

Collaborative Helping: A Practice Framework for Family-Centered Services

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This article offers a framework for collaborative family-centered practice that can reinvigorate our work with families who have not responded to more traditional approaches. Collaborative Helping is grounded in family-centered principles that include: striving for cultural curiosity, believing in resourcefulness, working in partnership, and making our work more accountable to the clients we serve. The article introduces collaborative inquiry as an organizing metaphor for clinical practice and offers a five-step practice framework with clinical illustrations and sample questions. The framework draws from appreciative inquiry, motivational interviewing, the signs of safety approach to child protection work, and solution-focused and narrative therapies.

Keywords: Collaborative clinical practice; Family-centered services; Narrative therapy

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Family-centered services represents a broad approach to helping families across various fields. It offers access to a wider range of services, builds on family strengths, emphasizes family choice in all aspects of planning and care, engages families on their own turf, and offers flexible funding streams to simplify accessing resources. Examples of family-centered service delivery approaches include wrap-around (VanDenBerg, Bruns, & Burchard, 2003), family group conferencing (Burford & Hudson, 2001), and systems of care (Stroul, 2002). While there are varying definitions of family-centered services, there is general consensus about underlying principles and values. Definitions of family-centered services generally include such descriptors as strengths-based, family-driven, culturally responsive, empowerment-focused, and collaborative partnerships (Allen & Petr, 1996).

The development of family-centered services has been driven both by professional desires to provide more respectful and responsive services and by over 30 major state-level lawsuits in the United States that have focused on the lack of creative service alternatives for families and the use of overly restrictive residential and institutional

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placements (VanDenBerg et al., 2003). These suits have resulted in settlements promoting significant changes in service delivery in a number of states. In a study of innovative family-centered programs, Ellen Pulleyblank Coffey (2004) highlighted notable accomplishments at a macro-programatic level and raised concerns at a micro-level that less attention has been paid to the actual conversations between helpers and families. She found workers were often operating without a clear framework to guide their work and important contributions from family therapy about building resilience, engaging families and sustaining working relationships, and hosting therapeutic conversations were not being utilized. There have been numerous efforts to bring different family therapy approaches into home-based work and family-centered services (e.g., Berg, 1994; Boyd-Franklin, 2001; Madsen, 1999; Henggeler, Schoenwald, Rowland, & Cunningham, 2002; Minuchin, Colapinto, & Minuchin, 2006; Swartz, 2004; Turnell & Edwards, 1999; Walsh, 2006). This article continues in this vein and outlines a practice framework to help frontline workers ground their daily work in the values and principles of family-centered services.

This framework for Collaborative Helping is based on the following commitments:

- (1) Striving for cultural curiosity and honoring family wisdom.
- (2) Believing in possibilities and building on family resourcefulness.
- (3) Working in partnership with families and fitting services to them.
- (4) Engaging in empowering processes and making our work more accountable to clients.

It offers a flexible map to help workers ground their work in these commitments in the everyday “messiness” of practice. This framework is embedded in a post-modern or post-structuralist approach to helping efforts in which helpers move from a role of experts repairing dysfunction to appreciative allies helping families envision and develop desired lives with the active support of their local communities. This relational stance is very congruent with the values and principles of family-centered practice. This integrative practice framework draws from appreciative inquiry (Cooperrider, Sorensen, Whitney, & Yaeger, 2000), motivational interviewing (Miller & Rollnick, 2002), solution-focused therapy (Berg, 1994; Berg & Kelly, 2000; de Shazer, 1985, 1988; Durrant, 1993), the signs of safety approach to protective work (Turnell & Edwards, 1999; Turnell & Essex, 2006), and narrative therapy (Freedman & Combs, 1996; Freeman, Epston, & Lobovits, 1997; Monk, Winslade, Crocket, & Epston, 1997; Morgan, 2000; White, 2007; White & Epston, 1990; Zimmerman & Dickerson, 1996).¹

COLLABORATIVE INQUIRY AS AN ORGANIZING METAPHOR FOR HELPING EFFORTS

Consider the following rather ironic example. A mother is referred for services to help her stand up for herself with her children and the referring worker is angry because the mother has refused to attend an assertiveness training group. We could view this mother as lacking in assertiveness and requiring a group to help her develop those skills. We could also assume there are threads of assertion in her refusal to go to the assertiveness training group and see our role as eliciting, elaborating, and acknowledging those threads so that they could become more available to her in a

¹This practice framework is outlined in more detail in Madsen (2007a).

parenting context. Based on the assumption that clients often have abilities, skills, and wisdom that are obscured and unavailable to them, collaborative inquiry is a process of joint exploration to elicit those capacities and bring them into constructive use.

