

The Strategic Change Initiative, LLC

Creating Success out of the Chaos of Fear



Tuesday Thoughts[©]

First Half of 2014



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TUESDAY THOUGHTS

a Compendium of Reflections on the Times of Great Change

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01/07/2014: Advice: Question Seventeen

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Question 17:

What are the keys to a successful relationship with our Board and how do we know if that relationship is working as well for us as it should?

Suggested Response:

Our Board is the source of authorization for the strategic plans that our organization adopts. Almost everyone agrees with that role for our Boards. Some believe our Boards must also be intimately involved in the fund-raising efforts in support of our organization. Not all Board members agree with that role for our Boards. But everyone agrees that life is a lot easier and success is more probable when our Boards enthusiastically embrace that fund- raising role.

Let's approach the fund-raising role first. Any executive leader who inherits a Board that already accepts and embraces a role as being central to the fund raising efforts of their organization is truly blessed by that inheritance. Any Board that raises substantial funds annually on behalf of the organization is making a significant contribution to the mission and to the stability of that organization. No doubt about that. "Raised funds" offer vital levels of flexibility in these tight-money times.

But what should an executive leader do if that inheritance was not a part of the legacy received at the time of hire? What if the executive leader inherited a Board that knows nothing about fund-raising, isn't particularly well-connected with individuals who might be able and inclined to give and isn't motivated to want to learn more about fund-raising? That's where there is a divide in our field.

Most believe the fund-raising role is central for the Board and that the executive leader needs to find at least one or two Board members to champion the cause of fund-raising and begin the process by ensuring that all Board members make an annual personal gift to the organization. This school of thought views fund-raising

as equal in importance to the role of authorizing the strategy of the organization: wherever there is no present fund-raising capacity, a future capacity must be built. It's easy to understand that position.

Another school of thought would say that we could have a great Board even if they never engage in fund-raising efforts on behalf of the organization. This school of thought would suggest that some Boards aren't constituted for fund-raising efforts on behalf of the organization, but they can help in many other ways. They believe that if our Board members spend their time learning to support the mission of our organization in those other ways, they can still be very effective, very helpful. Many smaller organizations fall into this school of thought. It's easier to understand this position than it is to fully support it.

It's probably politically unwise to let a Board completely off the hook for sharing some role in fund-raising. Viewing Board fund-raising "capacity building" as an important part of the strategic authorization that comes from the Board is politically wise; it forces our Boards to share the responsibility for raising funds with the executive leader. Otherwise that responsibility will fall exclusively on the shoulders of the executive leader and that is far too dangerous in these times.

Let's look at the strategic authorization role. When executive leaders get in trouble with their Boards it is most likely to happen over this role. Executive leaders who get too far out in front of their Boards and finalize strategic plans and make strategic commitments without direct authorization from their Board are often called to task for that mistake. This mistake has probably been made more often over the last five years than it had been made over the previous twenty years. Let's consider why this is happening.

Many of us spent years helping to educate our Board members around our mission: we taught them who it is we say we are and what it is we say we do. These times are calling for most of us to alter who it is we say we are and what it is we say we do. It is very important that we spend the time necessary to make sure our Board members understand what is happening in our field and understand what we believe we need to do to respond to what is happening. To fail to do this is to invite disaster.

If we get too far ahead of our Board in the strategic area we risk isolating ourselves politically. I recommend that executive leaders schedule the time to have individual phone conversations with each of their Board members as often as is practical to ensure that every Board member has a chance to actively discuss what is happening within our organization and within our broader field with the executive leader.

These conversations will also afford the executive leader a chance to better appreciate the unique skill sets of each of the Board members. So often Board members have many of the skill sets we need, skill sets that can serve as a vital resource for our organization, skill sets that we have either failed to recognize or failed to fully utilize. Board members, like everyone else, want to be needed. They want to be helpful. When they truly are needed and when they are offered the chance to be helpful, their level of bonding with the organization and its staff leadership understandably increases. And often, their appreciation for the skill sets of the executive leader also tends to increase.

Boards should be asked what level of leadership team presence they want at their meetings. Some Boards want direct and ongoing contact with members of the leadership team. Some would prefer that leadership team members come and present and leave their meeting. It is their meeting and they should answer the question in a way that helps them to meet their perceived needs as a Board. This is important.

We should use whatever means are necessary to help ensure that all of our Board members have sufficient background information to be able to provide the strategic leadership that they are required to provide. It all begins with their strategic leadership. When they understand and authorize the organization's strategic goals, when they are involved and allowed to be genuinely helpful, they are far more likely to also be willing to embrace other means to help the organization.

Most Board members that are involved with our organization and are committed to our strategy will also agree to help with the organization's fund-raising efforts. Most committed Board members will also agree to help us with our political efforts on behalf of our organization. But we want to be cautious when we ask our Boards to help us with our political efforts. They may understand what we hope to accomplish but we also want to take the time to make sure that we are synchronous with the methods we need to employ to get to our desired ends. Many public sector leaders have shared their deep resentments over heavy-handed threats that were issued by Board members on our behalf. Many have shared that they never forget a threat.

Next week: What is the number of hours that we should expect to be working each week if we hope to successfully prepare for the future?

01/14/2014: Advice: Question Eighteen

Advice Question				
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Question 18:

What is the number of hours we should be working each week if we hope to successfully prepare for the future?

Suggested Response:

This is one of those questions, much like the "how big should we be?" question, that can't be responded to with only one answer because the question itself should also include a second part asking "and how should we spend the time that we work?"

My experience suggests that every hour we spend over 50 hours per week begins to deliver diminishing returns. The older we get, the greater the diminution of our effectiveness after 50 hours. Candor, however, forces me to admit that this is a classic example of suggesting something I seldom did. In retrospect, I wish I had followed this advice. But I didn't follow this advice. I probably tended to work harder than smarter throughout my career. My suggestion is an expression of hindsight awareness.

What I have recommended over the last four years is that we imagine that we have 50 hours of energy to spend each week. The key question is how we will spend those 50 hours of energy. This process gives us a way to define our job by what we actually choose to do each week. If the number of hours we have to spend each week are seemingly limitless we will never actually define the priority activities of our job. And defining the priority activities of our job is exceedingly important in these times.

If we imagine that we only have 50 hours of energy to spend each week we will have to decide what is most important for us to do. The executive leader has to re-define their job before anyone else can re-design their job. Often this initial process will result in a job re-design for the executive leader -- and will often cause job re-designs for many others -- which will enable all leaders to look at what they most need to do. This process usually results in leaders feeling better about their jobs.

My experience suggests that all leaders -- and to some extent, all staff -- have experienced more than a measure of "job expansions" over the last few years. Many, if not most, of these job expansions have resulted in hybrid-jobs that can't be done very effectively. They usually require more than one person can reasonably accomplish. As a result, many organizations are led by persons who can't do their jobs and, perhaps more importantly, can't be held accountable for their job performance.

This results, over time, in both physical and emotional exhaustion and very high levels of job dissatisfaction. We can see that in the high levels of demoralization within some of our leaders. We can see that in the very high levels of turnover that many are experiencing at the staff-practitioner levels. It all starts at the top. A "workaholic executive leader" sets a pace that cannot be healthily maintained by the workforce. A boss can say "take care of yourself," but everyone watches what the boss does and how many hours the boss works.

When we state that everyone deserves to have a "do-able" job we help to relieve some of that pressure. When we show that we care enough to ask everyone for their suggestions to help make their jobs more "do-able," we send an important "wellness" message to our entire organization.

But it all begins at the top. Hundreds of executive leaders have told me, "I don't know how much longer I can keep this up". That's a clear sign that those executive leaders are trying to do too much. So how does an executive leader begin the process of "scaling back" to reality? How do we begin to realistically limit the number of hours that we work each week?

We have to revert to basics: "What do I absolutely have to do?" "Have to do" items tend to fall into a few distinct categories. There are things we have to do with our Board. There are things we have to do with our public sector partners. There are things we have to do with our leadership teams. And there are things we have to do with our line staff. Are there other things we have to do as well?

I recommend that every executive leader make a comprehensive listing of all their have-to-do-items. Each of these items will then have "activities" connected to them: we do what we have to do through these activities. It is these activities that we need to scrutinize very carefully. A meeting is an activity. How many meetings do we attend? Do we have-to attend each of those meetings? Meetings take a lot of our time.

If we attend the meeting to establish a "visible presence" within our organization, for example, we want to ask if there are more effective ways for us to establish that visible presence. We began to use meetings in the ways we currently use meetings when there was a lot more time available for everything. We need to re-think our use of meetings now. All our staff would probably benefit from a re-thinking of how we use meetings. We cannot ignore the needs of our staff to interact and share thoughts and make decisions, but often our current meeting formats are very inefficient and ineffective ways to get that done.

Our goal is to limit our activities to those few activities that will give us the greatest return on the investment of our time and our energy. Activities that have a low return on investment (ROI) should be dropped or minimized whenever possible. Some activities with especially high ROI might need to be expanded. In my experience, very few executive leaders are assessing their activities for ROI.

A good rule of thumb that I have been using is to ask executive leaders to try to reduce their activities by about one-third. This would free up approximately 16 hours each week based on a 50 hour job design. That would offer a lot of freedom and a number of choices. The goal is to eliminate all non-productive activities and, where necessary, replace them with more highly productive activities. If we replace a non-productive meeting with a chance to observe our staff delivering direct service, for example, we might receive a much higher ROI. Staff will surely talk about an executive leader caring enough to watch them work. If we are supportive and if we ask our staff what they need, we'll get a very high ROI.

