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William C. Nichols

# WORKING WITH FAMILIES OF THE POOR

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## CHAPTER TWO

### The Framework

#### A SYSTEMS ORIENTATION AND A FAMILY-CENTERED APPROACH

This book is about working with the multicrisis poor and with agencies that serve their needs. We've started by looking at a particular case, in which the services for Angie and her family have been specifically targeted and funneled through a variety of independent systems. The fact that Angie, Harlan, Jocelyn, and Gail are part of one family has had little influence on the way services are framed or delivered.

Fragmentation of this kind is the norm, rather than the exception, and is both inefficient and hard on families. In presenting a different way of working, we are emphasizing an approach that is more integrated, systemic, and supportive of families. The practical implications appear in succeeding chapters, but we begin by providing a general framework, first presenting the basic elements of systems theory and then describing our concept of families—particularly in relation to the multicrisis poor.

#### THE SYSTEMIC ORIENTATION

What does it mean to be a systems thinker in general? In relation to social agencies? In relation to families?

We all know about systems. It's a term we use in conversation and that carries a certain weight. We talk about social systems, nervous systems, the solar system. The term is so familiar we don't need to think about its meaning. Clearly, it has to do with connectedness, with the poetic idea that when you take a flower in your hand you discover that it is connected to the universe.

Yes, a systems perspective has to do with connections, but in a special way. It highlights the particular ways that parts are related, and therefore has a predictive component. Because the universe is a system, scientists can predict the moment in which the moon will be positioned between the sun and the earth to produce a lunar eclipse, and they can describe the consequences for the earth and its inhabitants. It is our understanding that parts of a system affect each other, and that these effects repeat themselves, which makes systems interesting to study and prediction possible.

Systems of different kinds have specific features, but any system is organized and characterized by repetitive patterns. Neither the solar system, the welfare system, nor a family is haphazard in the way it functions. The sun will rise tomorrow and the welfare system will follow particular procedures for supporting dependent children, just as a family will follow organized and predictable patterns of its own.

Here we need to pause in order to consider a contradiction. The connections among living organisms seem to be understood as a universal truth. When ecologists tell us that wolves and deer are interconnected in an ecological balance, we accept it; we understand that if too many deer die, the wolves will go hungry until the ratio reestablishes itself. Despite an almost organic understanding of how systems work, we celebrate our national figures as if they acted and triumphed alone; heroes and victims remain disconnected from their environment and other people. A kind of tunnel vision overrides the understanding of connections, which has major implications for service delivery. It means, for instance, that Angie's drug counselors insist that she concentrate on healing herself first, without recognizing that her "personal problems" include a concern for the important people in her family.

If we are to understand how systems ideas apply to people, we must always keep in mind the idea of connections and repetitive patterns. We need, as well, to pay attention to other features of any system: the presence of subsystems, the way in which their parts

influence each other, and the fact that every system inevitably goes through periods of stability and change. These ideas are crucial for understanding how families function, but they apply as well to the larger social systems that affect family life; for example, hospitals and social service agencies.

It's clear that the surgical, outpatient, and social work departments of a hospital are subsystems of the larger institution: Each has a particular function, is related to other departments, and is regulated in its functioning by hospital policies and procedures. Perhaps less obvious is the complex and circular way that parts interact. Maybe the approach of the social workers has broadened the surgeons' way of thinking that "Patient X is a kidney problem." Maybe the surgeons have taught the social workers something about the urgency of emergencies. We're aware that policies tend to travel from the top down, but we pay less attention to the fact that the departments affect hospital policy through the ideas they funnel to administrators, and the way they implement or resist directives.

Of course, mutuality doesn't necessarily mean equality. The influence of hospital subsystems on overall policy depends on the flexibility of the system, and within any structure the power of the different parts is apt to be uneven. In most settings, for instance, the social work department has less overall influence than the surgical division. The point arises again in a family context, particularly if we think about families who are poor and dependent on help from organized institutions. Those families are seldom able to influence patterns of the systems that serve them, and constructive intervention is often a matter of trying to redress that imbalance.