The development of this process has been profoundly influenced by David Epston's conceptualization of therapy as coresearch (Epston, 1999, 2001; Hancock & Epston, 2008; Maisel, Epston, & Borden, 2004). Working in situations in which children and adolescents with life-threatening chronic illnesses were not responding to more conventional treatments, Epston became convinced that clients held alternative bodies of knowledge that could be profoundly useful if tapped. He engaged families in a coresearch project to resurrect what he terms "insider knowledges" in order to make those knowledges more available for client use. This is not a process of going out and discovering preexisting knowledges, but rather a process of jointly developing it in therapeutic conversations. The purpose of collaborative inquiry is to help clients access their own knowledges and open space for the emergence of alternative life stories. Clients are offered an opportunity to reflect on the dominant stories that have shaped their lives. If those stories are experienced as problematic or constraining, collaborative inquiry provides opportunities for people to develop and enact richer stories. This is not a process of substituting "new, improved" stories for "old, bad" ones, but rather expanding "thin" or under-developed stories into "thicker," more richly described stories that both acknowledge difficulties and illuminate resourcefulness.

I am referring to this as collaborative inquiry to suggest a partnership in which we tap the resourcefulness of both clients and clinicians. In this partnership, we can view professional expertise as the ability to ask questions that help clients envision and develop preferred directions in life. However, this framing of professional expertise as a capacity for inquiry does not require helpers to abdicate their own knowledge. In the example of the woman referred for help to develop more assertiveness, a worker may have valuable wisdom that could be helpful to this woman. However, it is important to be cautious about when and how we offer this wisdom to clients. My own preference is to first highlight client wisdom, then ideas jointly developed in the meeting, and finally knowledges from our own professional or personal experience if they seem useful, appropriate, and invited. It is important in this process that we hold professional knowledges lightly, taking care not to privilege them over local client knowledges. While this is a collaborative process, it is not an egalitarian partnership. Clients are in a more vulnerable position in helping relationships and it is important to be mindful of the power differential that exists. In this process, clinicians have particular expertise in inquiry and take on a leadership role in the organization of questions while remaining accountable to clients for both the direction of the inquiry and the effects of the questioning process on clients.

A PRACTICE FRAMEWORK FOR COLLABORATIVE HELPING

We can productively organize our efforts to help clients and families around the following five broad steps:

- (1) Building a foundation of client engagement.
- (2) Helping clients envision preferred directions in life.

- (3) Helping clients identify elements that may constrain and/or sustain their development of preferred directions in life.
- (4) Helping clients shift their relationship to constraining elements and/or enhance their relationship with sustaining elements in order to “live into” preferred lives.
- (5) Helping clients develop communities to support the enactment of preferred lives.

A description of a particular family offers a foundation for illustrating these steps in detail. Lyra was a fiery 15-year-old white girl with flaming red hair, multiple piercings, and a passionate approach to life. She lived with her two parents Tom and Betty and had a long history of impulsivity in many areas of her life. This impulsivity had created significant problems for Lyra, including several expulsions from school, ongoing engagement with the juvenile justice system, and significant concern about whether she and her parents could continue living together. There was significant stress in their home, exacerbated by Tom’s unemployment. Tom had become very cynical about his prospects in life and resentful of Lyra’s “bad attitude.” While he historically valued her outspoken feistiness, he was furious with how abusive she could be towards others and often responded by demanding that she straighten up and respect her elders. Betty worked part-time as a nurse and was a quiet, reserved woman consumed with worry about her daughter and family. Tom and Lyra often became caught in escalating power struggles, which further upset Betty and infuriated Tom. At the point of referral, the family was despairing and pessimistic.

BUILDING A FOUNDATION OF FAMILY ENGAGEMENT

Virtually every therapeutic approach emphasizes client engagement as an important step in helping efforts and yet this focus often slides into the background or is seen as a requisite first step before we get down to the more important business of problem investigation. The development of a real partnership with clients is the foundation of effective practice. Turnell and Essex (2006) cite a significant body of research documenting that the best outcomes in child protection cases arise when there are strong working relationships between a family and its helpers.

