

Including both: family home placement in a therapeutic context

carina håkansson



sional framework. *Including both* is a basis for everyone's participation and builds on the close and complex collaboration between families homes, clients, and professionals. The context influences who I am and how I act, whether I am client, family home member, or therapist. This also entails that I, as the person I am, influence what happens in me, in the other, and between us.

the extended therapy room

Lisa is fifteen years old. She has not lived with her

parents since she was eleven when social services decided to place her in care because her parents were having severe problems. After six months she came to a home family where she stayed for barely three months before she ran away. The home family did not want her back, so Lisa moved to a new home family, where she stayed for six months. Following that, she moved back to her parental home again for nearly a year before the social services again decided to take care of her due to bad conditions. She was placed in an institution for young girls where she stayed for barely four months before running away. She was placed in an emergency facility and at this point, the social services turned to us, because they wanted a home family for the girl, and some work with her and her parents.

Lisa and her parents are people I work with. When The Family Care Foundation was founded eighteen years ago, I had a vision of trying, with others, to create 'a room' that was good for people to be in, so-

called clients, home families, and professional helpers. Creating rooms that are good to be in means many things:

- Creating space for people's stories
- Talking to, not about, each other
- Talking and being in ways that are possible to understand
- Striving for democratic contexts
- Taking a stand against abuse and oppression
- Each person taking his or her part seriously

The 'extended therapy room' is a context that endeavours to *include both* (in what we do as well as in how we think; in different ways, in different situations and together with different people); thus, the extended therapy room is both a model and a stance, a philosophy.

Thinking in terms of including both is the foundation for each of us as we participate, and build on the close and complex collaboration between home families, clients, and professional helpers. When people, from seemingly diverse circumstances, come together and take part in each other's realities, something happens. What happens depends on the surrounding culture and cultural changes, but also on who each of us is, and how we relate to ourselves and the other. It is of utmost importance that there is a sufficiently supportive environment, culture, where we as individuals with all our baggage are allowed to exist and be accommodated. In the extended therapy room, people meet for a time in their lives, usually for a few months or a year or two. People who have different ways of talking and expressing themselves, who live in different ways, who have different backgrounds, and different dreams but where nobody's truth is worth more than another's. *Thanks to these differences* something is created that can be useful, not only in one's own life but also for the other. It doesn't happen without difficulties, painful moments, and times of devilish doubt. But it happens. And it has strengthened my conviction that most things are possible, to the

introduction

The article describes the philosophy and practice of the Family Care Foundation. The basic practice combines everyday life (a family home or foster placement) with therapeutic work. This means that both client and the family home have several therapists to support them, one of which is the supervisor of the family home. Our clients are children, teenagers, and adults.

Some years ago, my colleagues and I started referring to family home placements in a therapeutic context as *the extended therapy room*. Essentially, it attempts to be present, in thought, action, and feeling, in the encounter between the client and the family home and all others concerned. Through this, meaning is created in what has happened and what is going on now, both in everyday life and in therapeutic conversations designed according to need.

The extended therapy room evolves from the thought of offering both an everyday life and a profes-

extent that we collaborate and take both the other and ourselves seriously.

birth and existence

The Family Care Foundation came into being in a café in Gothenburg on a summer's day in 1987. Thoughts about what is important and why we do what we do had been in my mind for a long time but I did not really know what to do with them. For some years I had been working in a local project involving adult drug addicts, placed with so-called ordinary families (home families), who in turn received professional help from some social workers. I was one of them, and I warmed to the idea that the people we call clients could live in an ordinary context rather than an institution, hospital, or prison. However, something seemed to be missing: somebody who would be there for the client besides the home family, and what about the client's own family, what happened to those relationships? The organisation I worked for did not make it possible for me to develop these thoughts and questions. Maybe it would be possible to start a foundation in order to realize these ideas?

An extraordinary chain of events followed, where my complete ignorance of economics, organisation and bureaucracy, together with something you might call conviction, luck and immense stubbornness, led to The Family Care Foundation being founded in the autumn of that same year. Some of the home families I had collaborated with in the local project joined in, and we are still working together. That is awesome!

A board was appointed, statutes written. A colleague and I borrowed a room that we furnished with two second-hand chairs, a table and a bookshelf.

Those first years we were two trained social workers and five home families who worked with adult clients, all of whom had what could be seen as severe problems.