But we can't just add "observations" on top of everything else. We probably can't add much else of anything unless we first subtract. That's the important part of this suggested exercise. We want to ask, "What should I be doing?" and then find a way to do that by eliminating something "I shouldn't be doing". Re-design your job: it will help you do your job better.

It would help all our staff to be able to participate in re-designing their jobs. It reduces stress and increases hopefulness.

Next week: How long does it take to fully integrate strategic adaptations and could you give us a checklist of what we need to do to make change happen within our organization?

1/212014: Advice: Question Nineteen

Advice Question				
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Question 19:

How long does it take to integrate strategic adaptations and could you give us a checklist of what we need to do to make change happen?

Suggested Response:

After developing a plan to adapt an organization to prepare for a future that is different from the present it usually takes about three years to integrate those adaptations into the culture of an organization. Let's talk about what needs to take place over those three years by reviewing some of the thoughts from this study guide.

We need to...

1	Start with a review of the past successes of our organization with an emphasis on how we've successfully adapted to changes in the past.
2	Offer a simple statement of the "future vision" of our planned initiative: "This is what we need to do and this is why we believe we need to do it".
3	Supplement the simple vision with a few "adaptive organizing principles" that will underpin our initiative.
4	Identify, explain and discuss each of the adaptive organizing principles that we are proposing to adopt.
5	Give the background and justifications for these adaptive organizing principles.
6	Review the trends in our field and suggest what those trends are challenging us to do.
and we need to talk about:	
7	the trend toward using out of home care less
8	the trend toward shorter lengths of stay

9	the trend to only refer more severely traumatized youths
10	the trend to use out of home care for short-term crisis stabilization, with time spans in the length of up to six months
11	the trend to find ways to keep children safely in their homes whenever possible
12	the trend to move children toward permanency more rapidly when they come from birth-families that probably won't get more stable
13	the trend toward "no reject/no eject," "consumer choice," and "privatization of public sector delivered services"
14	what it means to be a "child-centered" organization
15	what it means to be a "family-focused" organization
16	the concepts of "family engagement" and "family stability"
17	the importance of being "trauma-informed"
18	the importance of being "community-connected"
19	"through the course of service" outcomes
20	the concept of "durable family results"
21	expectations that we will be held accountable for the success of children and families after they leave our service
22	the four identified major political goals: safe children, stable families, strong communities and reduced poverty
23	the importance of developing new services and redesigning existing services to help us achieve more durable results
24	our many strengths as an organization and how we need to build on those strengths to develop our new capacities
25	whether we are as strong as we will need to be in areas in need of development
26	the importance of asking our staff for their advice, support and assistance -- what they believe is most important for us to do
27	our need to adapt our organizational culture, redesign our jobs and develop new skills to ensure our success
28	what we will do to address our issues of staff turnover and staff morale so everyone has the energy to support this initiative
29	how we want to make sure that everyone has a do-able job
30	the concept of job re-design to help accomplish that end

31	the role of the executive leader in this process
32	the role of the Board in this process
33	the role of the leadership team in this process
34	the role of line staff in this process
35	the new skills we will need to develop and introduce our goal to set up a teaching and learning community within our organization
36	the importance of leadership mastering the new skills and getting close enough to direct service delivery so they can teach them
37	the need to set up two-way communications with our staff so everyone can communicate openly throughout the process
38	the concept of "experts" that will cross program boundaries and accept accountability for their area of expertise throughout the organization
39	the concept of a "family engagement" expert
40	the concept of a "staff engagement" expert
41	the concept of a "community engagement" expert
42	the concept of a "service development and re-design" expert
43	the concept of a "trauma awareness" expert
44	how future success will call for us to work together more closely to help us to achieve family stability
45	the concept of an "inside service collaborative"
46	the importance of practicing service delivery in an integrated manner
47	the importance of "pricing" our services so we can "buy" what we need from our other programs and services when we offer them
48	the concept of an "outside service collaborative"
49	how we will "buy" what we need from others when we don't offer what we need and "sell" what others might need
50	how important it is for the executive leader to gather the support and energy to make this adaptation process become a reality

Next week: How do we know when it's time to call it a career, when it's time to turn over the reins and retire?

1/28/2014: Advice: Question Twenty

Advice Question				
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Question 20:

How do we know when it's time to call it a career, when it's time to turn over the reins and retire?

Suggested Response:

It probably wouldn't surprise anyone to find that this is one of the most common questions that I am asked. It is estimated that somewhere in the area of 40% of the leadership in our field will be retiring within the next five years. Most of those who are thinking about this are understandably reluctant to discuss it openly. But the fact is a LOT of people are thinking about it.

It would be a cop-out to simply say, "We know when it's time," but I have found that leaders do usually know when it's time because of all the sign-posts they are reading every day. One sign-post is a lack of energy, when we just can't force ourselves to do some of the things we know we should be doing. Another sign-post is when we no longer look forward to come to work each day, when activities we used to enjoy become a burden for us. A third and most important sign-post is when we have trouble motivating ourselves to do what we know we should be doing to prepare for the future.

Sometimes these three set in because of the cumulative effects of stress on our bodies and on our minds. One of my mentors once told me at his retirement party, "We're like 65,000 mile radial tires. When we get to 65,000 miles we are bald and we slip in the snow. Bald tires are not safe and they need to be replaced". Some have suggested that with each serious crisis we handle we age beyond our chronological years. Many leaders feel they are much older than their chronological years for that reason. Many are just tired and that's a big part of it all.

Age eventually takes its toll regardless of how capable we are and regardless of the levels of stress we have absorbed over our careers. We can learn to work smarter than harder, but that doesn't always help us when we are challenged by failing memory patterns or failing physical health patterns. Some of the challenge of knowing when to "call it a career" is the challenge of accepting the aging process itself. It is very hard to say, "it's time," because in our American culture we are so often defined by what we do and not by who we are. Many leaders quite frankly don't know how to not be leaders.

Most leaders I've interviewed after their retirement have said that they wish, in retrospect, that they had made the decision to leave a bit sooner than they did: "Better to leave a year too soon than a year too late". Many of the leaders I have interviewed stayed on the job until they were, in one way or another, forced to leave their positions. "We aren't trained to know when to get out or how to get out," one said, "we're just trained to hang on for as long as we can because that's all we know how to do". That's the way a lot of leaders leave today -- by someone else's decision after staying "a year too long".

The decision to leave probably needs to begin as a preparatory process long before it is implemented. Retirement needs to be a strategic thought process. That process has to lead us to eventually accept that we will no longer hold the position we may have held for many years, to accept that we will have to leave the friendships we have formed and that are important to us and to accept that we will have to leave those activities that have come to be the center-piece of our life-long journey. But our strategic thought process shouldn't focus only on the highlight-reels from our career, because that can lead to "euphoric recall". We should also take into account all the challenges and difficulties that were embedded in our career. We should ask ourselves to realistically weigh when the bad times begin to outweigh the good times for us.

Even when some leaders know that the bad has begun to outweigh the good for them, they are sometimes unable to realistically plan to leave because they don't know what they would do with their time if they retired. That's an important part of any strategic thought process. The average American life span is 78 years and the normal retirement age is now 66. That leaves, on average, 12 years for a retiree to "fill" in some meaningful way.

"Meaningful" is an important word to many considering retirement. If you have been very "relevant" throughout your career, it may seem that life in retirement could easily be "irrelevant" and it can be hard to imagine irrelevant being meaningful. That may be a flawed framing but I've heard it many, many times.

Retirement may force us to accept that maybe our jokes weren't as funny as our staff always acted as though they were when we were the executive leader. Maybe our ideas were not as objectively "strong" as our staff led us to believe. Maybe some of the trappings of leadership were only that, trappings. Sometimes trappings are what hold us beyond our time. We need to practice letting those trappings go. We need to accept that often those trappings aren't very real anyhow.

The best retirement plans are those plans that focus on reality. Working less hard would probably be very good after a certain point. Finding something less stressful to do would probably be good after a certain point. Scaling back a lifestyle would probably be good after a certain point. And finding something else that is important to do with "the rest of my life" would probably be good after a certain point.

And finding someone good to replace us is an important part of finding that "certain point," when we come to see that turning the organization over to someone with energy, motivation and a future-focus would be a very good way to preserve the good work that we have done for so long. Everyone considering retirement should remember the sage advice from those who have already retired: it's always better to find that "certain point" one year too early than one year too late.

I am often asked how long a good transition should take. I have seen many forms of good transitions. I have seen good transitions that lasted two months and I have seen good transitions that lasted two years. It's probably best to have a relatively firm timeline worked out before the transition is initiated. That way the transition can be managed through a series of "letting go" points, where the incoming leader takes on progressively more and more of the responsibility of leadership for the organization by plan throughout the transition. Everyone should know at the start when the transition will end. That's very important for everyone involved.

Next week: What if I'm stressed and tired and I'm nowhere near retirement?