We can engage families by getting to know them outside of their immediate concerns. One example of this comes from the work with Lyra’s family. With family permission, I asked Lyra’s parents what I might have come to particularly respect and appreciate about her if I had known her for 5 years rather than just 5 minutes. Gentle questioning elicited a description of a girl who was smart and articulate (when she was willing to talk), had a quick wit (often used to verbally abuse others), had a deep connection to her grandmother who used to encourage Lyra to “look before you leap,” and a secret hope to become a fashion designer (a desire she hid to avoid ridicule). This appreciative picture of Lyra did not emerge easily. Each descriptor was coupled with qualifying remarks, but as I fed back the emerging threads of competence, connection, and hope, Lyra reluctantly agreed it was a reasonable description of her and, with some prodding, added other positive qualities that her friends might use in describing her. This allowed me to ask Betty and Tom how they had raised such a girl, what else they appreciated about the family they had built, and who else would share that appreciation. This led into a description of some of their hopes and dreams for their

family and set a stage for envisioning preferred directions in life and examining some of the supports and challenges in pursuing those directions.

Engagement can be challenging when families minimize problems or stubbornly insist that the problem lies only with one member. Our efforts to engage reluctant families are influenced by our beliefs about motivation, resistance, and “denial” and there are a number of ways to rethink commonly held assumptions. Turnell and Essex (2006) have developed creative approaches for constructively addressing “denial” in child abuse situations. Motivational interviewing has emphasized the importance of entering into a client’s worldview to examine the discrepancy between current behavior and future goals (Miller & Rollnick, 2002). Solution-focused therapy has distinguished between customer, complainant, and visitor relationships, and offered strategies for responding to each (Berg, 1994; de Shazer, 1988). And my own work has outlined principles for responding to situations in which clients come to hold a No Problem stance (this is not a problem and I don’t need to address it) or a No Control stance (while this is a problem, I have no control over it and can’t address it) (Madsen, 1992, 2007a). While it is beyond the purview of this article to elaborate particular steps for engaging reluctant families, one cross-cutting theme that emerges in each of these approaches could be summed up in the phrase “connection before correction.” When faced with actions that we find problematic and/or personally challenging, we can elicit clients’ intentions, purposes, and preferred views of self that we can come to respect and appreciate. From that foundation, we can examine with clients the discrepancies between important future goals and the effects of their current behavior. For example, Tom could become verbally abusive of Lyra when he got upset with her. An individual conversation with him revealed a deep commitment to raising a respectful daughter. That led into an examination of the discrepancy between his hopes for encouraging respect and the effects of his actions, which in this case inadvertently exacerbated Lyra’s disrespectful responses. Tom became interested in finding other ways of responding in these situations. While this was a fortuitous outcome, it would have been unlikely to happen without an appreciation of his intentions and purposes.

HELPING CLIENTS ENVISION PREFERRED DIRECTIONS IN LIFE

Our work with clients can be significantly enhanced when organized around a vision of possibilities. Such a vision can lift people out of the immediacy of a problem-saturated life and provide a better foundation for responding to problems. It can become an irresistible magnet that gives our work positive direction and inspires both clients and helpers. It also provides a way to collaboratively develop goals. It is difficult to not hold some normative model of family functioning that is influenced by our own values and from which we implicitly operate. If we begin by developing with families a vision of their desired lives, that vision can then guide helping efforts. In this way, the development of envisioned possibilities enhances collaboration and keeps our work focused and accountable to clients.

The development of a proactive vision can be a process of eliciting hopes for the future (e.g., “What kind of person do you hope your daughter will be when she grows up? What makes those qualities or ways of being in the world important to you? How might you be in your life to help your hopes for her come true?”). This process can also focus on preferred ways of coping in a difficult present (e.g., “As your daughter continues to struggle with impulsivity, how might you rather respond to her? How would

you describe the stance you'd like to maintain in this situation? What could help you stay grounded in that stance regardless of any surprises this situation might throw at all of you?"). In this way, a proactive vision is not simply a shift from focusing on problems to focusing on possibilities, but constitutes an acknowledgment of problems in life along with a focus on preferred ways of being in the face of those difficulties. As we develop a proactive vision with clients, it is important to keep in mind that we may be asking people embedded in a problem-saturated life to imagine things that can seem out of the realm of possibilities. As a result, it is important to take difficulties in this process in stride and regard them as the beginning of a collaborative process rather than the end of the conversation.