One of us would be talking with the home family (what we now call supervision) and the other would talk with the client (what we now call therapy). In between, we would sit together in the kitchen of the home family and talk about how they were getting along together.

This is what it looked like at the beginning, and much of the practice still remains. Namely, it is good to talk with the client and with the home family, because that makes you less likely to be caught in a single way of looking at the world. The home family remains the base of our work, that is where the client, or the clients

(if a parent with a child) live. We still meet regularly at least several times a month. We still work without diagnoses and other simplifying concepts. And we still retain an enormous faith in people's capacity when their environment is good enough.

A lot remains the same, but a great deal is very different. The organisation is much larger. Nowadays we are seven psychotherapists, one economist, one coordinator, and thirty home families. We work with children, teenagers, and adults. We keep in touch with colleagues in many different fields of practice in Sweden and other countries and with people who have different theoretical reference points and ways of looking at the world. This is tremendously inspiring, and has also caused us to enlarge our 'rooms', both for clients, home families and staff.

some of our rooms

A team consists of those working together: the client(s), the home family, the supervisor, and one or two therapists. They normally meet once a month, most often at the office. Sometimes, a team might have additional meetings without the client, if they need to discuss what concerns them and how they are getting along.

Big Team Meeting consist of a team and other invited people: parents, children, neighbours and friends. The referring person also comes regularly to these, which take place once a month.

Amplified Team Meetings are held every third week. Then, therapists and a number of home families meet to listen and give feedback to the team who tell the others about their work.

Weekend seminars are held twice a year. This is when all of the home families and professionals meet over a Saturday and Sunday. We tell each other how we are doing, listen to each other's stories, work around a theme, invite a guest to inspire us and give us new thoughts. We have good food; we dance, and just have a good time. The weekend seminar is an important context that lays the foundation for our shared work and culture. The Christmas party and summer party include everyone involved in the work. These are two awesome occasions when we meet under equal conditions, all are welcome and those who want to bring their families.

creating space

Our clients are teenagers, children and adults. Most children come to us with one of their parents. Many

teenagers come alone, but we always work with their families. Adults sometimes come alone, but they, as well, have parents, children, and others who are invited to join the work. Our clients come because they are having such great difficulties in life that they do not have the strength to cope on their own. Domestic violence, drug addiction, abuse, powerlessness, feelings of unreality and terror, are what many talk about at their first visit. Many come to us in a crisis that has often lasted for a long time. They are running out of power, but also running out of hope for something better.

When Lisa and her parents first visited us, we met three people who in different ways felt defeated and powerless. What, then, is the first task? For me it concerns trying to give a hope for something different, and that this happens by my not only being there with the ones who are suffering, but also trying to point at that which has not yet happened. Asking questions, creating space for their stories, sharing thoughts about the future, pointing at possibilities, and using my own experiences, both as a therapist and a fellow human being.

I tell Lisa and her parents about what it can be like, both to live in one of our home families, and to take part in the therapeutic work. And I tell them how we are trying to create a place for them, which can receive them and receive what they are bringing. Offering a room where time and trust exist, but also sufficient experience and commitment to accommodate each one of them.

Throughout this I have a personal responsibility to secure the framework of my work. This is necessary in order to avoid, when possible, children being moved around like building blocks, or parents being excluded, or home families being left without help and professional supervision in situations that the best of us professionals would not cope with single-handed.

the home family

Apart from the client, the extended therapy room consists of home family and professional helpers as we believe it is good to include both. Together, so-called ordinary people and professionals see, hear, and can do more than we could separately. In this context, what I mean by 'ordinary' are people who have other work but who invite the client to be with them, in their life, for a time.

'Being with' means *sharing* experiences. The home family expects participation and a willingness to

share on the part of the client, somebody to count on, a person with resources and possibilities.

The home family is not dependent on the Family Care Foundation for identity or existence. This does not mean that our shared work is not important and will not influence the home family, it does, but their identity is not changed when they open their homes to one of our clients. They do not appropriate a professional covering, as I as a therapist do, and should do. They do not split themselves in to professional and private parts. They participate with themselves, taking the good with the bad. They display themselves, with tiredness, anger, disappointment, joy, love, and other aspects of life. In this, there is richness, but also a space for misunderstandings and various difficulties in relation to those who stay in their home.