However it's organized, no system remains static. It inevitably must go through cycles of stability and change. During periods of stability, a system functions through familiar patterns and, for the most part, repetition is adaptive. Hospitals don't need to reinvent the admission procedure with each new patient, and families don't need to establish new rules for bedtime every day. But all systems that involve living creatures are open-ended. New events occur at intervals, and as a result stable patterns are perturbed. For instance, the hospital might merge with another, and be run thereafter by an HMO. The current procedures would then be challenged. Even if the hospital had been functioning smoothly under the previous circumstances, it would need to reorganize structures and procedures. The staff would go through a transitional period of confusion,



in the process searching for patterns that preserve what is valued from the past while adapting appropriately to the new reality.

Like hospitals, social service agencies are organized systems, and their reality is almost always complex. They're generally embedded within larger social and political structures, subdivided into internal subsystems, and coexistent with other agencies that serve many of the same families. An adoption agency, for instance, is embedded in a social-political context that determines legal requirements, the official or unspoken policy on interracial adoptions, the attitude toward gay couples who want to become parents, and the speed with which parental rights are terminated in cases of alleged neglect. These combined factors increase or decrease the number of children eligible for adoption.

Within the agency, work is divided into sections. Particular departments are responsible for different functions, such as locating and evaluating potential adoptive parents, handling legal aspects, or monitoring placement through follow-up visits. Each department has procedures of its own, and the different departments must coordinate their relations with each other and with agencies that work with the same families. Logically, the communication between the department that selects families and the department that monitors placement should be extensive, allowing each to adapt to the realities faced by workers in the other section. An adoption agency should also be in constant communication with services relevant to particular cases, such as the residential center where a child has been living for 2 years before coming up for placement, or the program for children with special needs in the local area where a child is about to be adopted. The connection should be more than a matter of paperwork, especially when a difficult transition—such as adoption—is planned or underway.

Integrating the work of different subsystems and agencies is apt to be time-consuming, but perhaps no more so than handling the negative effects of poor coordination. "Turf" problems between subsystems of an agency have a corrosive effect, as do communication failures between different agencies. Training is a useful and necessary way to introduce change, but the positive effects are limited if training touches only one corner of a complex system. We've learned, for example, that the ability of line workers to sustain new ideas and procedures depends on the support of their

supervisors, as well as the possibility of influencing agency policies so they can move in the same direction.

A systems orientation is not an academic luxury; it's a necessary tool. Understanding that different agencies are interactive forces within the network encompassing a family is a cornerstone of collaborative work, and is essential for handling interventions at cross-purposes. If professionals can accept their connections and find alternative ways of handling their differences, they will increase the efficiency of the system and improve the quality of help offered to their clients.

We move now from this brief description of systems that provide services to a more detailed look at the families who are the recipients.

## FAMILIES

A family is a special kind of system, with structure, patterns, and properties that organize stability and change. It's also a small human society, whose members have face-to-face contact, emotional ties, and a shared history. We need especially to understand the families served by social agencies. We can approach that understanding best by means of a more general discussion, considering families first as systems and then as small societies.

## FAMILIES AS SYSTEMS

### Patterns

When we describe families as having a structure, we mean more than a map of who's in the family. We're referring to patterns of interaction that are recurrent and predictable. These patterns reflect the affiliations, tensions, and hierarchies important in human societies, and carry meaning for behavior and relationships.

In most families there are multiple patterns of alliance, involving people who are emotionally close and mutually supportive. Jerry and Clarissa Brown have been married more than 20 years. The way they enjoy leisure time together, deal with their family, and handle problems clearly illustrates a stable alliance. But there are

other kinds of alliances, less obvious than theirs. For instance, Grandma and Jenny have a special bond. They spend time together; Grandma is Jenny's confidante and both enjoy the fact that people think they look alike.

Sometimes alliances take a different form. They involve people who are drawn together by an opposition to other family members—and their alliance is more accurately described as a coalition. These coalitions are frequently transient and may be relatively benign. In one family, for instance, the adolescents gang up against their mother whenever she proposes a weekend visit to an unpopular aunt and uncle. In another family, however, the coalition is more stable and less good-humored. The daughters are in alliance against their stepfather, finding a host of ways to oppose him, although they're not close to each other in most other matters.

Patterns that organize the hierarchy of power appear in every family. They define the family pathways for making decisions and controlling the behavior of its members. Patterns of authority are particularly important aspects of family organization. These patterns carry the potential for both harmony and conflict and are subject to challenge as family members grow and change.