2/04/2014: Stress on Leaders

Many of us don't realize, or if we do realize we don't want to acknowledge, that in today's world, following five years of constant pressure and stress, many leaders have much in common with the distressed families that we seek to serve:

1. There are too many persons placing too many unrealistic expectations on our lives.
2. Many of these unrealistic expectations take money to meet -- money that we just don't have.
3. Because of the unrealistic expectations and our lack of money to meet them, we live in an increasingly anxious state of mind.
4. This near-constant state of high anxiety makes it difficult for us to maintain the wellness factors in our lives.
5. We often fail to form a plan that would change things for the better, to take care of ourselves, to exercise, to maintain a proper diet, to turn to those we trust and to get sufficient sleep.
6. As a direct result of this we've tended to develop some bad emotional habits and we have begun to sometimes emotionally isolate ourselves.
7. This emotional isolation can cut us off from our natural support networks and can cause us to feel lonely and afraid, which we can sometimes express as anger.
8. These feelings can also lead us to, inadvertently, make some poor decisions, which we are aware of and which tend to further raise our anxiety levels.
9. We can begin to feel trapped in negative cycles that can lead us to believe we just need do something to get away from all the stress and pressure.
10. That's when we can begin to get depressed and can begin to distance ourselves from the day-to-day demands of our job.

Clearly every leader is not in this position. But as I talk with public and private sector leaders from across the country, I find that most leaders are experiencing at least some of these symptoms. So what should we do? The same thing we ask families to do:

1. Don't stew about your troubles -- form a plan to make things better.
2. Distress (bad stress) comes from not having a plan to make things better.
3. Eustress (good stress) comes from making the decision to put energy into forming and implementing a plan to make things better.
4. Distress deprives us of energy and eustress provides us with energy.
5. We need energy now. We also get energy from exercise, from proper diet, from turning to those we trust and from getting the proper amount of sleep.
6. Begin to emphasize wellness throughout our workplace: well workers are better able to support themselves and better able to support others.
7. Mobilize our staff to help us develop and support the implementation of a plan to make things better.
8. Make the hard decisions we may have been postponing that will lead to making things better.
9. If we need a new mission-driven business plan, make the adaptations that will enable its successful implementation: be prepared to do things "different".
10. Develop a vision for a successful future, emphasize wellness for everyone, be very present for line staff and take better care of ourselves and our other leaders.

Next week: Some thoughts from a friend on family-centered practice.

2/11/2014: Dean's Advice on Family Work

As you are aware, on occasion I share this Tuesday Thoughts forum with one of my collaborative partners, one of the many public and private sector leaders and practitioners who have assisted me in the development of my Study Guides. I plan to do that today.

Today I am sending along a piece that was sent to me on "family centered practice" by Dean Wolf, an experienced family practitioner from Maryland. Dean was, like myself, originally trained by the Philadelphia Child Guidance Clinic. You will note that many of Dean's thoughts are consistent with many of my previous Tuesday Thoughts reflections on family work. There is a reason for that. We share a common training. I will use Dean's thoughts as a segue from the "Advice We Live By" Study Guide toward my focus for the balance of 2014, which will be on Families. I will begin the focus on families with a review of "The Poverty We Live With" Study Guide" and follow that with a review of the "Families We Live With Study Guide".

But first, some thoughts from Dean...

In 1964 Bob Dylan wrote a song, "The Times They are a-Changing". Fifty years later, for most of us, Dylan's message resonates, especially if we are working with children in the context of out of home placements. No longer is there an endless amount of money available for out of home placements when a child exhibits emotional and behavioral problems in the home, school and community. In some states it almost takes an act of congress to place a child in an out of home setting.

In the past we were asked by funding sources to manage and control the behavior of children who exhibited problems. Families tended to be viewed as the source of the child's problems. We were asked to make up for the deficiencies of the family even though we knew we could not take their place. Inadvertently we became "agents of social control" and, in the process, families were left out of the picture, despite the fact that we all knew that the real problem was the under-organization and chaos in those families and that the children were only the "standard bearer" of the larger family system.

The focus on managing and controlling complex emotional and behavioral problems, although helpful in the short run, ultimately fell short in the long run because we could not produce durable results. My friends and colleagues working in out of home care settings over my 35 year career consistently said the same thing, "We try our best to support, care for and provide first class treatment for children but when they are returned to their dysfunctional, chaotic and disorganized families where nothing has changed, they rather consistently fail". With considerable frustration my friends and colleagues asked, "What can we do to improve our success rate with these children given the realities of their family situations?"

My answer then and since has been to advocate for out of home care providers to adopt a more family-centered and family-sensitive approach when working with children and their families. In my opinion, perhaps more than ever before, these family-centered approaches are essential because if we cannot demonstrate over the next five years that we can produce durable results with children and their families, funders will stop using out of home care altogether. The pathway for us to follow to become more successful and remain viable given the research findings and years of experience seems clear: we must integrate families as an essential part of our treatment continuums if we hope to achieve durable results.

The importance of engaging and strengthening families cannot be underestimated. Most of the children we work with live in very difficult family circumstances including, but not limited to, poverty, unemployment, homelessness, caregiver substance misuse and mental health problems, poor parenting practices, traumatic events, domestic violence, physical and sexual abuse and emotional neglect.

The question that has come up most frequently in my conversations with leaders and staff in residential programs over the years relates to the extent that we can hope to be successful in meeting the needs of children without successfully addressing their family situations. The answer is that we can't get where we want to go if we fail to address the family situations.

Here are the 10 suggestions that I offer most frequently for organizations that are considering efforts to integrate family centered thinking and practice into their out of home programming:

1. Create a plan with parents/caregivers and referral source staff the first day the child is placed with your program, a plan for how to successfully get the child back to their family.
2. Involve parents/caregivers and significant extended family members in every aspect of the child's care plan, including intake, assessment, treatment, planning meetings, case management, school meetings, etc.
3. Promote family members as experts on their children and give them real power and control over making decisions regarding their children.
4. Designate at least one staff member as the family practitioner who will be available to provide ongoing support for the family -- while in placement and after placement.
5. Provide family work as frequently as possible as a part of the overall treatment plan while the child is in placement. Coordinate transportation with referral sources where necessary. If the family cannot come to you, send the family practitioner to the family and include the child in those in-home sessions.

6. Secure the services of a trained family practitioner to train all staff in family engagement, intervention and strategies for involving families in the treatment process.
7. Identify and highlight the child and family strengths, gifts and resilient qualities that will likely be helpful in making the changes that will improve the family situation.
8. Avoid pathology, diagnostic and problem-focused language and conversation, rather, focus on solution-talk aimed at how to improve the family situation.
9. Identify the family needs that, once met, will promote success and identify any barriers than must be overcome to meet those needs.
10. Develop service collaboration and integrative planning where the child, family, placement staff, referral source staff, community partners and natural support systems work together to develop a single plan that everyone can commit to and create the cooperation necessary for successful implementation.

One final note: don't forget to find ways to highlight and celebrate successes with each other and with families.

Thanks, Dean. Your thoughts provided a nice transition toward the 2014 Tuesday Thoughts "focus on families".

Next week: Introduction to the "Poverty We Live With" Study Guide, which will focus on our upcoming role in the nation-wide efforts to reduce poverty.

2/18/2014: The Poverty We Live With Study Guide

Introduction

Many believe that the modern era of human services began in 1965. That was the year that Lyndon Johnson articulated his vision for transforming America into a "Great Society". He also called his bold series of legislative initiatives a "War on Poverty".

In those beginning years we all saw what we were doing as intending to help lift American citizens from poverty. My Uncle, Charles Woll, was the Director of a a community-based organization in the Cleveland Glenville neighborhood called St. Martin De Porres Community Center at that time.

I was very excited by the energy being created by the new legislative initiatives. My Uncle, as a surprise to me, was decidedly less excited by it. "Sometimes when you provide so much money for offering the services that people need to help lift them out of poverty you can begin to focus too much on delivering the services and forget about the people's poverty".

History shows that my Uncle was right to be concerned. My Uncle believed that this disconnection was more likely to occur whenever the services that are offered are offered outside the context of the specific needs and wishes of the community in which the persons who will be receiving the services actually live.

He believed that we stood the risk of creating a service delivery system where the specific ways and means to meet the needs of persons living in poverty were being established by persons who didn't really understand poverty.

I found a clear example of that a few years ago when I worked with an employment agency that was having difficulty meeting its job placement goals. The Executive Director said that they had decided early on that, even though the persons who came to them were seeking jobs, what they really needed was mental health counseling.

He said that his organization had transformed themselves, over time, into more of a counseling agency than an employment agency for that reason. He asked, "How many counseling agencies are good at helping people to find jobs?" I asked, "Can't you do both?" And he said, "We tend to be one or the other. I don't know anyone that does both." I suggested that it was clearly in their best interest to learn to do both.

They did eventually learn to do both, but the "culture war" that was involved in their transition proved to be very challenging for them. The staff of the agency simply didn't believe that the persons they were serving were employable. A number of their key staff had to leave before they successfully learned how to find jobs for their clients.

Our field is changing. We are now being called back to our roots. Many services that we offer today that don't help to reduce poverty will become undervalued in the next five years. And many services that we offer or will develop that can demonstrate an ability to help those we serve to rise out of poverty will become highly valued.

Next week: A brief history of our country's efforts to reduce poverty.

2/25/2014: Poverty: Brief History

The Poverty We Live With Study Guide

A Brief History of our Country's Efforts to Reduce Poverty

I often get considerable resistance when I discuss our need to begin to address issues related to poverty with the families we serve: "Please don't add that to the list of things we are responsible to fix!" I understand our reluctance. But I also understand the strong political goal that my interviews and my readings in national publications suggest is emerging within our country relating to poverty. We need to be aware of that emerging goal. We need to watch for it and begin to prepare to respond to it.

