FAMILY PROCESS

Narrative Approaches to Organizational Development: A Case Study of Implementation of Collaborative Helping

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Across North America, community agencies and state/provincial jurisdictions are embracing family-centered approaches to service delivery that are grounded in strength-based, culturally responsive, accountable partnerships with families. This article details a collaborative consultation process to initiate and sustain organizational change toward this effort. It draws on innovative ideas from narrative theory, organizational development, and implementation science to highlight a three component approach. This approach includes the use of appreciative inquiry focus groups to elicit existing best practices, the provision of clinical training, and ongoing coaching with practice leaders to build on those better moments and develop concrete practice frameworks, and leadership coaching and organizational consultation to develop organizational structures that institutionalize family-centered practice. While the article uses a principle-based practice framework, Collaborative Helping, to illustrate this process, the approach is applicable with a variety of clinical frameworks grounded in family-centered values and principles.

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Across North America, community and government agencies are searching for effective models that support strength-based, culturally responsive, empowering partnerships with families. The introduction of new approaches is both a worthy and challenging endeavor. This article uses efforts to introduce the collaborative helping framework in a variety of contexts as an example of ways in which narrative ideas and practices can support implementation efforts and organizational development in health and human service agencies.

BRIEF OVERVIEW OF FAMILY-CENTERED SERVICES

Family-centered services represent a broad approach to helping families across many different contexts. While there are varying definitions of family-centered services, there is general consensus about underlying values and principles.[1] Definitions of family-centered

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[1]Over time, the terminology used has shifted from family-based to family-centered to family-driven services. Throughout, the commitment to strengths-based, collaborative partnerships has remained steadfast. The thing that has changed over time has been an increasing focus on accountability to people served. The current phrase "family-driven" with its attendant motto of "nothing about us without us" highlights the importance of bringing family voice and choice into the center of helping efforts (Duchnowski & Kutash, 2007). While this article utilizes the phrase "family-centered services," it refers to an approach to this work that has consistently emphasized accountability to people served as a core principle of the work (Waldegrave, Tamasese, Tuhaka, & Campbell, 2003).

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services generally include such descriptors as being committed to cultural responsiveness, offering a wider range of services, building on family strengths, engaging families on their own turf, emphasizing family choice in all aspects of planning and care, and offering flexible funding streams to simplify accessing resources (Allen & Petr, 1996). Family-centered services represent not just a shift in *what* services are offered, but *how* they are offered. There is a fundamental shift in the attitude with which practitioners approach families, the relational stance practitioners hold with families, and the ways that practitioners position themselves with families. This shift represents a movement from a role of experts repairing dysfunction to allies helping families envision and develop desired lives with the active support of their local community, while at the same time supporting safety, permanency, and well-being for youth. While there is recognition of the knowledge held by professionals, there is an active search for and utilization of family and community knowledge. This shift in relational positioning is very congruent with poststructural approaches and this article applies narrative therapy practices to organizational development.

BRIEF OVERVIEW OF COLLABORATIVE HELPING

Collaborative helping is an integrated practice framework applicable across many different helping contexts (Madsen, 2009; Madsen & Gillespie, 2014). It has been utilized in outreach, residential, community-based, inpatient, and outpatient contexts across child welfare, behavioral health, and health care. It is useful for workers holding both "professional" and "nonprofessional" degrees. It offers a flexible map to bring family-centered values and principles into practice in the everyday "messiness" of this work and is designed to assist families envision desired lives, address long-standing problems, and develop more proactive coping strategies with the active support of their local communities. Conceptually, collaborative helping draws from appreciative inquiry (Cooperrider, Whitney, & Stavros, 2008), narrative therapy (Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; Madigan, 2010; Monk, Winslade, Crocket, & Epston, 1997; Morgan, 2000; White, 2007; White & Epston, 1990; Zimmerman & Dickerson, 1996), solution-focused therapy (Berg, 1994; Durrant, 1993; de Shazer, 1985, 1988), motivational interviewing (Miller & Rollnick, 2013), the "signs of safety" approach to child welfare (Turnell & Edwards, 1999), and perhaps most importantly, the daily experiences of both frontline workers and the families they serve.

This practice framework takes a principle-based approach, utilizing a metaphor of "disciplined improvisation" to help workers pursue their work with a balance of rigor and flexibility. It emphasizes the importance of the attitude or relational stance workers hold with families. It highlights the importance of the stories that organize people's lives and is constantly mindful of the ways in which interactions between helpers and families have the potential to invite the enactment of particular life stories. And it focuses on the power of inquiry (the process of asking compelling questions) as an important professional tool.

A central feature of this practice framework is the use of collaborative helping maps to assist workers to think their way through complex situations and facilitate constructive conversations between workers and families about challenging issues (Madsen, 2011; Madsen & Gillespie, 2014; Root & Madsen, 2013). The collaborative helping map in its simplest form consists of four areas of inquiry that are arranged graphically in Figure 1.