Authority patterns that are clear and flexible tend to work well. Clarissa and Jerry Brown have developed a viable process over the years. They defer to each other's authority in particular areas, consider the input of the children when important family decisions are to be made, and have yielded increasing power and autonomy to their children as each one has entered adolescence. Other families, however, have less functional patterns for arriving at decisions and few skills for resolving their differences. Families often come for therapy because their discussions are rigidly organized around winning and losing, and they can't manage to change the patterns that increase family conflict. Authority problems aren't always a matter of rigidity, however. Control may be erratic rather than inflexible, with unfortunate by-products that aren't recognized. In three-generational, single-parent families with young children, for instance, authority sometimes may rest with the mother, at other times with the grandmother, and at still other times with uncles or older sisters—depending on who happens to be around. Messages that are unclear and contradictory confuse the children and interfere with their understanding of acceptable behavior.

Some patterns are ethnic in origin. By and large, families in

the Latino community have different patterns for expressing affection, voicing disagreements, and cuddling their young than do their Northern European neighbors. But most family patterns are particular, worked out over time in the family's own setting. One mother, for instance, always steps in to protect the baby from his older sister, and she always gets angry with her 12-year-old son when he's in conflict with her male friend. Her behavior is predictable even when the specific content looks different. The mother will protect the baby whether his sister is hitting him or simply including him in a dangerous game, regardless of whether the roughhouse comes from his sister or a playmate in the park. And, for her own reasons, she will get angry at her 12-year-old any time he fights with her male companion—even if she has moved on to a new relationship, and even if she suspects that the adult has triggered the trouble.

Organized patterns are the concrete expression of implicit rules. Because they define expectations and limits, family members know what's permissible and what isn't. Nina, the oldest daughter of a single parent, knows that she's in charge and can boss the younger children when her mother is out—but everybody understands that she's not allowed to hit them or frighten them. What is useful can also become confining, however. Because patterns are habitual, they don't invite change, and they don't mobilize the wider repertoire of family members. If Nina is drafted too often as the resident baby-sitter, which limits her social life and creates a reservoir of unspoken resentment, it's time for the family to break a pattern that's no longer useful. Perhaps they can tap the potential of her 13-year-old brother, or modify her mother's working hours, or even negotiate a reciprocal arrangement with a neighboring family.

## Subsystems

There are many subsystems within families, as in any complex system. Age and gender create family subsystems, as do other factors. Adults have functions and relationships that separate them from their children. Adolescents form a group with special interests. Males are one unit and females are another. And within a "blended" family there are subgroups of "his," "hers," and "theirs." Spoken and unspoken rules govern relationships between the units: The younger children may not disturb the adolescent when the bedroom

door is closed; the children will tattle to adults only when beset by injustice; the mother's children will not expect to go on a Saturday outing with their stepfather and his son unless specifically invited; and Grandpa can stand up for a child in trouble with his or her siblings, but not when the parents are enforcing discipline.

The concept of *boundaries* is important in relation to sub systems, as it is in relation to the family as a whole. Boundaries are invisible but, like the wind, we know they exist because of the way things move. All of the examples in the previous paragraph refer to boundaries, marking thresholds that should not be crossed, as well as the conditions under which they're more permeable. The permeability of boundaries expresses the realities of access and privacy.

The firmness of subsystem boundaries varies with a family's particular style. Thanksgiving dinner at the Smiths brings together three generations, with lots of crowding and a high noise level. That arrangement would make no sense to the Barrys, who put the children at a separate table and call for quiet when the kids act up. In both families, however, there will be developmentally appropriate changes over the family life cycle. The boundaries between adults and children will inevitably grow firmer as the children move toward adolescence. Parents usually intervene if the 5-year-old's teasing brings her little brother to the brink of a tantrum, but when the children become adolescents they're usually expected to fight their own battles, and are likely to draw boundaries that provide them with more privacy. As the parent's generation becomes older, the boundaries may change again, reflecting the needs of the elders and the increasing involvement of their offspring in their health and well-being.

When family patterns are not working well, it's useful to look separately at the different subsystems. Meeting with just the group of children, for instance, provides a view of family hierarchy and family crosscurrents from the bottom up, rather than from the top down. It may also shed light on the repertoire of family members, some of whom may function very differently in different subgroups. Twelve-year-old Mario, for instance, may be a creative and fair-minded leader with his siblings, even though he clams up or is surly when his father is around. That observation provides a useful lead for helping a family explore their own functioning and develop patterns that encompass the needs of particular members.