In 1965 Lyndon Johnson declared a national "War on Poverty" and introduced a broad series of legislative initiatives that were designed to help lift Americans out of poverty. What was the context of that bold move? Throughout the 1950's and up to the initiation of the Great Society's anti-poverty legislation, the poverty rate in America had hovered around 23%. Following the introduction of the Great Society initiatives, the poverty rate dropped to roughly 11% (or thereabouts) by 1970 and generally remained in that territory until the economic troubles of the Great Recession began to emerge.

Since the Great Recession, poverty rates have climbed north of 16% for the first time since the Great Society legislation was fully implemented. There are currently 45 million Americans living in poverty. The thought of being responsible to successfully help lift 45 million Americans from poverty would be overwhelming if our assignment was to be focused on all 45 million. I don't believe we will be asked to help with all 45 million. The actual request that I see coming will be to share the responsibility to help 7 million adults to climb out of poverty. Please be patient for a moment while I explain my thoughts on this.

Of the 45 million Americans living in poverty 15 million are children. We can only help lift dependent children from poverty when we find a way to help lift some adults from poverty. Statistically speaking, for every adult we help lift out of poverty, a child also climbs out of poverty (because not all adults have children). But I don't believe we'll be asked to help all 30 million adults. 20 million of those adults are considered to be "structurally poor" (some call them "hard-core-poor") because they either don't have minimal skills, or live in areas where there are no jobs, or they have severe and long-standing physical or mental health or chemical dependency problems. Many believe there will always be this core of 20 million adults living in poverty. I have trouble accepting this because of all the dependent children who are impacted by their poverty.

Of the 10 million remaining Americans living in poverty (beyond the 20 million structurally poor), 3 million actually live above the poverty line when we factor in the positive economic effects of food stamps and the earned income tax credit. There are also 3 million (of the total 15 million) children who actually live above the poverty line because of those same positive economic effects. That leaves 7 million adults, most of whom are "working poor" who could be taught new skills and many of whom have the mental acuity and the will to manage higher paying jobs if they only had some help to prepare for them and the opportunity to access them. Helping these 7 million adults to find either full-time or better paying jobs may, I believe, become an important part of an emerging nation-wide "anti-poverty" initiative.

Many believe that the current discussion around raising the minimum wage to \$10.10/hour would go a long way toward helping to lift these families out of poverty. But passage of this legislation is by no means assured. The Congressional Budget Office estimated that approximately one million families would be lifted out of poverty with a \$10.10 minimum wage. Some economists estimate that another 2 million could be lifted when the positive economic effects of food stamps and the earned income credit are factored into the equation.

And many believe that such a significant increase would produce the negative, unintended consequence of drastically reducing the number of minimum wage jobs in the marketplace. CBO estimates that somewhere around 500,000 jobs may be lost from such an increase.

Persuasive statistics can be presented on both sides of that debate. If such legislation were to be passed, helping the families we serve to climb out of poverty would be easier. But I believe we need to plan to help lift some of the 7 million "working poor" out of poverty regardless of whether the efforts to raise the minimum wage are successful.

We can do that by accepting that "job skills training" and "job finding" services are core parts of what we do for the families we serve whenever we see that the primary barrier to stability for that family is economic. If we don't presently offer "job skills training" or "job finding" services ourselves, we'll have to partner with an organization that does offer them.

Why should we add this to our already demanding agenda? Many will choose to do this because they believe it's the right thing to do. Others may want more reasons than that. I believe we need to do this because my interviews clearly suggest that in the not too distant future we will all be held contractually accountable for child safety and family stability. And whenever, for a given family, their primary barrier to stability is economic, how can we hope to help the family to become more stable, address their other issues and keep their children safe in their home without first helping that family to address their basic economic needs?

Why do I believe that a strong political will is forming toward a nation-wide "anti-poverty initiative"? My opinion has been formed because of activity I see in three different areas. First, many faith-based communities from across the country are currently focusing on poverty: Methodist, Lutheran, Baptist, Catholic and Jewish groups have all begun to address poverty as a core part of their social ministries. These groups are aware that the poverty rates have risen from 11% to above 16% following the Great Recession.

They have expressed concerns that many of the "newly impoverished" could become "structurally impoverished". They have also expressed belief that many of the "working poor" could dramatically improve the quality of their lives if they could make a "living wage". Second, the will to support legislation designed to reduce poverty has been a part of the DNA of the Democrat party since 1965. And, third, many Republicans see the need to help lift persons out of poverty to help strengthen our communities and to help reduce the need for ever-expanding "big government" intervention strategies.

There will be further debates in the weeks and months to come about what we should do and how we should do it. But all three of these large and powerful groups seem to agree that it is in America's best interest to work to get poverty rates back down towards the 11% levels. In order to do that we'll have to find ways to help some "working poor" adults to secure full-time jobs and to help other "working poor" to find jobs that pay a "family wage" of \$10/ hour.

Next week: What does poverty actually mean to families living under it?

03/04/2014: Poverty: How Families Feel about It

The Poverty We Live With Study Guide

What Does Poverty Actually Mean for the Families Living Under It?

Poverty has always been an important topic in the hundreds of interviews I've conducted with persons receiving services from us across the country over the last four years. Many parents have expressed a belief that poverty is the major impediment to the stability of their family. Most agree that there are many other issues for them to address as well. But many, if not most of the parents I've interviewed believe that poverty is, by far, their most important issue. They also wonder why the service delivery community has not decided to help them to address their economic needs.

"Last year's coat is always too small and their feet are always growing and if you're wearing rags to school the other kids will laugh at you."

"I mean, how do you manage to feed a teenage boy without money? When he says he's hungry, and we have no food, I feel so guilty."

"The kids want to do things. There's nothing wrong with that. But all that costs money I don't have. So they just can't do those things. Not all those things. Any of those things."

"People think that if you're poor you're lazy. I usually work over 40 hours a week. That's not lazy. But at minimum wage, even for those hours, the money is not enough."

"I don't know if the people who try to help me have ever been poor. Probably not. They don't seem to understand that you have to have money to be able to manage money."

"Maybe I'm wrong. Maybe I don't get it. But it seems to me that anyone willing to work hard should be able to pay the rent and buy food and clothes for your kids. Am I wrong?"

"I don't want to be rich. I believe that too much money can be bad for you. But I want to have enough. How much is enough? Enough not to be ashamed."

"I'm always anxious about money. It's almost all gone before I get my paycheck. I don't know how to get ahead. I get very depressed about money all the time."

"The only thing I ever get angry about is money. We don't have any credit cards so we never spend money what we don't have. When the money's gone I just get angry."

"Television tells us we show our love for our children by what we buy them. My kids are good. They don't ask for much. But I should be able to give them something."

"When you are poor and the bills come in you sometimes have trouble breathing. My bills come in on the 15th of the month. I pay the rent and then I pray."

"Lack of money is such a distraction when you're poor. It's hard to feel good about yourself when you're always broke. Hard work doesn't seem to mean much anymore."

"How come no one ever wants to talk with me about helping me to get a better job? I ask for help with that all the time. Just who does that? Who helps us get ahead?"

Next week: What do parents living in poverty believe holds their family in poverty?

3/11/2014: Poverty: What Parents Believe Keeps Them Poor

The Poverty We Live With Study Guide

What Parents Living in Poverty Believe Holds Their Family in Poverty

The "working poor" parents I have interviewed offered 10 reasons that they believe "working poor" families often are held in poverty.

1. Lack of Opportunities – Many believe that most working poor could handle better jobs if they could get the chance to prove it. "You probably need some help to get that first non-minimum-wage job. After that, it's up to you to prove yourself. We just need a little help with that first opportunity".
2. Lack of Marketable Skills – Many report that the jobs that pay more than minimum wage often call for skills that they may not have but would be more than willing to learn. "When someone tells you they are 'hungry to learn,' sometimes that means that they are actually hungry and willing to learn".
3. Mental Health Need – Many report that some working poor have mental health needs but they that believe most of those needs can be managed. "I know I'm not working enough on some of the issues I should be working on. But if I knew that by working on them I could get a better job, I'd sure be motivated to work on them".
4. Physical Health Needs – Some report very real physical health limitations. "I may not be able to lift boxes anymore, but there are a lot of things I can do. I don't want to be on disability. I want to work. I just need to find a job that can accept my physical limitations".
5. Chemical Dependency Issues – Some report that abuse of alcohol and drugs at some point in their lives have limited their ability to get and hold a good job. "Once an addict, always an addict, I suppose. But I am clean now and I can work. Recovering people make good employees -- provided they stay clean".
6. Lack of Jobs – The Great Recession cost America millions of real jobs. There are simply fewer jobs available now. "If somebody really focused on helping us to get better jobs, instead of part-time

jobs, folks would be lined up there. That's what we need -- someone to help us find what's available".