There are a number of ways in which we can begin these conversations. One promising approach comes from Appreciative Inquiry (Cooperrider et al., 2000). Appreciative Inquiry is an approach to organizational consultation that draws on the best of "what is" to envision "what might be" and develop "what will be." Examples of questions from Appreciative Inquiry in a clinical context might include:

- Everyone has days when they are "off" or "not at their best." I might ask you about that in a bit, but could I first ask you a little bit about when you are "on," when you are "at your best" as a parent?
- Can you think of a particular moment when you felt good about yourself as a parent? What was happening? What were you doing? How were your children responding?
- What did you particularly value or appreciate about how you were in that moment?
- Imagine it is a year from now and your relationship with your kids is totally grounded in those things you most value about your parenting. How would you know it? Concretely, what would be happening?

Because the vision that comes out of these questions is based on actual moments and grounded in real experience and history, it is both achievable and meaningful for families.

At times the invitation to focus on "best moments" can feel disqualifying of the pain and difficulty in clients' lives. In such situations, questions from Kegan and Laskow Lahey (2000) can be useful to utilize client complaints to elicit hopes and commitments. The following questions highlight an example of this approach with couples.

- Do you ever find yourself grumbling about this relationship? If you were to think of a complaint that is important to you and that doesn't single out you or your partner as the problem, what might that be? If you were to put that in a format of "It really bugs me that _____," what would you put in there?
- What would you like to see instead?
- If your complaint and your preferred alternative were somehow a message to you about what you care about, what is important to you, what you really value, what would that message be? (It can be helpful to put the answer in the format of "I am committed to the value or importance of _____ in our relationship.")
- If your relationship was grounded in those commitments, concretely how would we know? What would we see happening that is different?

- Would that be important to you and why? How would that change your experience of being in this relationship?

This combination of Appreciative Inquiry questions and complaint to commitment questions gives us the flexibility to meet clients where they are at and draw on their best moments and/or greatest frustrations to envision possibilities.

In the work with Lyra and her family, the development of an agreed upon focus grew out of the initial conversation about Lyra's connection to her grandmother. Lyra's grandmother used to tease Lyra that she had a tendency to leap before she looked and would encourage her to "look before you leap." Lyra reluctantly acknowledged the utility of this advice and a series of questions led to the development of a vision statement "Lyra wants to develop a "look before you leap" lifestyle characterized by planfulness and caution without losing sight of fun and excitement in life." That statement was elaborated with an exploration of why it was important to family members (enhancing motivation), when they had seen threads of it emerging and their contributions to those threads (elaborating resourcefulness), and who in their lives might appreciate and stand behind their efforts to develop that life (developing community).²

IDENTIFYING CONSTRAINING AND SUSTAINING ELEMENTS

Once we have helped clients envision preferred directions in life and begun to build a foundation of motivation, resourcefulness, and community, we can elicit elements that might constrain and/or sustain the development of desired lives. Some examples of constraining elements include problems (e.g., depression, hyperactivity, tantrums); feelings (e.g., sadness, anger, frustration); beliefs (e.g., my son is bad, I am worthless, there is no hope for us); interactional patterns between family members; dilemmas (e.g., If I confront my husband about his infidelity, he will leave me penniless. If I don't, I will hate myself.); situations (e.g., poverty, lack of educational resources); and broader cultural forces (e.g., racism, sexism, classism, heterosexism). While there has typically been more focus on problems and constraints, we can also focus our efforts on helping people identify sustaining elements. These may include sustaining habits and practices (e.g., meditating, exercising, or counting to five before responding to one's children); sustaining beliefs (e.g., I can make a difference in my life); sustaining interactional patterns among family members; intentions, purposes, values, hopes and dreams (e.g., love for one's children, a desire to be a better parent, a commitment to sobriety); supportive community members; and broader sustaining cultural expectations (e.g., a cultural value for respect and family).

As we elicit constraining and sustaining elements, we can view them as externalized entities and view people as being in an ongoing and modifiable relationship with them. We can ask clients whether they would prefer to begin by focusing on things that support their efforts to build desired lives or on challenges they face. This approach offers the flexibility to fit helping efforts to client preferences along with our own judgment about directions that might prove most fruitful.

²A sample treatment plan developed with this family that includes a vision statement, constraining and sustaining elements, a plan, and outcome indicators can be found in Madsen (2007b).