## The Individual

The individual is the smallest unit in the family system—a separate entity but a piece of the whole. In the framework of a systems approach, it's understood that each person contributes to the formation of family patterns, but it's also evident that personality and behavior are shaped by what the family expects and permits.

This view is more revolutionary than it may sound. It challenges both prevailing theory and the usual organization of social services, which focus on the individual as the natural and sufficient unit. We emphasize this point throughout the book, maintaining that a focus on individual history, dynamics, and treatment is insufficient, and that it's necessary to work with people within the context of their families and their extended network.

If we think of individuals as part of a system, we must have a different view of how self-image is formed and how behavior is governed. Families define their members partly in relation to the qualities and roles of other members. In so doing, they create something of a self-fulfilling prophecy, affecting the self-image and behavior of each individual. Joe is described as shyer than the other children, and he thinks of himself that way. Annie, the oldest girl, is expected to help with the cooking and the little ones, and she absorbs the role of "parental child" without question—at least until adolescence. Mother is the one who handles contact with the schools and other institutions. The shaping of behavior by the family often involves the recognition of individual qualities, but it may also lock behavior in place, restricting exploration and limiting elements in the concept of self.

From a systems point of view, behavior is explained as a shared responsibility, arising from patterns that trigger and maintain the actions of each individual. It's customary to think that "my child defies me" or that "my partner nags," but these are one-way, linear descriptions. In fact, the child's defiance or the partner's nagging is only half of the equation. The process is *circular* and the behavior is *complementary*, meaning that the behavior is sustained by all the participants. All of them initiate behavior and all of them react; it's not really possible to spot the beginning or establish cause and effect. We can say with equal validity that, when Tamika is defiant, her mother yells, Tamika cries, and her mother hits her—or, that mother yells at her daughter, Tamika cries, her mother hits her, and

Tamika becomes defiant. Their interaction is patterned, and we cannot explain the behavior of one without including the other.

The concept of complementarity has offered a useful, if somewhat startling, way of looking at diagnosis, as well as cause and effect, but it has also raised some cautionary flags. Behavior may reflect a circular pattern, but some behavior is dangerous or morally wrong, exploiting the weakness of some family members and endangering their safety. Feminists have made this point in relation to male violence toward women, and all of society condemns the abuse of children. In such situations, the primary task is to protect victimized individuals and to take an ethical stand, while working with the family to change recurrent patterns that are dangerous or morally unacceptable.

### Transitions

All families go through transitional periods. Members grow and change, and events intervene to modify the family's reality. In any change of circumstances, the family, like other systems, faces a period of disorganization. Familiar patterns are no longer appropriate, but new ways of being are not yet available. The family must go through a process of trial and error, searching for some balance between the comfortable patterns that served them in the past and the realistic demands of their new situation. The process, often painful, is marked for a period by uncertainty and tension.

Some transitions are triggered by the normal cycle of development. When a child is born, the helplessness of the infant calls for a new caretaking behavior that changes the relationships among adults within the household. As children grow, there are increasing demands for privacy, autonomy, and responsibility that upset the system and require new patterns. As the middle generation become seniors, problems of aging and frailty require a shift in some functions from the older generation to their adult children. Some transitions, of course, are not developmental at all. They reflect the vicissitudes of modern life and the unexpected events that may happen to any family: divorce, remarriage, unexpected illness, sudden unemployment, floods or earthquakes.

Whatever the stimulus, it's important to realize that behavioral difficulties during periods of transition are not necessarily patho-

logical or permanent. They often represent the family's attempts to explore and adapt. Anxiety, depression, and irritability are the affective components of a crisis. Although the behavior may seem disturbed or dysfunctional, it's not helpful to crystallize the reaction by focusing on pathology.

This is an important point in relation to multicrisis families, a fact that we will highlight in later sections. These families often face recurrent and dramatic transitions, many of which are created by the intervention of powerful social systems. The quality of shock and disorganization in the reactions of family members is not usually understood as part of the process that accompanies transitions. The behavior is often judged as if permanent, with consequences that compound the difficulties.

### FAMILIES AS SMALL SOCIETIES

There's something impersonal about discussing the family as a system, probably because it bypasses the feelings and complexities of human interaction. If we come closer, we can pay attention to the emotional forces that tie people together and pull them apart.