Beginning with a Vision of families' hopes for their future or preferred coping in challenging times both engages them and sets an agreed upon focus for shared work. The examination of Obstacles and Supports at individual, relational, and sociocultural levels fits with an ecological approach. The framing of Obstacles as *separate* from people draws on the narrative practice of externalizing, originally developed by White and Epston

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?*	***Supports*** *What helps you get there?*
Identifying obstacles at individual, relational, and socio-cultural levels Describing obstacles in a way that *separates* problems from people	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, when, and with whom Engaging people's natural community in the development and support of plan	

FIGURE 1. Outline of Collaborative Helping Maps.

(1990). Externalizing problems minimizes blame and shame and enhances people's capacity to respond. The framing of Supports in a way that *connects* people to their better intentions and sense of agency enhances forward movement and is influenced by White's (2007) efforts to recast "strengths" as practices backed by intentions, values and beliefs, hopes and dreams, and commitments in life. Finally, the Plan section is designed to help families draw on Supports to address Obstacles to move in the direction of their hopes and vision.

These maps are being used in a number of ways. Many workers use them to organize their meetings with families. In one state, they are the recommended format to guide initial assessment and action planning with families. They are also being used to organize wraparound meetings, family group conferencing, and larger system meetings. They have been expanded to guide efforts to support professional development and supervisory, team, and organizational functioning (Madsen, 2014a). I have previously written about ways that narrative ideas and practices might contribute to family-centered approaches (Madsen, 1999, 2014b). This article takes a step further to examine ways in which narrative concepts can inform organizational development and the implementation of new practice frameworks.

DILEMMAS OF LARGE-SCALE IMPLEMENTATION

Let's first consider the context in which implementation efforts take place and then focus on some different ways to approach this. Much of public sector frontline practice, particularly in child welfare, takes place in a context of urgency, blame, and defensive practice. Increasingly, practitioners are expected to operate with fewer resources and

increased demands for administrative and financial accountability. Many workers contend that the frenetic pace of the work makes it very difficult, if not impossible, to sustain good practice. This sense of urgency is often exacerbated by a persistent culture of blame throughout human services. Families are often blamed by workers for their lack of progress, workers are often blamed by supervisors for their lack of progress, supervisors are often blamed by administrators for incomplete attainment of organizational goals, and administrators are often blamed by the public, media, and the government for not preventing human tragedies that Munro (2004, p. 1090) has described as "too imperfectly understood to be predicted and prevented with certainty." In response to this climate of urgency and blame, workers often respond with defensive practice, or what frontline workers call CYA or cover your "butt."

Against this backdrop, let's reconsider the notion of "roll out," a term commonly used to describe the implementation of new models or approaches. Do you remember the first Indiana Jones movie? While it's an old movie, the opening scene may suggest a useful metaphor in considering roll outs. It begins with our hero running through a dark cave slightly ahead of a gigantic boulder rolling down just about to crush him. That clip captures a common experience of frontline workers of a roll out as more of a "roll over." Against a backdrop of urgency, blame, and defensive practice, the introduction of new approaches is often seen as corrective in nature, provoking suspicion and resentment. How might we approach this differently?

Drawing on implementation science in the health-care field, Berwick (2003) has proposed a shift from a traditional top-down "roll out" to a more lateral "diffusion of innovation." He suggests that staff tend to occupy a number of different positions in the face of organizational change. He identifies innovators and early adopters (those individuals who experiment with new ideas and are excited about changes in practice), early majority (a larger group of workers who are less excited about change and often learn from people they know well), late majority (a similarly sized group who are more likely to develop a "wait and see" attitude toward change, but may be influenced by early majority), and traditionalists (those who preserve the history of an organization and tend to believe current ways of working are just fine). He has suggested that dissemination of innovation spreads from innovators and early adopters to early majority to late majority and highlights the utility of moving from a top-down "roll out" approach to a horizontal, "spread" approach, which is very much in tune with a poststructural spirit. He encourages investment in supporting early adopters, publicizing their efforts, and creating opportunities for early majorities to interact with early adopters. He notes that changes and the uptake of new ideas begin to acquire their own momentum as acceptance approaches 20% and believes that a horizontal spread approach, particularly in organizations where staff may be skeptical of leaders at the top, is likely to proceed quicker and with less "resistance." Let's look at what a poststructural implementation approach might look like in this context.

A POSTSTRUCTURAL APPROACH TO IMPLEMENTATION OF PRACTICE MODELS

Successful development of family-centered programs requires a shift from first-order to second-order change efforts. This involves a reconceptualization of helping efforts at multiple levels. Bruns and Walker (2011) highlight three crucial components for developing successful family-centered programs:[2]

- Programs are grounded in family-centered values and principles.

[2]While their research focused on wraparound programs, I believe this holds true for family-centered programs in general.

- Programs have clear practice frameworks that reflect those values and principles.
- Programs have institutional structures and organizational cultures that actively support practice frameworks grounded in family-centered values and principles

With this in mind, the Family-Centered Services Project[3] has organized our collaborative consultation efforts around an approach that includes three components:

(1) *Eliciting existing best practices* – Appreciative inquiry focus groups to collect "stories from the field" of better moments of partnering with families. This process particularly focuses on identifying the values and principles behind these better moments and using them as a foundation for developing a local vision of family-centered practice in action.
(2) *Clinical training and coaching* – Clinical training with as many staff as possible followed by ongoing coaching with supervisors and practice leaders to enhance their capacity in the use of collaborative helping maps and their ability to facilitate the use of maps with others. This process is intended to help frontline workers develop a concrete, clinical practice grounded in family-centered principles.
(3) *Leadership coaching and Organizational consultation* – Programmatic assistance to help agencies build leadership and develop organizational cultures and institutional structures that support family-centered practice.