7. Convictions on Their Records – Whenever this came up it was often reported with sincere expressions of pain, humiliation and regret. There are some employers willing to hire persons with criminal records. Many, if not most, are not willing to hire them. Finding employers who are willing is exceedingly important to persons looking for a second chance.
8. Lack of Formal Education – Many report that they lack a high school degree and wish some group would help them get a GED. "That would make all the difference for me, getting a GED". Some are challenged by an inability to read and write but most report the ability to read and write.
9. Lack of Transportation – "If you can't get to a job you can't get that job." Some are hampered by transportation. It takes a lot of money to own, operate and maintain a car. Where there is good public transportation, it's a lot easier. "Transportation is one of my major barriers. The bus line is hard to access from where I live. But I'll do some serious walking".
10. Lack of Affordable Child Day Care – Communities that support child day care for their working poor parents offer a vital service to their communities. I found this to be a major "poverty barrier" for many families.

Next week: What skills do employers believe we should be helping to develop?

3/18/2014: Poverty: Skills Employers Are Looking For

The Poverty We Live With Study Guide

Skill Employers Believe We Should Be Helping to Develop

Employers I interviewed offered 10 skills that they felt we would be wise to help develop in those we want to help prepare to get and retain better jobs.

1. Communications – They believe that the good jobs belong to those who can communicate. "Some of those you'll work with may not know all the best ways to communicate in a job setting. 'Just being me' may not be the best thing. It'd be helpful for you to work with them around the 'do's and don'ts' of workplace communications".
2. Problem Solving – They believe that problems will arise in the workplace and workers are expected to solve them. "The way you solve problems in other settings is sometimes different from how you solve problems at work. Many of those you work with may lack confidence in their ability to solve problems at work".
3. Relationships – They talk about how important it is to be able to relate with co-workers in appropriate ways. They believe that workplace relationships are often somewhat more formal. "Some people like to tease and joke a lot. That may offend some". "It'd also be good to talk with them about how and when to ask for help and who to ask for help".
4. Team Work – Often minimum wage jobs can be done on your own. Higher paying jobs often require working with others to accomplish a task. "It might be helpful to review ways to work as a member of a team. It's a different job altogether when you are expected to do something together with a team than it is to do something all by yourself".
5. Dealing With Authority – "In a workplace setting someone has to make the decisions and give the orders. Those who have problems accepting work assignments or receiving feedback on their performance on those assignments will have problems". Employers report that this is a big issue.

6. Emotional Regulation – Workplace expressions of anger are often difficult and sometimes dangerous. Employers report far less tolerance for this than they had in the past. They ask that we focus on the importance of emotional regulation in the workplace. Today this is seen as a major safety issue.

7. Stress Management – "There are very few jobs above the minimum wage level that aren't stressful. Success in those jobs means success in managing the stress of those jobs. That is a very important skill". Helping persons to manage anxiety is also considered to be very important.

8. Concentration and Focus – They reported that a lack of concentration and focus is a major workplace problem today. Helping to improve this general weakness is considered a vital success-variable.

9. Listening to Instructions – Some might see this as a part of concentration and focus but employers saw it as important all by itself. One said, "Listening is a lost art. People have to be able to listen to instructions or money is lost or people get hurt". Many said that they watch for this and select for this during interviews.

10. Productivity – "Everyone has to produce in a job to keep that job. It's nothing personal. That's just how it is. Help them to understand and accept that". Productivity is watched very closely today.

Next week: The case for us to directly address poverty and its effects.

3/25/2014: Poverty: Addressing Poverty and Its Effects Directly

The Poverty We Live With Study Guide

The Case for Us to Directly Address Poverty and Its Effects

If we take out the DSM and look through the possible diagnostic categories we can see many of the direct and indirect effects of poverty written almost everywhere. What we see when we assess are true mental health issues, to be sure. But we need to also see that many of those mental health issues were borne from the effects of poverty on those we serve -- and some of those issues will only be successfully addressed by also addressing the very real economic needs that have made their lives so challenging.

The effects of poverty can be painful, traumatizing and debilitating. The effects of poverty can impact one's ability to communicate, solve problems, form relationships, work as a member of a team, deal with authority, regulate emotions, manage stress, concentrate and focus, listen to instructions and be productive.

The effects of poverty can also impact one's ability to think long- term, trust, hope, prioritize, deal with anxiety, defer gratification and experience feelings of gratitude and forgiveness. Those effects can directly attack one's sense of self- worth, self-confidence and wellness. They can directly attack one's physical, mental and spiritual health. They can directly attack one's ability to learn, love and listen.

Can families rise above all these negative effects of poverty. Of course, families can and do rise above them every day. Could the quality of their lives be vastly improved and could families be helped to be more stable if they could rise out of poverty and move away from these negative effects? Undoubtedly.

I have found that whenever trained professionals truly understand the ravaging effects of poverty on the lives of those they serve they tend to commit to help those they serve to avoid those ravaging effects. That's what this study guide is intended to introduce for discussion -- the need for us to commit, as a field, to help the families we serve to avoid the debilitating and multi- generational effects of poverty on their lives whenever we can.

But is this really so different from what we are doing now? In many ways I believe that most of us are only one or two steps away from where we need to be. If we look at the advice offered to us by employers, for example, about the skills we should be working on to help prepare those we serve for better success in the

job market, is that agenda really so different from the skill agenda we already need to work on with the families we serve? I believe the skills they have recommended are remarkably similar to the skill-sets we need to be working on to help families prepare to achieve and maintain stability.

The person who said, "If I knew that by working on my (mental health) issues I might be able to get a better job, I'd sure be motivated to work on them," offered something important for us to consider. We sometimes think in the reverse: get healthy and then we'll think about referring you for help to get a better job. That person was saying: offer me an opportunity and I will work very hard to take advantage of that opportunity.

Next week: Offering better economic opportunities to those we serve.

4/01/2014: Poverty: Better Economic Opportunities

The Poverty We Live With Study Guide

Offering Better Economic Opportunities to Those We Serve

I mentioned that I felt we were only one or two steps away from where we need to be. If we were to ask those we serve about their work experiences as a basic part of our initial assessments we would be taking the first step. We could ask:

1. Are you currently employed?
2. Where do you work and what do you do at work?
3. Do you have access to affordable child day care?
4. What have been your other work experiences?
5. What kind of evaluations have you received for your work?
6. What have your employers told you are your greatest strengths?
7. Do you like your job?
8. How far do you have to travel to get to work and how do you get there?
9. Do you make enough to feed, clothe and house your family?
10. Have you ever thought you could handle a better job?

Following that brief assessment we could develop an initial sense of those we might be able to help provide an opportunity for better employment. Those whose primary barrier to family stability is economic would be our highest priority. We won't be able to help everyone to improve their economic opportunities.

The second step is understandably more challenging. I believe human service providers need to begin to develop employment networks that will be able to help individuals in need to rise above poverty. We could either access existing employment networks (if they exist in our communities) or we could build one on our own or we could work with other human service providers to form an employment network collaborative by sharing their resources to make it happen.

Employment networks provide two important resources. The first is a gathering place to help advise and support those seeking better jobs. The second is the actual "job finding" efforts to determine where better jobs are being offered and the development of relationships with those employers so that we can make referrals and be assured that our referrals will get interviews. I understand that the process of setting up an employment network requires time and resources. But I also understand that such efforts could produce positive and measurable results in efforts to help families to climb out of poverty.

Some of those I have interviewed over the last four years have been leaders of both large and small foundations across the country. Some foundation leaders have interviewed have expressed a willingness to explore funding the start-up costs connected to establishing this kind of employment network in communities where such a network doesn't currently exist.

Could we make this work? Yes. Should we at least agree to explore the feasibility of making this work? I sincerely hope that some will at least explore the feasibility. Poverty is painful. We have a shared mission to help relieve pain when and where we can. Everything else we do could be made so much more effective with an employment network to back up the work. Employment networks can help us to transform lives.

Next week: An introduction to the "Families We Live With" Study Guide.

4/08/2014: Families We Live With Study Guide: Introduction

The Families We Live With Study Guide

Introduction

Our human services field has seen dramatic shifts in philosophy and practice since welfare reform legislation was passed in 1996. It's not just child welfare within the broader human services field that has shifted dramatically. Juvenile justice, developmental disabilities, physical health, behavioral health and education have all made dramatic shifts in philosophy and practice as well: all are thinking "reform".

It has been said that dramatic shifts in our patterns of philosophy and practice only happen when we are forced to make those dramatic shifts. Funding limitations were certainly a big part of initiating this dramatic shift: the reality that we, as a nation, could no longer afford to continue our patterns of ever-escalating entitlement spending forced us to change. Funding issues certainly started the "reform movement". But there was more than just altered funding patterns that helped to sustain and extend the momentum of these dramatic shifts.

The human services field as we know it today was founded by the "great society" legislation of the mid-1960's. Those legislative initiatives were passed out of a belief that everyone can learn and change and grow. The public policy behind those legislative initiatives established a national commitment to try to help make things better by offering a "safety net" of social support services that would give everyone a fair chance to share in the American Dream.

The dramatic shifts in philosophy and practice have occurred, in part, because the safety net of social support services that was established and significantly expanded over time did not appear to be working well enough to justify their ever-expanding expense. It was not helping sufficiently to foster the process of learning and change and growth.

Our "War on Poverty," for example had once helped to lower the poverty rate from 23% in 1965 to 11% by 1970 and to sustain that progress until the great recession, when the poverty rate again spiked north of 16%. And our child welfare practices were not offering a better future for our children and families. In short, the safety net, as imagined, designed and implemented over 30 years, wasn't working, wasn't getting the results that had been promised (and that had, to a great extent, been delivered in the earlier days). That awareness has caused us to re-imagine, to reform the field of human services.