People in a family have a special sense of connection with each other: an attachment, a family bond. That's both a perception and a feeling. They know that "we are us" and they care about each other. When we work with families, we know that its members are concerned to protect, defend, and support each other—and we draw on this bond to help them change. We know also that tension, conflict, and anger are inevitable, partly because of the ties that bind. As some earlier examples have suggested, a family limits and challenges its members even while it supports them.

The sense of family is expressed by feelings and perceptions, and by the way members describe their history, their attitudes, their style—what some refer to as "the family story": "We're a family that keeps to ourselves; we don't want trouble in this neighborhood"; or "We had a hard time moving from the islands, but we're doing OK now"; or "We can't ever seem to resolve anything without getting into a battle"; or "All the women in our family suffer from depression." There are alternative stories, of course, told by different members, but families usually share some version of who they are and how they function.



The counterpart of family affection is family conflict. All families have disagreements, must negotiate their differences, and must develop ways of handling conflict. It is a question of how effective their methods are: how relevant for resolving issues, how satisfactory for the participants, how well they stay within acceptable boundaries for the expression of anger.

Families sometimes fall apart because they can't find their way through disagreements, even though they care for each other. Most families have a signal system, a threshold above which an alarm bell sounds that registers the need for family members to cool down and avoid danger. It matters how early that warning comes, and whether the family has mechanisms for disengagement and crisis control or typically escalates to the point of violence.

Conflict and violence are major concerns in working with multicrisis families. We will discuss these concerns further in the next section, which looks specifically at the multicrisis poor in relation to our general concepts about families.

### "AGENCY" FAMILIES: THE MULTICRISIS POOR

Principles of family structure and function are generic, but have special features when applied to families served and controlled by the courts, the welfare system, and protective services. For one thing, the affection and bonding in these families is often overlooked. We hear that people are so spaced-out on drugs that they can't form attachments, that mothers neglect their children and fathers abuse them, and that families are violent and people are isolated. All truths for some families, but only partial truths that highlight the most visible aspects of individual and family misery while ignoring the loyalty and affection that people feel for each other. For example, Harlan wants the children to go back to Angie because he feels that they're a family, no matter how they look to others or how fragmented they have become as a result of interventions that have both helped them and split them apart. Observant foster parents tell us that foster children love their biological mothers and want to be with them, even if they have been hit or neglected. An illogical state of affairs, but an instance of the deep feeling and emotional ambivalence that accompanies family attachments.

One recurrent and disturbing fact about such families is that they do not write their own stories. Once they enter the institutional network and a case history is opened, society does the editing. Angie's folder goes from place to place, transmitting the official version of who she is and which members of her family are considered relevant to her case. A friendlier approach to families elicits their own perspective on who they are, who they care about, and how they see their problems.

Just as connections and affection are not usually recognized, neither are the family structures: the actual membership of the family and the patterns that describe their functioning. Families served by the welfare system often look chaotic; people come and go and individuals seem cut off. That instability is partly a life-style, amid poverty, drugs, and violence, but it's also a by-product of social interventions. Children are taken for placement, members are jailed or hospitalized, services are fragmented. The point is not whether such interventions are sometimes necessary but that they always break up family structures. The interventions are carried out without recognizing the positive emotional ties and effective resources that may have been disrupted as well. When all the children in a family where the infant fails to thrive are taken for placement, the mother's adolescent protector against an abusive boyfriend also disappears, and the mutually supportive group of siblings is disbanded.

Boundaries are fluid in these families, and workers enter with ease. Often, the family's authority structure, erratic to begin with, disappears. The decisions come from without, and the children learn early on that adults in the family have no power. The worker may unwittingly become part of dysfunctional subsystems, influencing the patterns in a way that is ultimately unhelpful. If the worker supports the adolescent daughter, for instance, allowing her to invoke the power of protective services in battles against her mother, the possibility for the family to manage its own affairs is diminished rather than enhanced.

Violence is a major fact of life for these families, and it takes two forms: the violence that occurs within the families themselves and the violence brought about by social interventions. The former comes to mind first because it is the more conventional association. Poverty, impotence, and despair are both existential and embedded

in the family cycles of this population, often leading to shortcut solutions: drugs, delinquency, impulsive sex, and violence.