I will explore each of these components, using examples from our work across multiple contexts.

ELICITING EXISTING BEST PRACTICES

The first component in this collaborative consultation approach is eliciting "stories from the field" of practitioners' better moments of partnering with families in this work. Beginning in this way honors and acknowledges participants' work. It enhances engagement and minimizes "resistance" based on the expectation of corrective instruction ("Oh, so you're the people who are here to fix what I'm doing wrong and bring me up to speed on what I should be doing right? Yeah, good luck with that!"). It allows us to move from "instructive interaction" (Here is how to become more family-centered!) to "invitational interaction" (How are you already doing this and how might we help you expand upon that?).

Typically, we have conducted focus groups with workers and supervisors, parents and caregivers, and managers.[4] Workers and supervisor groups focus on collecting stories of their "better moments" of partnering with families, challenges they have encountered, ways they have worked to meet those challenges, what has supported them in those efforts, and important lessons that might come out of those experiences. We have found that these better moments have consistently been grounded in core principles of family-centered practice. Parent groups focus on collecting stories of their experiences of

[3]The Family-Centered Services Project (FCSP) is a training and consultation endeavor designed to help community agencies and state and provincial jurisdictions across North America develop institutional practices and organizational cultures that support more respectful and responsive ways of interacting with the families they serve.

[4]To date, our efforts initially have focused on these three groups separately to allow for more open and honest discussion that may otherwise be constrained by power dynamics with a hope to subsequently address and bridge divides that may exist. This is in line with the narrative and social justice practice of "caucusing" in which different groups, particularly marginalized groups, have opportunities to meet separately (Waldegrave et al., 2003).

receiving services (both positive and not so positive experiences with a particular focus in the latter on how they wished they had been treated and what difference that might have made). Often, their experiences contain very useful lessons for our field. Manager groups focus on sharing back themes from previous worker, supervisor, and parent stories and then collecting managers' reflections on these stories and their better moments.

With that as a foundation, we then elicit stories of managers' "better moments" of supporting family-centered practices, challenges they have encountered in those efforts, and ways they worked to meet those challenges.

Our inclusion of challenges to practitioners' better moments is very deliberate. One of the things we have found with a more standard appreciative inquiry that only focuses on best moments rather than including inquiry into accompanying difficulties is that it can be experienced by participants as minimizing challenges they face and encouraging them to engage in "happy talk" that can leave them feeling unheard and unacknowledged. We have learned from the inevitable sighs and eye-rolling that this may not be the most productive approach. We have also found that a focus on responses to challenges provides an opportunity to deepen inquiry into best practices. The following example from a residential program illustrates this first component.

Example—Developing a Culture of "Uncommon Courtesy" in a Residential Program

A residential program (part of a larger statewide agency that provided a variety of services) approached us for help in becoming more family centered. We began with a conversation with the program's senior management about why this endeavor might be important to them, when the program had brought bits of being more family centered into their work, and who in the broader organization might support them in grounding their program in family-centered values and principles. Weiner (2009) in a summary of that research suggests that organizational members will take up new changes to the extent that they believe the changes are valuable and do-able (and, we would add, to the extent that they believe they will be supported in the change). In this process, we think we can move from *assessing* organizational readiness for change to *fostering* it through the questions above that help to construct value, do-ability, and support. With this in mind, throughout our efforts to help a program, agency, or jurisdiction develop an organizing vision, we take care to repeatedly ask participants questions about value (What about this vision is important to you?), do-ability (When have you brought bits of it into your work?), and support (Who can you find to support you in pursuing it?) as a way to foster readiness for change.

In this consultation, the initial component consisted of focus groups with milieu workers, clinical staff, and supervisors; with parents and caregivers; and with program leadership. The meetings with workers and supervisors focused on an appreciative inquiry into their best experiences of partnering with families, using questions such as the following:

- Can you share a story of work with a family that left you feeling really good about your efforts to partner with them to work toward shared goals in a collaborative fashion?
- What obstacles or challenges did you encounter in that process?
- How did you respond to those challenges and what supported you in that?
- What lessons do you think there might be for others in your program in this example?

After collecting numerous stories, we asked other participants to offer reflections based on a slight variation in questions often used to organize witnessing groups in narrative practice (White, 2007):

- What stands out and captures your attention in these stories?
- How is that similar to your own best moments and challenges in this work?
- What do you want to remember and take away from listening to these stories and what would you like us to hold in mind about your work as we continue to get to know you?

Many of the parents involved had had horrible experiences with various services and beginning with an examination of their best experiences would have been an insult. We began those meetings by using Kegan and Lahey's (2000) complaint to commitment process to honor and acknowledge those bad experiences. This involved questions that elicited their complaints about the services they had received to identify hopes for better helping efforts.