This is why supervision and teamwork are necessary, both for the home family and for the person living there. It is a protection for all of them, and also a possibility to understand, with the help of someone who is both part of the work and apart from it, something of what is happening and to see one's own part in it. The supervisor meets with the home family at least every other week, alternating between the house of the home family and the office. In the beginning, all supervision took place in the family home, but for time reasons every other meeting is now held in the office. The very thing that contributed so much to in-service training and the creation of a culture, namely, having to relate to whatever is happening right now in the family home, has sometimes been distracting and wasteful of energy. It is an advantage, but also a disadvantage, to be talking in a kitchen where the telephone is ringing and the postman is having his coffee while the dog is chasing a terrified cat. By meeting for supervision in the home family and the office alternately makes 'different kinds of things happen' in the different rooms, and that is good.

about ourselves

All home families have their own specific reasons for doing what they do. In this way they are no different from those of us who work as therapists and supervisors. Not just anyone opens his or her home and life to a stranger. There are always personal needs and motives in those of us who work closely with other people. I think it is one of the strongest forces that exist. Home families express, time and again, that the work we do entails working with

oneself and that supervision and teamwork cause thoughts around one's own life, both present and past, to come to the surface.

In meeting the client and others in the extended therapy room, the home family members will also meet themselves. This takes place in different contexts and with varying intensity and most often passes seemingly unnoticed. But at times, something special happens that strikes a note within.

Working with people who have suffered a lot in life, we will sometimes encounter what we have experienced ourselves, or what we are in the midst of. Many of us cherish the idea of wanting to help, be the ones who fix things for others, we want to be good and maybe accomplish now what was impossible for us in the past. Many of us, home family members and professionals, have our own experiences of want and of powerlessness. The longing to compensate and in other ways set things right, can be strong. It can empower us, but it can also lead to us doing something we have not been asked to do.

One of my earlier clients once said: *'I think it is easy for the home families to be disappointed when they receive someone in their home. It is far from certain that they are allowed to help in the ways that they would like to. Maybe they are not allowed to because maybe that is just not the way the person living with them would like it.'*

Supervision and taking part in Team Meetings and Big Meetings make it easier to distinguish between oneself and the other, and hopefully to lessen the risk for confusion and abuse.

avoiding simplifications

At my work we do not use diagnoses when we talk about the people, the clients, who are with us for a period of their lives. It is possible to talk about people without using technical and theoretical labels. In fact it works excellently. However, it is difficult to talk about the other without also revealing something about oneself. The extended therapy room is a context that does not need diagnoses; rather, they would appear very strange in it. In somebody's home you are neither client nor patient. You are who you are, with nearly all of the confusing traits, experiences, thoughts, and other things that we all carry.

Many years of working with the Family Care Foundation has taught me that human beings are too complex, complicated, and delightful, to be pressed into one or more fixed patterns and theoretical expressions. In my close collabo-

ration with home families, I have been strengthened in my belief that it is impossible to diagnose anyone.

How many times does it happen that a person changes their way of being, sometimes radically, when they enter a new context, when they meet people who talk in different ways with them and are not stuck in one idea of how they were supposed to be and what they can and cannot cope with?

the therapist

The extended therapy room is made up of different rooms, different contexts: therapy, the meeting between the client and the therapist; individual talk and in family talk, or both.

All of us working as therapists are different but we have many things in common, for example, the framework for our practice. Some parts of this framework are:

- there is always therapy for our clients; individual therapy, family therapy, or both.
- all adults and teenagers have their own therapist whom they meet with regularly at the office.
- the therapist is part of the team and talks with the others about things that she finds important and significant for the work together. The client always participates in things that concern him or her.

My stance as a therapist is of utmost importance to the work. What is my view of what I do? How do I approach the other? What is my responsibility in the work and what is that of the other? What do I base my work on? Which theories influence me and what is my own personal stand? It is vital to base one's work on something, a construction that holds during sleepless nights, but also can be explained clearly to the other. Personal supervision, recurring collegial talks, the Team, and Big Meetings, help me in my work as a therapist. There, I have the opportunity to consider what I and the others are doing and not doing.

My most important responsibility as a psychotherapist is to be available for the client. To allow myself to be used, so that an encounter can take place, both in the therapy room and outside of it. To be prepared to shift my position when needed, and work to sustain that which is created. To find, together with the client, language expressions that make new experiences and stories possible.