HELPING CLIENTS SHIFT THEIR RELATIONSHIP TO CONSTRAINING ELEMENTS

Externalizing conversations offer a powerful way to help clients address obstacles and develop proactive coping strategies (White, 2007; White and Epston, 1990). They are an attempt to separate problems from people in order for clients to experience an identity outside the influence of that problem. They can be particularly useful in family-centered services. For example, in a child welfare context we can shift from viewing *parents* as the problem and attempting to protect children from malfunctioning parents to viewing *problems* as the problem and partnering with parents to protect their children from problems that pull parents away from their better judgment (e.g., frustration, stress, substance misuse) in order to build safety. This simple shift radically repositions workers in their interactions with families and has great potential to minimize “resistance” and maximize engagement.

In the work with Lyra and her family, there were a number of interrelated constraints or problems that were externalized at different points. Within an overall focus on helping Lyra move into a “Look before you Leap” lifestyle, we at times externalized Leaping (as a phrase for impulsivity that was developed in conversations with the family) with Lyra, Worry with Betty, and Anger with Tom. We also externalized “the Boss Thing” as a shorthand description of an escalating correction and control/protest and rebellion sequence between Tom and Lyra. Finally, we externalized constraints at a broader sociocultural level such as “Being Cool” as a specification from adolescent culture that often captured Lyra and encouraged a Leaping Lifestyle and “Acting Ladylike” as a cultural expectation that often caught Tom and Betty and particularly supported Tom’s participation in “the Boss Thing.” In the process, we focused on how constraints at an individual level were embedded in and supported by constraints at interactional and sociocultural levels. A consideration of sociocultural constraints (e.g., taken-for-granted cultural assumptions and practices like being cool or acting ladylike) is particularly important in externalizing conversations. When people’s relationships with problems are placed within a historical and cultural context, it becomes more possible to explore how gender, race, class, sexual orientation, culture, and other relations of power have influenced the development of a problem and its current relationship with a client. Such an understanding minimizes self-blame and helps both clients and helpers better appreciate the breadth and depth of a problem’s influence and what is required to address it.

A simple version of externalizing conversations that can be applied in family-centered services directs inquiry to four areas.³ Questions about clients’ *experience* of a problem seek to separate the problem from the person through externalizing language and develop a rich understanding of a person’s experience of their relationship with that problem. Generic examples (using XX to denote a problem like impulsivity, worry, or anger) include:

- In what situations is XX most likely to come into your life?
- How do you notice it when XX shows up?
- What’s it like having XX in your life?

³ A more detailed description of this map for externalizing conversations can be found in Madsen (2007a).

Questions about the *effects* of a problem seek to understand the toll a problem has taken on a person, on important others, and on relationships. Generic examples include:

- When XX comes into your life, what effects does it have on you?
- What has XX tried to get you to do that goes against your better judgment?
- Has XX created problems for you in relationships? If so, in what ways?
- What does XX try to convince you about yourself? If XX were making decisions for you, where would it take you in your life?
- If XX were to get stronger over the next 6 months, how might that affect your life?

Questions about client *preferences* invite clients to reflect on the degree to which the effects of a problem fit with their own preferences in life.⁴ These questions invite clients to take a stand on the effects of a problem, give voice to a preferred direction in life, and elicit a richer explanation of the intentions, values, and hopes behind those preferences. Generic examples include:

- As you think about the various effects XX has had on your life and relationships, would you say these are positive or negative developments?
- Are those effects something you'd like more of or less of in your life?
- Why is that? In what ways do these effects fit or not fit with your hopes for your life?
- Where would you rather take your life?
- What do those preferences for your life say about what you care about and value in your life?

Preferred *response* questions seek to learn how clients have responded to a problem and worked to maintain desired ways of living in the face of that problem's effects. These questions seek to elicit and elaborate a story of clients' efforts to develop a different relationship with a problem (which may be to resist it, oppose it, overcome it, cope with it, contain or outgrow it, use it constructively, etc.), invite clients to give meaning to this story, and examine future possibilities as that story unfolds. Generic examples include:

- You say that you don't like the effects of XX and that you would like to find a way to keep it in its place. Towards that end, would it be okay if I ask you a little about some of your efforts to do that?
- Can you think of a time when you were able to keep XX in its place a bit or keep on in the face of its attempts to hold you back?
- What did you do differently? How did you do that? Who helped you to do that?
- Was this a new development for you or have there been times in the past when you were able to do that? Can you tell me more about those times?
- What does it mean to you that you've been able to do this? What does it tell you about yourself?