- What was most distressing to you about the kind of help you have been offered in the past? (put in a sentence stem of "It bugs me that . . .").
- What would you have hoped for instead?
- If your complaint and preferred alternative were somehow a message to you about what kind of help you would like both your family and others to receive, what might that be? (put in sentence stem. . . I wish helping efforts would be grounded in a spirit of . . .).
- What makes that message particularly important to you? If other parents and families were to receive this different kind of help, what difference do you think it might make for them?

This combination of drawing on the "best of what is" (Appreciative Inquiry) and the "worst of what is" (Complaint to Commitment) to imagine "what could be" provides flexibility in developing a vision of possibilities. We can meet people where they are at and move from there to a vision that can organize subsequent work together.

As a follow up to these focus groups, we met with a steering team for this project (a cross-section group that represented the various stakeholders including senior management), and fed back the various themes that had emerged. In the course of that conversation, one participant remarked, "I think what we're talking about here is just common courtesy." Another veteran worker responded, "I've done residential work for 20 years and I think what we're talking about here is *uncommon courtesy."* That phrase "uncommon courtesy" resonated strongly for others and became the organizing theme that guided all subsequent work. We began asking practitioners at all levels in the organization questions like: "How do you do this uncommon courtesy? What are the practices that go into it? How do you help new workers step into uncommon courtesy? When a kid goes home on a weekend pass and you have to search them upon their return, how do you search them with uncommon courtesy?" Those questions alone constituted a strong intervention by eliciting, elaborating, and acknowledging their work and also helped to construct a culture of uncommon courtesy that became increasingly woven into subsequent organizational practices.

Narrative Practices in this First Component

While the focus on beginning by developing a vision of possibilities in our collaborative consultation approach is most influenced by appreciative inquiry, there are a number of narrative ideas and practices that inform this component. The first is the use of a *story metaphor*. Narrative therapy has long emphasized the ways in which stories do not just represent experience, but shape it (Freedman & Combs, 1996; Morgan, 2000; White, 2007;

White & Epston, 1990). Eliciting and elaborating stories of best practices and finding ways to both acknowledge and spread those stories can have a significant effect on the everyday "water cooler" conversations in organizations. The movement from stories that solely focus on problems and their overwhelming effects to a double description of both the effects of problematic situations and people's responses to them opens space for new possibilities to emerge.

The process of *externalizing* obstacles to practitioners' better moments of partnering with families offers a nonblaming, nonshaming way of identifying problems they encounter in their work. Placing those problems within a larger organizational, professional, and sociocultural context acknowledges the significant support that problems often receive; offers people more room to move; and enhances their sense of agency in responding to those problems. For example, a number of practitioners described an obstacle of frustration that grew out of a desire to "fix" things in families. The pressure to fix things receives strong support throughout health and human services at many levels and can encourage practitioners into instrumental ways of working on families rather than working with them. Acknowledging this larger pressure and its effects can alleviate its toll on workers.

White (2007) has reconceptualized strengths as *practices in life* rather than internal characteristics. We have found that framing supports for a program's vision of family-centered practice as practices they engage in helps to make those practices more visible and available for further cultivation. For example, asking workers in great detail about how they demonstrated "uncommon courtesy" in searching kids after a weekend pass offers an opportunity to both elicit specific ways in which they do that and highlight the intentions, values and beliefs, hopes and dreams, and commitments that might stand behind those particular practices.

The use of inquiry as an intervention has a long history in family therapy. It is particularly emphasized in narrative and other poststructural approaches. In a consideration of interventive questions, Tomm (1988) has drawn a distinction between influencing questions with a *corrective intent* (Questions that often hold embedded suggestions and try to get a person to see, feel, or do differently. The practitioner comes to a conclusion that something is wrong and uses questions to try to correct what is "wrong.") and those with a *facilitative intent* (questions that start with an assumption that instructive interaction does not work and may be colonizing and problematic and holds a goal of opening space for people to reflect on the implications of their current perceptions and actions, see other possibilities, and draw on their own resourcefulness to consider new options). One way I have sought to explain this distinction is to differentiate between direction and destination. While narrative questions have a clear intention about direction (opening new possibilities), they do not have a particular destination in mind (how those possibilities might unfold). The questions asked in the initial focus groups were intended to elicit practitioners' best moments, but had no preconceived ideas about what those moments might be.

Questions both gather information and generate experience. While the appreciative inquiry focus groups are designed to elicit better moments and discover values behind them as a foundation for subsequent components, the process also has energizing effects on participants. The people interviewed often experience their work in new and energizing ways. The *witnessing* process in which other members of the group describe the ways in which they have been moved and inspired by the stories heard has both powerful acknowledging effects for those interviewed and connecting effects on the group as a whole (Weingarten, 2000, 2003). The spread of best practice stories can have powerful effects in shifting organizational culture. In this way, inquiry and witnessing become transformative. The leaders of this residential program thought of these focus groups as a precursor to consultative efforts that would "pass along" our family-centered knowledge. Instead, in the inquiry and witnessing process, new knowledge was constructed.