When we look inside violent families, we see a derailment of order. The usual fail-safe mechanisms that protect family members and ensure the survival of society don't hold. Any worker who deals with inner-city welfare families faces moments of ugly reality: brutal punishment, incest, abandoned children. As consultants and trainers, we have always been invested in the concept of family preservation and we support interventions that keep children in their own homes, but we pay serious attention to the problem of family violence and to the question of how to assess and ensure the safety of family members. The official pendulum that swings through extremes, from removing children to maintaining the family unit to removing the children again, fails to provide a sophisticated solution to this basic issue. The mandates are procedural and global. They are well intentioned but not helpful enough in specific situations. A worker must be able to explore family conflict and to assess the family's potential for positive change before making a decision of this nature. We will discuss this important matter further in succeeding chapters.

The second form of violence is external. It comes from intrusion, and from the absolute power of society in exerting control. The rhetoric, and sometimes the reality, is that of protection for the weak, but the intrusion into the family is often disrespectful, damaging ties and dismembering established structures without recognizing that the procedures do violence to the family. Because there is so little recognition that individuals and families are profoundly interconnected, legal structures and social policy set up an adversary situation, with an associated imbalance between the rights of the family and those of the individual.

An article illustrating this pattern appeared on the front page of *The New York Times* in 1996. Titled "As Courts Remove Children, Lawyers for Parents Stumble" (June 10, 1996), the article detailed the discrepancy between the legal resources available to parents, when children are removed, and those available to the city system and the children. The court-appointed lawyers who serve the parents are described as "overburdened and ill equipped." Their pay is poor and they are compensated at a better rate for appearing in court than for preparatory work, so they frequently do not conduct interviews and research that would strengthen the parents'

case. In recent years, the article noted, legal experts "have come to regard much of this work as seriously flawed." The outcome in most cases is preordained: The parents do not win their case. Hardly anybody notices, as a front-page article in a prestigious newspaper is an exceptional and ultimately noninfluential event, but the net effect is to render the family impotent. They are, in a sense, the victims of unintentional social violence.

Social interventions are often necessary, although less often than they occur—and not in the form in which they are generally carried out. Recognizing that the family has structures, attachments, recurrent patterns, and boundaries that have meaning—even if they do not work well or avert danger—changes everything. The approach to the family shifts emphasis. We begin to look for relevant people in the family network and accept unconventional family shapes. We notice subsystems and the rules that govern family interactions, both those that lead to crises and those that indicate strength. We realize that social interventions create transitions, and that families will go through temporary periods of confusion, anger, and anxiety that should not be treated as typical or permanent. We also become aware that when they are actively intervening, workers are part of the family system. Their role in working with poor families is far more powerful than the role carried by teachers, physicians, or ministers in relation to more stable and privileged families. Recognizing these realities, and managing the interventions so that the worker assists the family to help themselves, is the driving force of a family-oriented approach.

What is the current reality? How close do the helping systems come to this view of families and of service delivery? Working for many years as trainers and consultants, we know that it's difficult for most agencies to adopt and implement a family systems approach, and we have grappled with the question of why that should be so. We know that changing from one way of working to another is always difficult, but we need to look deeper, to examine the combination of factors that dominate current practice and make it particularly difficult to move toward a family-oriented approach. The most likely explanations lie in three areas: the nature of bureaucracy, the training of professionals, and the attitudes of society toward the poor. We will now look at those factors in the next section of this chapter.

## OBSTACLES TO A FAMILY SYSTEMS APPROACH

### The Nature of Bureaucracy

Bureaucracies become top-heavy by accident. They begin by identifying necessary tasks and developing the structures to carry them out. Certainly, the social institutions that serve the poor were created to be helpful: to cure suffering, to protect the weak, and to provide a safety net for society and its members. But the increase in poverty, homelessness, drugs, violence, and the endangerment of children has imposed new demands on protective systems. Ideally, increasing demand would be met by a creative and efficient comprehensive plan to govern the integration of services and the allocation of funds. But in fact, the situation has typically given rise to a patchwork of distinct and disconnected elements: shelters, temporary housing, and police action to deal with homelessness; a variety of programs to treat substance abuse; a spectrum of agencies that offer foster care, adoption, residential placement, or clinical therapies, for children at risk; and so forth.