It has caused us to ask how we can adjust the safety net of social support services to allow us to once again achieve our original intent — to help persons in need to learn and change and grow and thereby share in the American Dream. As a result, we have been forced to search for "what works". That search is producing a new philosophy and is bringing new elements of practice into play. For many years we imagined social support services as something to be offered to individuals. We now see that those support services need to be far more "social" than we thought. We now believe that social support services have to be connected to families and to the communities in which those children live -- because families are the center of our social fabric. Perhaps that was something forgotten that has now been remembered.

Next Week: The Family in American History

4/11/2014: Families: Brief History

The Families We Live With Study Guide

The Family in American History

From the beginning days of our country families were seen as the center of our communities. Ours was primarily a rural society with primarily an agricultural economy in those early days. Family stability and cohesiveness and community interdependence and support were important elements of managing the work of our family farms. And family farms were the center of American life.

Family members had to work together to till the soil, plant the seeds, and tend and harvest the crops: survival depended upon high levels of family stability and cohesiveness. And maintaining the local agricultural economy tended to foster strong patterns of interdependence among community members. If anyone got in trouble it was in everyone's economic best interest to offer help. Everything was smaller in scale and seemed more manageable then. In 1795 our first national census noted that there were 2 million Americans living in 16 states. There were three great American cities — New, York, Philadelphia and Boston — but most Americans lived on farms. And our farming communities were the backbone of the American economy.

Our rural communities had four bedrock priorities -- the stability and cohesiveness of our families, the care of our elderly, the protection of our children, and the strength of the communities themselves. It seemed that we knew better how to maintain these bedrock priorities in rural America. Some suggest this was more a myth than a reality. But our communities did clearly value the stability and cohesiveness of our families, the care of our elderly and the safety of our children in those rural days. Local newspaper editorials of the time back this up. The words weren't "stability" or "cohesiveness" back then. It was called "family values" and "pulling together," but it was the same thing.

Our faith-based communities were a big part of our social support network in those days because government was not involved in any way. Families in communities met their social support needs by calling on friends, other family members, neighbors and faith-based communities to help whenever help was needed. There were no "programs" in those days -- only community-wide patterns of interdependent relationships.

Between 1885 and 1915 America formerly shifted away from our rural and our agricultural roots to statistically become primarily an urban society with a primarily industrial economy. Millions of Americans moved from their farms to the cities during those 30 years to take the jobs that were being created by the industrial revolution. Our census showed that by 1915 there were 100 million Americans living in the 48 states. Most Americans lived in cities by 1915. The America of 1915 was different in almost every way from the America of 1795.

In 1885 the newspaper that is today called the St. Louis Post Dispatch ran an editorial calling for the federal government to get involved in delivering social support services for our families. It noted that in our movement from our farms to our cities we seemed to have lost our bedrock priorities of family values, care for our elderly, safety for our children and strength of our communities. Our urban faith-based communities were unable to meet the demands of city life because of the sheer scope of those needs. The quality of our family life was deteriorating, our elders were poor and our children were working in factories.

But the political will was not present in 1885 to support an expansion of the role of government. The federal government was struggling just to learn how to manage an industrial economy. There were financial panics in 1873, 1893 and 1906. In 1929 the stock market crashed and in 1930 we sunk into the Great Depression. The pain and suffering that Americans endured through the first five years of the Great Depression was truly historic. Families were torn apart because, with an unemployment rate of 25%, if dad, the sole financial provider, lost his job, he had little prospect of finding another. There was no unemployment insurance and no protections for home owners or renters. If a payment was missed, a family was out on the street. Millions of children had to be "sent out" to friends, family, neighbors and members of their churches. And the poverty rate among our elderly reached 76% by the end of 1934.

The federal government responded in 1935 with the passage of the social security act. A key provision of that act was the establishment of child welfare. This legislation was designed to help to restore the bedrock priorities that had been present in the days of rural America. Our elderly would receive a small pension check following retirement, enough to ensure a "roof over their head, coal for their furnace and a chicken in their pot". Our children would have the safety protections under the law and funds would be available if they needed to be "sent out" temporarily.

In 1965 we revisited the social security act and its child welfare provision. The poverty rate among seniors had dropped from 76% to 24%. We believed our children were safer. The great society legislation expanded our commitment. Medicare was established to ensure that our elderly could have access to health

care. Medicaid was established to ensure that the poorest among us -- with a special emphasis on our poor children -- could have access to health and health-related services.

In 1995 we revisited the expanded social security act and the expanded child welfare provisions. The average life expectancy in 1965 had been 63. By 1995 it had become 78. It was estimated that approximately 60% of our health care costs had come to be centered on the costs related to sustaining the last six months of life. And millions of children had come into care on a temporary basis only to remain and be "raised by the system". Many of those children were found to have trouble forming relationships, holding jobs and had a much higher than expected rate of mental health and chemical dependency problems.

A decision was made to reform the entitlement programs -- beginning with child welfare. We studied those children who had been raised by the system and determined that most of them came from families with serious, long-standing problems with mental health and chemical dependency or from families with multi-generational exposure to child sexual abuse and domestic violence. We decided to move more rapidly toward permanence with those children. For all other children, we decided to learn to better engage their families and learn how to help guide those families toward stability.

Next Week: Child Welfare Reform

4/22/2014: Families: Child Welfare Reform

The Families We Live With Study Guide

Child Welfare Reform

In the 30 years between 1965 and 1995 we developed a primarily child-centered service delivery system. We made decisions in the name of safety that caused millions of children to be removed from and kept from their families for protracted periods of time. Our intentions were good. The results were not. Children who were removed for protracted periods of time developed serious problems that they carried into adulthood. That was the deep motivation for child welfare reform. Child safety is no less important as a vital focus today. But we have come to learn that there is no substitute for family as the supporter and identity-holder for children.

Clearly there are some family conditions that we do not know how to improve. And when those conditions are present we will need to move more quickly to find a permanent family for the children from those families. But for all other family conditions in need of support, we will need to commit the energy and resources of our field to learn to better engage those families, to help guide them from poverty and toward the stability that will, in turn, strengthen our communities. Safe children, stable families, strong communities and reduced poverty: that is the social policy agenda that has emerged and those will be the durable results we will be expected to produce.

There will always be episodes of crisis in families. Most crisis episodes will be able to be safely managed in the home. Some children will still need to be removed temporarily from their homes to ensure their safety and to allow them the opportunity to stabilize from the effects of the crisis. We will explore both options. Even when a crisis causes a child to be removed, it will be a temporary removal. All efforts will be made to keep temporary removals of children from their families to six months or less.

The 350 public sector leaders I have interviewed over the last four years say that their greatest request is that providers of residential treatment, foster care and group home services work to focus their "change" energies on helping to prepare children and their families for successful reintegration after an out of home placement. When out of home care is believed necessary, families must play an important role in that care from the first day. All efforts will be made to ensure that "stabilization" efforts are co-directed by the professionals and the family. All efforts will be made to successfully engage the families and to learn the agenda that will help lead the family toward stability. Let's consider how these critical goals can be achieved in the current practice environment.

All families have a story. We will have to learn their story. All families in crisis have sources of pain that we will be expected to identify and help to address. The single greatest change to out of home care since welfare reform is a change in focus from the child to the family and from the present to the future. Success will be measured by our ability to prepare the family to be successful after the child is returned to the family. That "future focus" change will necessitate a re-design of the out of home services we offer to prepare for successful reintegration.

Next Week: Supporting Children Safely in Their Own Homes

4/29/2014: Families: Supporting Children at Home

The Families We Live With Study Guide

Supporting Children Safely in Their Own Homes

Supporting children safely in their own homes has emerged as the highest priority whenever that is possible. When safety in their own homes is not possible, most of the children will find a permanent home with relatives. We all need to develop ways to help safely transition and support children in kinship homes. Helping kinship families to manage the adjustments they have to make is very important.

But whenever possible, the search for ways to safely support children in their birth families will be the highest priority. We will have to adjust some of the ways that we deliver services if we hope to improve our support of this highest priority.

Many families currently receiving supports are receiving these supports from different providers. Often these different providers have very different styles and very different views of what families need to do. Families report that this lack of integration between service providers sometimes makes it difficult to effectively benefit from the services being provided. Organizations that can offer an integrated array of family support services will prove more helpful to families going forward.

Many families also believe that in-home support services are more effective than office-delivered supports. Many believe that in-home supports allow the family to feel more at ease and allow family practitioners to work with families in their natural community context. Many families also express a belief that in-home supports are inherently more respectful and are far easier for them to manage given their limited time, money, childcare and transportation resources.

Our highest priority will be best supported when a consistent model of what we need to do when we support families is used. Effective patterns of family engagement to help guide families toward stability need to be developed. The stability of families needs to be promoted as a way to help ensure the well-being and safety of children and the well-being and health of families after we're gone.

In order to promote stability, families need to be helped to heal from the effects of the trauma, pain and suffering that they have experienced. Many families have recommended that the best way to accomplish this healing is to build upon the feelings of trust that can be developed when we help the family to meet their "barrier needs". Barrier needs are the greatest sources of family pain that often block the pathways to healing in other areas until they are successfully addressed.