CLINICAL TRAINING AND ONGOING COACHING/CONSULTATION WITH PRACTICE LEADERS

The second component in this collaborative consultation process uses clinical training and ongoing coaching to help a program, agency, or jurisdiction develop its own version of a clinical framework to put their vision and values into practice. While I will give an example of collaborative helping as one framework, the process described could be applicable to the incorporation of any practice framework grounded in family-centered values and principles.

Clinical Training

The large group trainings build on best practice themes that emerged in the initial appreciative inquiry focus groups. Trainings focus on the use of collaborative helping maps as a tool to help frontline workers think their way through complex situations and guide conversations with families about challenging issues. After setting a context and offering examples of these maps in action, we highlight the purpose of each of the four areas of inquiry (vision, obstacles, supports, and plan), offer sample questions to elicit that information, and work with participants to generate their own variations of questions to gather that same information.

We view "stand and deliver" trainings mainly as an opportunity to provide inspiration, get people on the same page, and develop a common language. Although we are hoping to convey some particular content, we are most interested in participants having a shared experience that helps develop a community of practice and supports ongoing innovation. While participants have described these trainings as "very moving," we recognize that training often does not transfer to the job. Studies on adult learning suggest that only 10–13% of learning from traditional trainings carry over to participants' actual jobs (Baldwin & Ford, 1988). We believe that practitioners absorb more through the application of these ideas in the context of daily work experiences and have directed the bulk of our efforts in this component to ongoing coaching.

Ongoing Coaching

Our coaching efforts consist of regular meetings (often monthly) with supervisors and practice leaders who are excited about these ideas and have credibility within the organization to "spread" them. The coaching may happen in person or online. Sometimes, we provide direct coaching to supervisors and practice leaders. Other times, in larger organizations (e.g., state or provincial child welfare jurisdictions), we provide consultation to internal coaches who are working directly with supervisors and practice leaders. Typically, the coaching sessions consist of group meetings where the consultant interviews a practice leader about a family situation, a supervisory or team situation, or a more generalized work or professional dilemma using a collaborative helping map format. The willingness to work at any of these levels highlights the flexibility of these maps and helps embed them as a way to think through complex situations rather than just an intervention with families.

As practice leaders become more comfortable in the use of these maps, we work with them to move into a role of facilitating mappings for others in their work context. Best practice interviews are a useful format to document and build on progress in this realm. In these interviews, the coach/consultant asks a participant to select a moment when they were feeling good about their work as a practice leader and then elicits a story about that moment with particular focus on the details of what they did and how they did it, what

made that important to them, and what learnings from that moment they might want to carry forward in their work.

We take an approach to coaching that is based more on inquiry and less on instruction or suggestion. This facilitated process is designed to help a participant critically think through the issues and complexities of the presenting situation. There is no cross-talk and the only person who can ask questions of the participant is the facilitator. This process protects the interviewee from being bombarded with input and gives them time to reflect. However, other participants are not simple observers. We ask them to step into one of two roles: *content mappers* in which they are completing a map of the interviewee's responses, sticking as close to their language as possible, and *process mappers* in which they are recording the questions being asked and locating them in the different areas of inquiry. At the end of the interview, we often take reflections on lessons learned by group members from the story told by the interviewee and then debrief the interview methodology with a focus on how participants might adapt the questions to their own context. The coaching sessions are designed to develop internal capacity in the use of these two formats and enhance practice leaders' ability to take on a facilitation role in mappings with families and other practitioners. This is in line with Berwick's (2003) emphasis on horizontal spread in disseminating innovation and the next example of an individual coaching consultation is intended to show this process in action.

Example—Consultation With a Coach in a Child Welfare Context

Beth is a practice leader in a child protective service (CPS) jurisdiction.[5] She is a very talented ongoing worker who is also utilized by many as a coach, doing collaborative helping mapping and providing training and consultation around the state. I consult with her via phone around her coaching efforts in her home state. She was asked to facilitate a meeting that would include the parents, their lawyers, a CPS worker and her supervisor, and the CPS lawyer in a very complicated and contentious situation that was coming up quickly. The purpose of the plan was to do a mapping to develop steps for possible reunification.

As there was a lot of concern about this meeting from many parties, I began the consultation by eliciting Beth's worries for the upcoming meeting. She laid out a number of worries that included the messiness of the situation and the urgency with which the meeting was to happen (due to circumstances beyond Beth's control). That left little room for adequate preparation or for Beth to be able to talk with the parents ahead of time as is her usual custom. In addition, at the point of our consultation, she knew little about the parents' level of functioning or their buy-in to the process, there were many different complicating factors in the situation that could easily sidetrack the meeting, and a long history of significant tension between CPS and the parents' lawyers.

I proposed that we begin with a "different, but similar" version of a best practice interview and then move into a collaborative helping map focused around Beth's hopes and vision for her facilitation of the meeting. A "different but similar" interview elicits a story of practitioners' better moments in responding to other situations that are different but similar to the presenting one. It focuses on the details of what they did, how they did it, and what learnings from that moment they might want to bring to the current situation. I asked Beth to think about another instance where she had been worried about the messiness of a situation and it either went well or she felt good about how she responded regardless of the outcome. Here's her response.