Lisa now

Lisa has been living with one of our home families for six months. She goes to school and has started taking horse-riding lessons. Every week I

meet with her in our common room, the therapy room. We talk, read, paint, and write. A few months ago, she started writing what will become a book about her life. To help her, she is given questions from myself and her parents, who are part of our work and are often invited to our therapy time. Sometimes, I see one or both parents without Lisa. That is the way she wants it, she says. Lisa's parents often visit her in the home family, and she goes home to visit about once a month. It is yet too early to say whether she will move back home again, or stay in the home family until it is time to have a home of her own. None of us can know that yet, but we have a shared responsibility to create a room, in different ways, for what exists now, for Lisa, but also for her parents and for ourselves.

including both

In a book in Swedish titled *Man kan inte så noga veta* (*You Never Really Know*) Tom Andersen writes: 'The kind of knowledge mentioned here is what I call relational and physical. Many of the things that puzzle us in relation to other people are of this kind, whether the relationship is called giving treatment or doing research. I am talking about the part of the world that we 'sense on our body', and do not understand with our mind, partly because we fail to find words to describe it. By naming what we sense, we easily believe that what we have named exists. But does it exist? We ought neither to reply yes, nor no. We ought to say that we do not know.' We can never know, never possess the truth of what is experienced, sensed, or felt in someone else. But we can attempt to understand how our world is shaped and who I and the other are in it.

In order for me to understand something, create meaning in what is happening now, it needs to be put in relation to something I have experienced before, something that I recognise. The past together with the present can, at best, create a conceivable future, for me and for the other.

The extended therapy room grows from the idea of offering both ordinary life and a professional frameworks, and that people, clients, home families, and professionals alike, are *both* the one *and* the other. That the context influences who I am and how I act whether I am client, home family, or therapist. But also that I, as the person I am, influence and am influenced by the context.

This creates both possibilities and difficulties. Sometimes, the one overshadows, and sometimes the

other. There are times and days when nearly all things seem possible and there are days and times when you are prepared to shut the shop.

In the extended therapy room there are different rooms for reflecting about oneself and the context one is in, as client, home family, or professional.

As human beings we grow in interplay with others as well as in our own room. We come into existence in relationship with the other, but also in drawing closer to our own self.

Through the years I have received numerous stories. In kitchens, in therapy rooms, at team meetings, during walks, weekend seminars, over the phone or face to face. These stories, together with my own story, remain in me and in my body. They have moulded me into the person I have become. There is a weight in me, reminding me of the conditions that far too many people are living under. But there is also lightness and

joyful spring at the thought of all the wonders and little miracles that happen as people come together. And that, in fact, most things are possible to the extent that we engage ourselves as well as the other.

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Carina Håkansson (email: carina@familjevardsstiftelsen.se) is the director and founder of Familjevårdsstiftelsen (Family Care Foundation) in Gothenburg. The article was translated by Cecilia Brodin and Kerstin Hopstadius.

Letter to the editor

Dear Editor,

Tribute to Win Roberts - Systemic Gardener

I had the privilege of getting to know Win Roberts in 1989-90, when I worked with a voluntary agency based in Fulham known as FULPAC. At that time it was a local family centre which specialised in offering a community-based support service to vulnerable families. Win was both a member of the Board of Trustees and a consultant to Karen Penman, Cathy Coll and me as the staff of the project.

She consulted to us in most appreciative and at the same time critical ways. I found sessions with her to be challenging, encouraging and illuminating. Through her straight talk shone respect and acceptance of difference combined with a steely determination to bring out the best in every situation. I remember board meetings where she would listen, and then quietly but firmly draw the often squabbling group together in order to act as one.

She seemed to understand systemic practice very much from the inside out - it was she I remember who first encouraged me to go to a Cecchin workshop organised by KCC.

I noticed too that, although she had no fear of the often inebriating theoretical talk that goes with therapy, her grounded earthed approach to working with people, colleagues and clients alike came from something deep-rooted.

During a visit to her home, she was pleased to introduce my wife Sue and I to her beautiful garden. In the moment of seeing the huge diversity, the riot of colour, the tapestry of textures she had managed to grow in a modest London garden I understood more of how she worked with people.

Kieran Vivian-Byrne
The Family Institute Wales
University of Glamorgan