When people experience themselves as *being in a relationship with* a problem rather than *having* or *being* a problem, they often experience a sense of relief and an increased ability to do something about the problem. Externalizing creates a space between people and problems that enables people to draw on previously obscured abilities, skills, and know-how to revise their relationship with the problem.

Externalizing also provides a way to untangle the tight knot of blame and responsibility. While our field (and popular culture) has historically sought to get people to "own the problem" and take responsibility for it, externalizing creates a separation that blames the problem for its effects while helping people take responsibility for their responses to those effects. When this is done meticulously and thoughtfully, it allows us to acknowledge and honor parents' Vision and ask questions that help them identify externalized problems that can pull them away from being the parents they'd prefer to be. This is very much in line with motivational interviewing's focus on examining discrepancies between people's hopes, best intentions, and preferred view of self and the actual effects of their actions (Miller & Rollnick, 2013). This allows us to say, "You've said this is important to you and this is an obstacle that gets in the way of that. Given the importance of this Vision to you, what do you want to do about that obstacle?"

Finally, externalizing can help workers develop a more compassionate and connected view of people who engage in off-putting behaviors. For example, when

we think of a particular person as being captured by emotions such as rage or hurt or frustration rather than as being rageful or histrionic or frustrating, we may have a more empathic response to them. We can become annoyed with the emotional response and its effects on the person served and those helpers that are involved rather than becoming annoyed with the person or feeling ineffective as helpers. This can be particularly helpful in situations in which both parties are overextended and under-supported.

### SOME FINAL WORDS

We believe this interconnected combination of (i) focusing on Vision, (ii) operating from a relational stance of respect, connection, curiosity, and hope, (iii) holding an awareness of the ways in which our interactions with people served shape both their experience of self and the life stories they live out in caring for children, and (iv) seeing people as separate from and more than the problems in their lives has the potential to radically change child protective services. In proposing these ideas, we are not losing sight of our responsibility to hold bottom lines around safety, but are offering some shifts in orientation for how we go about doing that. We think such shifts actually enhance the bottom lines of our work by bringing parents and their networks more directly in as partners in the process.

When we started doing Vision Work with families in the context of child protective services, we anticipated the potential impact this could have on families. The idea of moving from a problem-saturated story to a preferred story has permeated our respective work for years, and this provides a tool to use as a bridge between the two stories. What we have discovered over time is the positive impact Vision Work is having on us as helpers in the field. It is energizing to help parents find and grow a Vision for their children while simultaneously building safety. The seriousness of the issues is not ignored, but we're able to go beyond simply the elimination of harmful behavior to building protective capacities in parents that promote safety, permanency, and well-being. That shift helps us reconnect to the values and commitments that brought us to this work in the first place, and we hope that sharing these experiences may have similar effects for other helpers.

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