[5]This and the example in the next section are real people who gave permission for their stories to be included and asked that their first names be used in describing them.

A couple situations come to mind. One was an out of home placement with a teenage girl saying her step-dad had been sexually abusing her. Her mom didn't believe her and the lawyers were very contentious. It ended up going great and the family's lawyer told me later that she thought the empathy and compassion that I showed to everyone, especially to the mother, was what helped her to stay on track while we worked the plan out.

And that empathy and compassion, how did you show that? What did you do?

I think the questions that I ask are a different kind of question and position me differently with people. I think there's something I'm doing in the room where all the people in the room see me as an ally. There's something about how I'm doing it that doesn't alienate families or workers or lawyers, but I really can't remember the exact questions.

Can you think of examples of questions like those that you've used in other situations?

Well, here's an example. I was consulting to a worker who had to do a child protection investigation (where domestic violence was involved) of a cop along with a detective. I asked the worker to imagine the shame that the father might be feeling in being investigated by a brother in arms, so to speak. It's a precarious situation for him because if you get convicted of domestic assault, you lose your gun carrying license and if you're a cop that means you lose your job. I asked her some questions to help her imagine what it might be like for him and to help her step into his shoes and convey that understanding to him. I then suggested the better judgment question that we've used before—"At what point in the incident did you go against your better judgment?" I encouraged her to get details of that better judgment and look for things that might have pulled him away from it in order to turn up the volume on his better judgment.

Beth gave several other examples of questions she used to position herself in an empathic, compassionate way and we talked about what helped her stay connected to those kinds of questions amidst all the distractions of a situation. We came up with the catch phrase "empathic, compassionate leadership" as a description of Beth's preferred way of being as a facilitator and moved into a collaborative helping map to help her ground her facilitation in that commitment. I asked what made that particular commitment important to her and she responded, "I know it's effective and it's more in line with the person I want to be in the world." We moved into an examination of obstacles and supports. As Beth talked, I typed many of her words and phrases into the collaborative helping map in Figure 2.

I reviewed the Vision, Obstacles to, and the Supports for that Vision and asked Beth for her thoughts about what might be next steps and how she might want to approach the meeting. Here is the conversation that ensued.

I think concretizing the action plan with more details for the steps, their impact on the kids, and some time frames around them. What does the worker need to see and what do the parents hope to see will be the effects of these different steps on the kids? And, staying really clear on the purpose of the meeting because I'm the one that's got to keep it going. I probably have a pretty disciplined mind in that way.

What helps you stay focused and hold that disciplined mind?

Probably the time limits. Looking at the clock and knowing where we are, and what time we have left, and how might we best use that time. The thing I'm still worried about is the parents because I don't know about them yet and there's no way I'm going to be able to connect with them before the meeting because they're out of town.

So what might help you connect to them at the beginning of the meeting?

Well, a thing I've done before is to take somebody's hand in both of my hands, look them in the eye and say something like, "Nice to meet you, thank you so much for coming." I introduce myself and the purpose of these meetings, and do my best to normalize the process because such meetings with professionals can be nerve-wracking for parents.

Hope / Vision for Facilitating Role	
I want to ground my facilitation in empathic, compassionate leadership.	
Challenges / Obstacles	**Supports**
• Messy situation • Tight time limits • Many complicating factors • Some basic housing needs • Conflicting personalities in the room • Possible pressure to live up to the reputation that Beth will fix this	• Parties want to do this (tho we don't know where parents are at yet) • The public defender lawyers are asking for this meeting • The worker has already started an initial trajectory • Beth has a strong history of people trusting her
Next Steps	
To be Developed	

FIGURE 2. Collaborative Helping Consultation Map.

And what do you think might be the effect on these parents if you do that in this upcoming meeting?

I think maybe them seeing me as an ally – more like a friend than a foe.

And is there anybody else that you feel like it would be important to become an ally to in this meeting?

I think the parents' lawyers. Right now, there's a lot of tension between them and CPS and sometimes it can get nasty.

This is not unusual. In the legal profession, there is a common push for "zealous advocacy"—the responsibility for lawyers to win at any cost. Historically, in CPS there has been a strong push for building a case for removal if necessary. The combination of these two specifications can create significant polarization and make it difficult to work together in a nonadversarial fashion. While there is an increasing focus on more collaborative approaches in child welfare, this legacy still sits in the background, strongly affecting interactions. One way we have tried to address this is through the use of externalizing, which can result in a role shift from protecting children from maltreating parents to partnering with parents to protect children from those problems that pull them away from their better judgment. This approach helps Beth treat people in ways that convey that they matter and are important contributors to a shared task of building safety for kids. The end of our consultation focused on this mission.

As you think about your commitment to staying grounded in empathic, compassionate leadership, what makes that important to you? Like, what's your intention in doing that?

I think it's the most effective way to help families. We've talked for a long time now about the importance of the relationship families have with workers and that workers have with each other

for good outcomes for kids. And another part of it is wanting to stay true to who I want to be with people. I don't want the nastiness that can come into this work to affect who I am as a human being and I believe we'll get more done if we're working with kindness in all of this.