The elements of the social service bureaucracy have become specialized turfs, rather than interactive subsystems of an organized structure, and they compete for funds. Although the level of funding is always inadequate to meet the needs, an increase in the flow of money would not, in itself, correct the situation. The fundamental problem is that services are not integrated and money is earmarked for specific categories: babies born with positive toxicity or pregnant teenagers or workfare initiatives. Categorical funding labels the territory, points toward certain procedures, and supplies an ideology for preserving artificial boundaries. There's little leeway or encouragement for thinking through an optimal, innovative approach. As a result, agencies and departments vying for financial support shape their language, procedures, and training in accordance with available funding opportunities.

Over the years, the social service bureaucracy has grown complicated, impersonal, and rigid, and that reality is a major obstacle to the adoption of a family-oriented approach. When a complex system is organized along fixed lines, it becomes a Herculean task to introduce a change in focus.

Social services tend to be organized around the individual.

Every case centers on an identified client who has been referred to a particular agency for help with a specific problem. The by-products of this emphasis have been described in earlier sections, especially in relation to Angie and her family. The problem is not that Jocelyn's physical development is in the hands of medical experts, or that Angie is counseled by people with knowledge and experience of drug addiction. That kind of specialization reflects the competent functioning of the system. The problem is that the drug counselors erect a barrier around Angie-the-person, following their customary procedures for handling addiction, without any official input to remind them that she has connections to her family. Similarly, nothing in the organization of services or directives to the staff at Jocelyn's rehab center suggests that they should be training Angie to exercise the special skills necessary to parent a child with special needs.

It's difficult to challenge this individual orientation because the procedures are tied to well-entrenched bureaucratic structures. Budget allotments, caseloads, and insurance reimbursements are based on individual appraisal and treatment. Arrangements of this kind are both elaborate and cumbersome and don't yield easily. In addition, the emphasis on the individual is taken for granted, not only by the officials who manage the system but by most of the professionals who work within it.

### The Training of Professionals

When professional workers ask themselves "What are we here for?", the answer is usually simple: "To help the patient" (or the abused child, the pregnant teenager, the heroin addict). The focus on the individual is a legacy of professional training that usually emphasizes individually oriented theory, case material, and therapeutic techniques. Social workers, psychologists, and psychiatrists approach their professional work with a framework of ideas about personality, pathology, and treatment—along with particular skills for dealing with the individual. Perhaps it's natural to respond to individual qualities and actions, especially if people are in pain. It requires a complex kind of training to respond to the person in context, and to apply healing procedures that go beyond individual distress in order to mobilize the system.

We have yet to reach that point. In the current climate, the individual focus begins with intake. Workers are expected to follow prescribed procedures, to gather the required information about the person who is referred, and to work toward a definite decision that will move the case to the next step. Although they may enter the system with innovative ideas, workers generally survive by learning how things are done, who's in charge, and what it takes just to keep track of the case load. It's often assumed that the established procedures are inflexible laws or official mandates: You must do intake and fill in the forms in this way. . . . You have to arrange visits by following these procedures. . . . This is how and when you do discharge planning. . . . The professional staff are generally overworked and are apt to view a family orientation as an addition to their jobs rather than a useful approach that's central to the work. They must survive in a system that holds them responsible, and that expects the equivalent of "billable hours" in the form of diligent effort along prescribed lines.

Workers know they're vulnerable if they don't follow established procedures. The media aren't understanding when something goes wrong, and the bureaucracy doesn't protect an employee who has not worked according to the rules. The reality of the job doesn't lend itself readily to time spent searching for families, exploring their strengths, and handling the complexities that multicrisis families present. A worker must be very determined to adopt such an approach when faced with colleagues and supervisors implementing the more typical, individually oriented practices characteristic of their preparation for professional work.

### **Social Attitudes toward the Poor**

Within social agencies, the effects of the bureaucratic structure and the traditional concentration on individuals are compounded by a view of poor families that is essentially pragmatic and often moralistic. In many settings, the definition of family is narrow. The social work staff must arrive at solutions, and they tend to define family in relation to information that must be funneled to courts or child welfare departments. Who can supply information about this child's early physical and social history? Who might be able to take this neglected child in a kinship foster care arrangement? Where can

this pregnant adolescent go with her baby when the infant is born? The staff looks for who might be available to help, and who must be ruled out because the record suggests they have been destructive in their relationship with the client.