⁴Within the narrative literature, preference questions have been discussed in the context of "statement of position maps," in which clients are asked to evaluate the effects of a problem and then justify their evaluation (White, 2007). I refer to them here as preference questions.

- What capacities or abilities or know-how does it show? How did you develop those capacities? Who helped you in developing them?
- As you continue down this new path, how will that affect other aspects of your life?

It is important to keep in mind that these sample questions are generic and need to be adapted to specific situations with language that is both close to families' daily experience and yet different enough to generate new experiences in the inquiry process. As workers develop more facility and comfort with externalizing conversations, they can expand and draw on more complicated maps of externalizing conversations (Freedman & Combs, 1996; Madsen, 2007a; Morgan, 2000; White, 2007).

HELPING CLIENTS ENHANCE THEIR RELATIONSHIP WITH SUSTAINING ELEMENTS

Historically, externalizing conversations has been used primarily with problems and constraining elements. However, they can also be productively applied to strengths, resources, and sustaining elements. Family-centered services are grounded in a strengths-based approach and while a focus on strengths offers more possibilities than a focus on deficits, we can take this even further. Michael White (2004, 2007) has suggested the usefulness of moving from simply thinking about strengths as essential qualities that reside inside of people (internal states of identity) to considering them as skills of living guided by intentions, purposes, values, beliefs, hopes and dreams (intentional states of identity). This shift can lead to richer conversations and enhance clients' sense of personal agency. For example, Lyra identified "thoughtfulness" as an important quality in her emerging life. Rather than viewing this quality as an internal strength, we could externalize Thoughtfulness in order to help Lyra enhance her relationship with it. The following sample questions highlight some ways to expand this inquiry.

- Can you tell me more about this Thoughtfulness?
- If Thoughtfulness was not just a quality you have, but something you do, what are the skills that go into it? How do you "do" Thoughtfulness? What are the practices of Thoughtfulness? How did you develop those practices?
- How would you like to use Thoughtfulness in your life? Why is it important for you to use it in that way?
- What values are important here? When you think of those values, what hopes or dreams do they reflect?
- What do those hopes and dreams say about what you stand for in your life?
- As you think back across your life, what people come to mind that might appreciate your efforts to bring Thoughtfulness more into your life? How have those people contributed to your development of Thoughtfulness in your life?
- If they could see you doing this Thoughtfulness, what do you think it would tell them about you?

Again, these questions are generic samples and it is important to fit them to the particular situation. Lyra had some difficulty responding to questions like these, but gentle persistence and good humor helped her to "try them on" and she found them to be moving and helpful.

HELPING CLIENTS DEVELOP COMMUNITIES TO SUPPORT THE ENACTMENT OF PREFERRED LIVES

From a social constructionist perspective, life stories or narratives shape our lives. We live out the stories of our lives in our interactions with others and those interactions substantiate our narratives and further shape our lives. As we begin to enact an alternative story or counter-narrative, the community that witnesses that enactment takes on great significance. The development of allies to acknowledge and support the enactment of emerging stories can be a crucial part of our work. There are a variety of ways in which we can help people develop communities of concern and support.

We can use remembering conversations as a questioning process to help clients evoke and hold the presence of important others in their heads and hearts.⁵ Remembering conversations build a sense of solidarity with important others or “allies” in order to help clients better resist the influence of problems and pursue preferred directions in life. It is important that we think broadly and creatively in the process of identifying potential allies. We can draw on people who have been important to clients in the past as well as the present. We can evoke important people who have passed away. In the work with Lyra, her deceased grandmother’s presence became a powerful support for her. Potential allies do not have to be directly known in order to be significant in people’s lives. They can be authors, characters in books or movies or comics, musicians, sports figures, or celebrities who are admired by clients. Allies do not even have to be people. They may be imaginary friends, important toys, or animal companions. Remembering conversations that draw on important spiritual figures can lead to poignant and powerful conversations.

We can also use witnessing practices to develop actual audiences that are invited to listen in on a helping conversation and then offer reflections in a structured format.⁶ This audience can consist of people who are introduced to clients particularly for this purpose or people who are already known to them. For example, Lyra was interviewed about her efforts to resist the pressures of “Being Cool” in the presence of two friends who she believed really understood the press of popularity. After listening to Lyra, her two friends were briefly interviewed in a structured format in Lyra’s presence about the ways in which hearing about her efforts had touched their lives. Betty’s efforts to draw on her religious faith to help her more constructively deal with Worry were witnessed by three members of her community of faith who were subsequently interviewed to elicit their reflections. In both instances, Lyra and Betty were profoundly moved by the acknowledgement they received from others and found the process very helpful.