And for you, doing what you can to help build a child welfare system based in kindness, what values and beliefs might stand behind that?

I think a belief that this is how I should treat families. If we believe that parallel process stuff, that's how I need to treat other people I'm working with in the larger helping system as well. I think being kind is a very deep value of mine. Clearly, we have to hold bottom lines of safety, but I think we can do that with as much kindness as possible. And you know, it's not just about being nice or kind. That doesn't begin to capture it. I think it's about changing the culture of helping efforts from this simple effort to "fix things," to this much bigger project of rehumanizing relationships and transforming lives.

Wow! So as you think back over this whole conversation today, what do you want to remember from this and bring into your mapping next week?

Well, I think just remembering what I know. I have good relationships with the people who will be there. The *X* factor is the parents who I don't know yet and won't be able to get to know before the meeting because they're away, but I'll do what I can when they get there. And then, staying committed to how I do things. The time limit will help. I can take a little firmer role. I'm realizing that when I can't do as much prep work, I have to be more in charge. I need to concretize the next steps in the action plan and get the worker to talk more about what she needs to see to be more confident in the kids' safety.

Narrative Practices in this Second Component

Many of the narrative practices described in the first component are also present here. Throughout the consultation with Beth, I never offered any advice or suggestions. In my inquiry, I had an intention around *direction* (asking questions designed to open room for new possibilities to emerge), but did not have an agenda as to *destination* (what specific actions Beth would decide to take). In the conversation, I was aware that consultation interactions have the potential to invite the enactment of particular life stories and wanted to talk with Beth in a way that was more likely to give rise to empowering rather than constraining narratives. Throughout, there was a focus on the specific actions she was taking as practices backed by particular intentions, values and beliefs, hopes and dreams, and commitments in life. Eliciting, elaborating, and acknowledging those intentional practices helped to further ground Beth in her preferred role as a facilitator. When we do these coaching consultations in groups, we routinely spend time taking witnessing reflections from other group members. In this individual meeting with Beth, I concluded the consultation by offering some reflections on ways in which I had been moved by our conversation. If we acknowledge that we are always bearing witness (in some fashion) in our interactions with others, then we can carry an awareness of what effects we might hope to have in that process.

ONGOING ORGANIZATIONAL CONSULTATION

The third component of our collaborative consultation process addresses the larger context in which practitioners are working. While the increasing use of narrative practices along with tools such as collaborative helping maps offer ways to put family-centered values and principles into daily practice, these efforts are enhanced by efforts to build an organizational culture of reflection, appreciation, and shared learning. I will examine the impact of organizational climate and culture on services for families and the way that it is

built in daily interactions. I will then explore ways to encourage local leadership practices and develop institutional structures that support a family-centered approach.

Impact of Organizational Culture and Climate

Glisson et al. have done extensive research about the influence of organizational climate and culture on our work. They studied 250 children served by 32 public children's service offices in Tennessee. Findings revealed that an organizational climate characterized by low conflict, high cooperation, role clarity, and strong workplace relationships was the *primary predictor* of positive service outcomes and a significant predictor of service quality (Glisson & Hemmelgarn, 1998). In another nationwide study of mental health clinics in 26 different states, they found that agencies with healthy, strong organizational climates had *half* the employee turnover and sustained new programs for *twice* as long as weaker organizations (Glisson et al., 2008). The stronger organizational climates were characterized by high expectations of workers who had input into management decisions, had discretion and flexibility to do their work, and were encouraged to seek out new and innovative ways of working. Workers had a clear sense of how they fit in the organization, a sense of support in their work, and buffers against work overload and emotional exhaustion. These studies showed the importance of organizational climate at a number of levels. There are benefits for people served as well as practitioners, and there are powerful bottom line financial implications.

Organizational climate and culture shape and are shaped by daily interactions. Organizational culture influences how people interact and those interactions help to solidify a particular organizational culture. Understanding this, we can begin to identify leadership practices that help to bring a spirit of reflection, appreciation, and shared learning into an organizational culture. A significant shift to a collaborative clinical approach requires a parallel shift in management approach. With this in mind, we have devoted increasing focus to supporting senior managers in developing a more facilitative approach to leadership. Margaret Wheatley (2011) draws a distinction between *hero* and *host* leadership. Hero leadership is a more traditional approach characterized by a spirit of "command and control". Wheatley suggests that some of the assumptions behind a hero approach are that leaders have the answers, they know what to do, and people will do what they are told. Heroic leadership rests on the illusion that someone can be in control. Ronald Heifetz (1994) draws a distinction between technical problems and adaptive challenges. Technical problems are problems that can be addressed through the application of an appropriate and premade plan (e.g. building a bridge, repairing a broken leg, collecting required demographic information for a new family). Adaptive challenges are real-world problems where data are conflicting or ambiguous, where disputants reasonably disagree about appropriate actions to resolve the problem, or where values are in conflict (e.g., how to rebuild our economy, how to respond to terrorist threats, how to respond to a teenage girl who alleges sexual abuse by her step-father and then recants). Frontline, community-based practice mainly deals in adaptive challenges and Heifetz contends that adaptive challenges cannot be effectively addressed with technical solutions. He maintains that leaders facing these challenges must avoid attempting to provide solutions, especially when quick action is being demanded. A host approach where leaders ask questions to help the practitioners facing adaptive challenges reflect and think their way through complicated situations while also holding some important bottom lines may well be a more effective approach. Wheatley (2011) has identified a number of practices of host leadership that are very congruent with poststructural approaches. With this in mind, we have increasingly focused on supporting managers to take up more of a facilitative leadership approach while also accommodating the demands they face to provide answers. Our intention in these efforts

is to help build countercultural oases where mid-level leaders can pursue a management approach that is aligned with and supportive of family-centered values and principles.