Although definitions are often narrow, judgmental attitudes tend to be broad. Moralistic attitudes toward poor families are submerged but pervasive in the culture. The families are blamed for their substance abuse, homelessness, and economic dependency, and viewed as a burden on society. Separating or ignoring families is partly a reflection of disapproval—accompanied by a missionary spirit when children are seen as the victims. There's a countertrend, of course, which is certainly just as valid. From this different perspective, poor families are viewed as the victims of bad economic times and reactionary policies, reacting to the hopelessness of their condition with self-destructive and socially unacceptable behavior. In practice, however, criticism and social impatience tend to outweigh compassion, especially when the political pendulum swings in a conservative direction.

Even when families aren't blamed for their poverty or their social behavior, they're often blamed for the plight of the client. They're seen as part of the problem rather than part of the solution. Marina drinks because her boyfriend is abusive, her parents always made her feel a failure, and other family members are also drug dependent. Jamal has been neglected by his mother, the grandmother doesn't seem interested, and the uncle said he would come in but he never showed up. The home environment is so bad that Jane took up with this boy and got pregnant. And so forth.

There's some truth in these judgments, but such a one-sided analysis doesn't acknowledge what the system has squelched, who might be available as a source of strength, or how the family's resources could be tapped to create a more protective and effective context for its individual members.

### **WORKING TOWARD CHANGE**

A social service staff that can see the family as a resource is a giant step ahead, but the staff may be unable to work productively because they don't think systemically. They often have little understanding of how a family functions: how the behavior of the client



reflects his or her position in an interactive system, how the actions of courts and agencies reverberate through a family, and how positive changes depend on working with the network within which their particular client is embedded.

There's an interesting paradox here. Unlike the practitioner in private practice, professionals who work in social agencies are experiential experts on the meaning of an interactive system. In their own working environment, they're aware of hierarchies, rules, coalitions, alliances, subsystems, and conflict. They're also aware of their particular place in the system. They know that their roles and possibilities are formed and constrained by the way the system works, and that, when they modify or challenge the rules, it has repercussions elsewhere and for other people. It's interesting—and a bit puzzling—that the idea of the family as an interactive system doesn't resonate for staff members, although many features of their own working environment apply to this other, smaller system as well. In particular, it should be obvious that the individual doesn't function independently, and that the effects of individual effort are unlikely to be sustained if the relevant system doesn't change.

Traditional training, social attitudes, and the bureaucracy of large systems work against the implementation of new ideas, but other factors exist as well. Agencies responsible for service delivery have constraints of their own. They have all the features of any complex system, including a strong resistance to change. In bringing new ideas and procedures into discussion, we realize that the process of change will probably not be easy, especially if well-trained professionals are asked to modify their familiar ways of thinking, the policies that guide their work, and the organization of their services. No matter how sincere the effort, a journey toward change is always uphill.

In the remainder of the book, we will focus on the details of interaction between professional workers and family members. That interaction is the bottom line of service delivery, more fundamental in efforts to change the system than laws, social policies, or available money. Even when the system is reorganized through changes in these broader factors, the daily activities of service providers may not reflect the difference. In our experience, a staff encouraged to work with families often is uncertain how to proceed. Workers who aren't accustomed to thinking about family systems lack the skills for effective interventions, and therapists who have

worked with system concepts may not know how to apply their skills to agency families. The material of this book is aimed at advancing practical knowledge. We try to provide concrete illustrations of a systems framework, and specific examples of interventions that can be helpful in the delivery of service to this population.

In the following two chapters, we will present the material that is most important for training a staff in a family-oriented approach: the skills necessary for working with families as well as the details of effective procedures. However, it may be useful to note first that we've had a particular role in these agencies, and that the professional role of the reader may be either analogous or different. As consultants or trainers, we're outsiders, which gives us certain advantages: some freshness of perspective when we look at the agency's structure and way of working, and some freedom from the alliances and tensions that subdivide the insiders. It also brings disadvantages: We must take time to learn how the agency functions, and we miss important subtexts obvious to any member of the staff. Some readers probably share the role we have carried and can read the material for its direct application to what they do. Others may be responsible for training within their own agency and will have a different context for processing the material. The basic points, however, and much of the detail, should make instant sense to any reader who has worked with the complex problems of the multicrisis poor, and should provide some guidelines for people who are planning to move into this field of work.