The process of evoking the presence of important others through remembering conversations as well as bringing others more directly into client lives through witnessing practices often leads to the active involvement of allies in clients’ lives. Much

⁵ Remembering conversations can be a powerful support to family efforts to build new lives. While space considerations do not allow a fuller description of the intricacies of remembering practices here, please consult any of the following references for further information: Madsen (2007a), Morgan (2000), Russell & Carey (2004), White (1997, 2007).

⁶ Again, it is beyond the purview of this article to examine witnessing practices in depth. For further information, please consult Madsen (2007a), Morgan (2000), Russell & Carey (2004), Weingarten (2000, 2003), White (1995, 2007).

of our work can focus on helping clients identify, utilize, and sustain a community of allies (Dickerson, 2004a, 2004b). This focus on developing allies and communities of concern and support shifts our work from professional-centered efforts in which most of the action happens in the helping relationship to family-centered efforts that are focused on supporting the functioning of clients' local communities. This can have profoundly empowering effects on clients and their communities and lead to an enhanced clarity about our place in clients' lives.

SUMMARY: COLLABORATIVE HELPING AND FAMILY-CENTERED SERVICES

Family-centered services began as an attempt to provide more respectful and responsive support to families who had not been previously well-served. At its core, family-centered practice is about the spirit with which workers approach families. Collaborative clinical practice is an organizing framework based on four commitments that also characterize the values and principles of family-centered services. These include: (1) striving for cultural curiosity and honoring family wisdom, (2) believing in possibilities and focusing on resourcefulness, (3) working in partnership and fitting services to families, and (4) engaging in empowering processes and making our work more accountable to families. This article concludes by connecting aspects of this practice framework back to the underlying four commitments.

A commitment to cultural curiosity is supported by the organizing metaphor of collaborative inquiry. If we view services as a cross-cultural negotiation, collaborative inquiry provides a way to enter family cultures as an anthropologist looking to *elicit* client meaning rather than *assign* professional meaning. This shift in relational positioning can have profound effects on client engagement, enhancing participation and minimizing "resistance."

A belief in possibilities and resourcefulness suffuses Collaborative Helping. The process of envisioning preferred directions in life encourages a proactive focus on *what is and could be* rather than simply *what isn't and should be*. Viewing constraining elements as externalized entities allows us to acknowledge problems (without conflating them with client identities) and helps us recognize the abilities, skills, and know-how that clients can utilize to address problems. The inclusion of sustaining elements and the focus on communities of support further encourages an emphasis on the resourcefulness of both clients and their communities.

Working in partnership is at the core of Collaborative Helping and this framework offers the flexibility to make helping efforts more responsive to clients. In the process of envisioning preferred directions in life, we can focus on desired futures or preferred coping in a difficult present. We can develop that vision by drawing on clients' best moments and/or greatest frustrations. This helps us to initially meet clients where they are at and fit helping efforts to their particular situation. The inclusion of both constraining and sustaining elements gives us the flexibility to begin with a focus on challenges or supports and fit helping efforts to client preferences. And the repeated use of preference questions in externalizing conversations keeps us close to client experience and ensures an ongoing partnership in the inquiry process.

Finally, a commitment to empowering processes and accountability underlies this framework. The acknowledgment that questions generate experience and every interaction invites the enactment of particular life stories orients us to the potentially

empowering or disempowering effects of helping efforts. The collaborative development of proactive goals with clients encourages client participation. And the process of framing professionals as taking a leadership role in the organization of questions while remaining responsive to clients for both the direction of the inquiry and the effects of the questioning process on clients promotes accountability to clients.

All in all, this framework offers a coherent and flexible approach that can help workers more thoroughly live out a spirit of family-centered practice. While this framework holds the potential to reshape our work with clients, I believe it also holds potential to shift our relationship to our work in general. Collaborative Helping can profoundly shift our relationships with clients and support more respectful and responsive interactions with families. In a time when the problems confronting families seem more challenging, the demands on workers increase exponentially, and the prospects for real and sustained change seem dimmer, radically repositioning ourselves in our professional roles and re-thinking our organizing metaphors open possibilities for revitalizing, re-inspiring, and enriching our work and work lives.

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