Example—Facilitative Leadership in the "Real" World

Kendra was a new director of an innovative supportive housing program that utilized a harm reduction approach to serve individuals and families with multiple chronic long-term challenges. Kendra had been trained as a narrative therapist and wanted to bring family-centered philosophy more into her program and thought narrative practices would help in that effort. I consulted with her program bimonthly for a year and routinely met with her with a focus on both immediate program issues and her own professional development. She described the challenges of helping team members hold on to a new way of working that better fit their values, but often seemed at odds with their previous training, many professional assumptions and practices, and pressures from the larger system in which they worked. Many collaborative family-centered practitioners often find themselves feeling like they are swimming upstream against a very strong current. Here are some of Kendra's reflections on her experience of these coaching efforts.

> For the first time I was trying to design a program, run it in a way that aligned the team members around a certain way of working with people, and figure how to be supportive as we struggled with both the work with families and the way the larger system was treating them. I was new at that and didn't feel like I had much support from others who thought similarly. It was very helpful to have conversations about how I wanted to lead, my values as a leader, and how I developed those values. That got a ball rolling that led me to actively seek out more support around different approaches to leadership. Our conversations helped me feel like I wasn't some crazy fringe element here. Having an opportunity to clarify my thinking and have it appreciated was legitimizing and helped me gain confidence to stand up for what I believed in my role as a leader.

Our conversations utilized the same formats of best practice interviews and collaborative helping maps previously described to elicit, elaborate, and acknowledge Kendra's best leadership moments to help her envision and develop preferred ways of being as a leader.

Our conversations also incorporated previously described narrative practices such as an appreciation of the story she held about herself as a leader and working within that story to expand possibilities, the use of externalizing practices to examine challenges and obstacles to her hopes and vision for herself as a leader, and the use of acknowledgment and witnessing practices to support her in that process.

Rethinking Institutional Structures and Practices

Leaders also exist within a broader context that needs attention. We assume that in the course of activities in the first and second components, various concerns will arise about ways in which institutional structures support or constrain possibilities for collaborative, family-centered practice. If a crucial component for successful family-centered implementation is the presence of organizational supports for family-centered values and practice frameworks, it makes sense to have both feedback loops and commitments to respond to that feedback. In this component, we have often given agencies or jurisdictions a menu of possible institutional structures that we could help them develop with a focus on helping the ones they find most appealing to their own local context. Some examples include: helping them develop new administrative and clinical paperwork, new clinical discussion formats, new staff and program evaluations, new outcome measures, and quality assurance efforts to build organizational cultures that support more respectful and responsive ways of interacting with families. These efforts are described in detail elsewhere and so will not be replicated here (Madsen, 2007; Madsen & Gillespie, 2014).

FINAL REFLECTIONS

I have shared some stories of some of the better moments of our work. There are also many stories of feeling "rolled over" by large boulders, similar to the Indiana Jones example at the beginning of this article and the all too common experience of too many frontline workers. This is hard work. We are rowing against the tide. One of the things we have learned is that these efforts go best when there are openings in an organizational culture to move beyond the dictates of corrective instruction and when there are internal allies supporting these efforts. In some contexts, our efforts have been completely stymied by a distinct hesitation about stepping out of a role characterized by a belief that "I do know better about how people should live and my job is to set them straight" or "My job is to save children from unfortunate situations and never mind the consequences of those efforts." These are strong and understandable sentiments, supported by powerful cultural discourses. And, we continue on, honoring the best intentions behind these sentiments, inviting examination of the broader context in which these sentiments arise, and questioning what might be their effects. It is a work in progress.

It is likely not possible or even helpful to bring things to a nice, neat closure, but rather to continue to explore possibilities. In North America, we seem to be living in a time where possibilities are shrinking and the business of helping others is increasingly constrained. This does not have to be the case. My hope is that we can think outside the box to develop practice approaches that return us to work we can be proud of. My experience with organizations like the residential program I described, with child welfare practice leaders like Beth, and with managers like Kendra shows that we can accomplish that. Efforts to demand that our work is effective and cost efficient are totally reasonable. We have a fiscal and moral obligation to ensure this is attainable. If we take the common factors literature (Duncan, Miller, Wambold, & Hubble, 2010) seriously, a shift in how we approach families with a focus on developing more respectful and responsive ways of interacting with them may help us create a system of care that benefits people served and also significantly changes the business of helping for those employed in it. Our work can be revitalized. Hopefully this article helps to point some ways forward toward that end.

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