Families have also expressed a belief that efforts to motivate them to accept changes that have been imposed upon them by others probably won't work and will probably be abandoned after we're gone. They have recommended, instead, that practitioners use extended casual conversations that are moved along by neutral, unbiased and engaging questions to help inspire families to choose and then practice those changes they choose to incorporate into their lives. This, families suggest, will lead to more durable child safety and family stability.

Next Week: Out of Home Care after Child Welfare Reform

5/06/2014: Families: Out of Home Care after Reform

The Families We Live With Study Guide

Out of Home Care after Child Welfare Reform

When out of home care providers received a referral in 1965 they were being asked to "help raise the children" being referred. Most of the referrals were for dependent and neglected children with, at most, mild levels of emotional disturbance. Most out of home care providers adopted child rearing practices for that care that closely paralleled the methods that were commonly in use in American households.

When out of home care providers received a referral in 1985 they were being asked to begin to work with some moderately emotionally disturbed children. In response to this change most out of home care providers adopted a "treatment approach" that formalized the behaviorally-based child rearing practices of 1965 and added a new role for therapists to play in helping to meet the emotional needs of the children.

When out of home care providers received a referral in 2005 -- ten years after child welfare reform -- they were being asked to work with more moderately emotionally disturbed children and some severely emotionally disturbed children. This change was occurring because, after ten years of work on child welfare reform, most of the dependent, neglected and mildly emotionally disturbed children were being safely supported while remaining in their birth or permanent families.

The moderately and severely emotionally disturbed children who were being referred in 2005 were often bringing with them the effects of severe emotional trauma. The behaviorally-based child rearing practices with the add-on role of a therapist stopped working for these children. Efforts to behaviorally control these children were unsuccessful because of the effects of the trauma they had experienced.

Most behaviorally-based approaches assume that behavior is intentional. Rules are established and taught and when the rules are violated consequences are delivered. For children who have been severely traumatized, behavior is often more adaptive than intentional. Adaptive behaviors are a language that has to be understood and that requires a different approach, one that is more directed toward "healing and recovery" than is possible in a classic behaviorally-based "treatment" environment.

"Treatment" tends to be present-focused and "healing" tends to be future-focused. Treatment often trains children to be successful within their treatment milieu. Such training has not proven to be very "portable" when the child returns to their family. Out of home care providers will want to adopt a future-focus that recognizes that work with severely traumatized children will seldom be successful without a full partnership with the family that will be receiving the child. The service delivery adaptations have to be family-focused adaptations if they are to prove to be durable.

Child-centered out of home care providers who maintain a "treatment approach" that largely ignores families will have difficulty managing to produce successful durable results in the era of post child welfare reform. The focus has to be on working to ensure the stability of the family after reintegration.

Next Week: Successfully Engaging Families

5/20/2014: Families: Engaging Families

The Families We Live With Study Guide

Successfully Engaging Families

Efforts to engage families with long-standing, serious mental health and chemical dependency issues or families with multi- generational exposure to child sexual abuse or domestic violence may not be as successful as we might hope. But even those families will always be the birth families for their children. There may be a belief that these children will never return to their birth families, but public sector child welfare leaders advise me that 85% of these children will eventually return to their birth families when they reach their age of majority and are free to choose. Most will choose to "go home". Each child we serve needs to be helped to better understand their birth families and to build protective factors into their understanding of the strengths and weakness of their family.

Our field has to learn to successfully engage all other families. What does it take for successful engagement with a family? I have interviewed over 250 families from 16 states, all who were receiving services from human service professionals. I asked them to share with me what advice they might offer to family practitioners.

They offered 10 simple suggestions that would set the stage for successful engagement:

1. Please show us respect.
2. Let's develop a plan together.
3. Acknowledge and build on our strengths.
4. Bring the service to us whenever possible.
5. Help us where we hurt most first.
6. Build us up and convince us we can succeed.
7. Let us work on everything through one person.
8. Organize, prioritize and simplify your expectations for us.
9. Respect our culture and what is important to us.
10. Acknowledge that we love our children and that they are our children.

These are a few suggestions worth considering. The major theme I picked up from these interviews can probably be summarized by the following: Have your professionals really think through what they would want if they were asking for help and then have them offer that to the families they are trying to engage.

There will be cultural differences, of course. I once advocated "cultural competency" in our work. But the longer I've worked with families the more I've come to believe that universal cultural competency is probably a myth. It is far more important that we learn to become "culturally humble". Whenever we don't know we need to ask.

Which of the things we might do would show respect and which of the things we might do would show disrespect? That's family engagement 101. Learn to be warm and inviting. Be hopeful and positive and able to teach wellness principles. Hear the family story. Discover the sources of family pain. Build trust by helping the family to address their pain. Use that trust to help introduce and address difficult conversations by using neutral, unbiased and engaging questions.

Next Week: The Seven Steps of Family Engagement

5/27/2014: Families: Seven Steps of Engagement

The Families We Live With Study Guide

The Seven Steps of Family Engagement

I worked with 20 family practitioners from across the country to help me to develop a seven-step model for family engagement. This model is design to help take families from invitation to transitioning away with community supports. There is no effort to say these are "the" steps for family engagement. It's, rather, an attempt to say, "Let's discuss these seven steps and see if we can discover some effective patterns we can use to help advance our efforts toward family stability within our organization".

Step One — GET STARTED — To understand how to successfully "get started," just think of what we tend to look for whenever we turn to someone for help in our lives. Think first of what we don't want because that's what we want to avoid. We don't want someone to impose an agenda on us. We don't want someone to offer us a "one size fits all" approach to meeting our needs. We don't want an attitude that suggests that someone is doing us a favor by agreeing to help us. We want to be warmly greeted. We want someone who will focus on our "unique needs". We want to hear that we are special and that identifying and meeting our needs is very important. We want to walk away from our first meeting with a "solution-finding partner" with a sense of hope that this is the person we want to help is meet our needs. We want to think that this might be a person we could come to trust.

Step Two — GET MOVING — Just as every person is unique, so also every family is unique. Wise partners in the "solution- finding" process will always take the time to find out how and why each family is unique because that's often where the solutions we seek will be found. Family stories tend to unfold over time, with different layers being added with each deepening re-telling of their story. In every family there are rules and roles and culture that must be discovered. We need to learn and develop an understanding of each family's life. Once we learn these dimensions, we can begin to "join" with the family and begin to build a joint and viable agenda, a mutual set of goals that will first identify the most urgent needs of the family and then identify their most important needs. Sometimes the most urgent needs (their "barrier needs") are also their most important needs and sometimes they are not. Identifying barrier needs is very important. Helping first where they hurt the most furthers our engagement.

Step Three — GO FURTHER — Spending the time to discover each family's strengths is very important for two clear reasons. First, a discussion that centers on the family's strengths is, itself, a sign of respect that will help to solidify the engagement process. Second, the results of that discussion will often prove to be a means to our vital solution-finding end. We will seldom be successful in our efforts to engage families without first helping them to discover the strengths they can use to help introduce wellness. The process of identifying their strengths will help to build the confidence and hope that will be needed to move the engagement process forward. The strengths we discover will help the family to understand their opportunities and choices that they have at their disposal to help them meet their needs. This process will also help us to deepen our relationship with the family and help us to establish our role as a "solution-finding partner" for the family's barrier needs.

Step Four — GET READY — Sometimes the family doesn't really know their true agenda and sometimes they know it but will only reveal it to us when their relationship with us has built up sufficient level of trust. Families need to come to trust us and they also need to come to trust the process of healing itself. There are certain skills the family will need to either develop or use to truly "get ready" for healing. Family members need to be able to support, care for and comfort one another. And healing also usually requires that we help the family to address any "barrier needs" that might block successful efforts to heal. This is the step where many engagement efforts stop because these "entrance requirements" are not successfully met.

Step Five — TAKE CHANCES — We won't often successfully prepare families for "durable results," for continued success after we leave, unless we can use the influence of our engagement to help enable the family to "take chances" with us while we are engaged with them. We want to engage families in those "difficult conversations" that involve disclosures, to help them with the stress, pain, vulnerability, searching, movement and realignment while we are there to help guide the process and to help ensure the protections that are necessary. We want to feel comfortable in helping them to deal with those "difficult conversations" and the after-effects of those conversations in order to introduce wellness, healing and recovery into their future lives. It is, ultimately, the effective handling of these "difficult conversations" that will introduce the hope that things can change.

Step Six — MAKE CHANGES — The old saw, "If we always do what we've always done, we'll always get what we've always gotten," certainly applies to the process of installing family wellness, healing, recovery and hope. Ultimately, we, in our role as "solution-finding partners", need to help families to "make changes," to embrace a new way of behaving and responding to one another and to their world. Change is hard for all of us because it is so difficult. Our habits, even our "bad habits," are a source of comfort for us. Whenever we try to change our habits we need a lot of encouragement, a lot of praise and a lot of support because it's hard to develop new skills and adopt new ways of doing things. Ever try to lose weight, show up on time, stop smoking, drink less, or be more patient and less critical? Gentle conversations can inspire change.

Step Seven — TRANSITION AWAY — Whenever we successfully engage with a family we tend to enjoy the positive elements of that engagement. We tend to want to stay engaged with persons with whom we have successfully struggled through difficult conversations and who are doing much better now as a direct result of our engagement. So often we, as a field, have tended to assume that families "disappear" after we discharge them. But families don't disappear. We want to do whatever we can while we are engaged with families to help to prepare them to be successful after we're gone. We want to practice "letting go" with the family before we leave. And we want to help them to come to trust that they can continue to be successful without us. Making sure that each family has a natural support network within their community to continue the process of support with them will help ensure their future success.

These seven steps will not necessarily develop sequentially. But they can all develop if we know what to look for and are willing to be patient.

Next Week: Meeting Family Barrier Needs

6/24/2014: Families: Meeting Barrier Needs

The Families We Live With Study Guide

Meeting Family Barrier Needs

Wraparound services were originally designed to ensure that family needs that acted as barriers to the ability to successfully meet other needs could be addressed. The awareness that the wraparound philosophy brought to us as a field is not that not all family needs are clinical in nature. And some of the non-clinical needs a family might have are actually more urgent than many clinical needs and may also be more important. And some of the clinical needs the family might have won't be successfully addressed until some of their urgent non-clinical needs are met.

If we hope to successfully engage families and help lead them toward stability, we'll have to broaden the scope of our work to include efforts to help identify and meet the barrier needs of families. When we identify and help meet a family barrier need, we engender a sense of gratitude, build trust and create energy that we'll need if we hope to inspire the family to change. I have a few examples I'd like to offer. Please note that many barrier needs relate directly to employment, income poverty.

I once worked with a mother who had two daughters. Her identified "issue" was that she kept losing jobs and those job losses created great emotional stresses on the family. There were also other identified clinical issues. But I was interested in the jobs. As I was exploring the jobs she had lost I asked mom to read an article I had brought and offer her opinion. She said, "I don't have glasses". She didn't say, "I didn't bring my glasses," she said, "I don't have glasses". I asked her why she didn't have glasses. She said she was poor and didn't have the money to buy the glasses she needed to read. I asked her if her inability to read because she didn't have glasses played a role in her job losses. She said, "Every time". We got her some glasses. She got a job and kept it. And then the clinical issues became more manageable.

I once worked with a mom who had a son and a daughter. In the old days we would have described mom as "resistant". She sent consistent messages that she didn't want anything to do with me or with therapy. She was very angry but she always came. One day she showed up with an enormously swollen jaw. I asked her what was the matter and she said her tooth was abscessed. I asked her if she had an appointment to have it looked at and she said, "I'm on the list. Two weeks wait". I called my friend who is a dentist and we drove her to see him. We watched her children while she was gone. My friend saw her immediately. We paid the bill. Afterwards, she said, "Anything you want. I'm with you now. Anything you want".

I once worked with a family with a dad, a mom and three daughters. Dad had gotten his job working in a factory two weeks after his high school graduation. He married his high school sweetheart one month after that. They had three wonderful children who absolutely adored their dad. He lost his job because of downsizing. They were suddenly poor for the first time. Dad went out on interviews at first but then he stopped going. Dad started to drink heavily and started to lose his temper and was suddenly in real danger of losing the children he loved. I was interested in his job interviewing skills. I held a practice interview with him and found that his anxiety level was so high that he presented with Tourette's like symptoms during the practice interview. We practiced some deep breathing exercises and went through some progressive desensitization exercises. He improved. We helped him find another job. He was successful in the new job. His drinking stopped. His temper went away. He just needed a job. His daughters got their devoted Dad back.

Next Week: Having Engaging Conversations with Families

6/17/2014: Families: Engaging Conversations

The Families We Live With Study Guide

Having Engaging Conversations with Families

The interviews I conducted with families receiving services from us produced a consistent request that we approach our work with them like it was an extended, engaging conversation. Many said that the healing process works best when we are casual enough in our approach to have a conversation just like anyone would have around a kitchen table. The goal, they said, was to help make everyone feel comfortable and safe enough within that feeling of comfort and safety to be willing to share their thoughts and willing to work on some issues and seek some solutions.

They believed it all begins with the family telling their story. They believed that the best way to move through a first telling of their story is by approaching it as an extended conversation that is moved along by asking neutral, unbiased and engaging questions to generate energy within the conversation. They said that everyone likes to be asked and given a chance to answer neutral, unbiased and engaging questions. Such questions were, they said, both low risk and compelling.

They believed that neutral, unbiased and engaging questions tend to encourage the sharing of far more information than would ever be shared following any kind of declarative statements by us. Families will cautiously enter conversations expecting us to make judgments about what they say. Such judgments should be avoided.

Almost everyone expressed the importance of family practitioners being warm and inviting in our approach during these conversations. They suggested that we initiate our work with a spirit of invitation instead of with a process of intake. They said how important it was to manage to communicate that we can't be successful without their help. They said we should ask a lot of questions to help us to learn about their family rules and roles and culture. And, whenever we can, they believed we should try to respect the family's rules and roles and culture.

They stressed how important it was to use our conversations to help discover the family's greatest source of pain. They cautioned against telling any family that "we don't do windows". Wherever the family's greatest pain resides, we need to find a way to help them to relieve that pain. That's where trust is formed and that's where energy is generated. Change takes a lot of energy. We can be tempted to make a lot of declarative statements about what the family should do to try to push the process along. Families say such declarative statements won't work. We can get better results, they suggest, if we use our neutral, unbiased and engaging questions to move the process along at their pace. One Mom said, "It's OK if you control the questions. Just don't try to control our answers". Gentle conversation can be a powerful force for inspiration.

They said that whenever the changes that need to be made are brought out naturally through extended conversations it's much easier to accept. Families who decide they want to change are far more likely to continue their change efforts after we're gone because the energy for that change had generated from within the family. Those changes are far more durable.

Next week: Having Difficult Conversations with Families

6/24/2014: Families: Difficult Conversations

The Families We Live With Study Guide

Having Difficult Conversations with Families

The family practitioners who worked with me on the development of the seven steps of family engagement model expressed a belief that many who work with families tend to stop at step four of the engagement process. The reason for that belief is that there tend to be some "difficult conversations" that must accompany any movement beyond step four and that many family practitioners haven't been trained in managing those difficult conversations and as a result they often tend to avoid them. But we need to have those conversations to install wellness factors.

Some of those practitioners suggested that the utility of the seven-step model might be enhanced if we could identify and discuss the importance of having those difficult conversations. We came up with five categories of difficult conversations: beyond barrier needs, pain and suffering, vulnerability and worthiness, gratitude and hope and love and belonging. I will touch briefly on each of those difficult conversations.

Beyond Barrier Needs – When we helped the resistant mother to address her barrier need and helped her relieve her dental pain she said, "Anything you want. I'm with you now." That didn't mean that the work was over or that it would get easier. It just meant that she would now partner with us around beginning to deal with her anger and around beginning to talk about the trauma that developed from the rape she had experienced earlier in her life that had led her to try to protect herself through her angry presentation. The shame of the trauma will remain until it is revisited and successfully addressed. If we had not followed her offer with a series of difficult conversations, nothing would ever have changed in her life. She was true to her word. She really worked on her anger. She revisited her trauma, "the last thing in the world I ever wanted to do." We addressed it together. She may always be angrier than many but she decided she wanted to change. That decision allowed healing and hope to begin for her and for her family.

Pain and Suffering – Some families endure pain and suffering and refuse to be defined by their experiences. But many families end up being defined by the pain and suffering they have endured. Some will try to deny what happened and through that denial process will give tremendous power to their terrible experiences. Many will exclude those experiences from the initial telling of their story. That's why we return to their story and allow it to deepen. That negative power from denied past experiences often creates a negative view of the future. When we find negative views about the future that are grounded in efforts to

deny past pain and suffering we have to address that. We need to have a conversation about a time they might remember when things were better than they are now. We have to use the energy from those more positive recollections to help them to create a willingness to move toward wellness in their lives. We don't want them to ever forget their pain and suffering but we do want to help them to remove the terrible power those terrible experiences hold over them.

Vulnerability and Worthiness – Many families need to discover the healing power of forgiveness.

Sometimes forgiveness requires a level of vulnerability that may not seem safe until we work to create that feeling of safety first. It is important for us to engage in conversations around what leads to everyone feeling safe and what contributes to sometimes feeling unsafe. Those safety rules are what we need to use to protect family members in conversations that require vulnerability. Often the aggressive posturing that might be displayed by some family members stem from feelings of unworthiness. We can only address those feelings of unworthiness after we address the aggressive posturing first. Control through fear cannot be ignored when we find it. We want all family members to affirm the worthiness of all other family members. But we need to establish safety first. Then we can move toward issues related to forgiveness. This can be a very difficult conversation because sometimes anger and resentment can only be addressed once forgiveness is finally offered. Expressions of forgiveness enhance feelings of wellness and worthiness after safety is assured.

Gratitude and Hope – For many of the families we work with the cost of their protracted exposure to pain and suffering has been the loss of both their sense of gratitude and their feelings of hope. Many equate gratitude with trust. If we don't feel we can trust others we won't tend to feel any gratitude for their assistance or support. This can make it very difficult for us to establish our role as "solution-finding partners" -- a conviction that disappointment is a normal state is a barrier to hopefulness. When we see this we need to address it because the expectation of disappointment can become a self-fulfilling prophesy. Many believe that gratitude is a prerequisite for hope. Finding a single example of when the family was helped by someone who did something they didn't have to do may help to begin to address any "gratitude resistance." Allowing that there are things in their family's life that should evoke gratitude is a very important first step. Then we can move on to hope. It is important that we view hope as a skill that can be learned. We need to practice that skill with families often. Hopeful thoughts are needed to open the doors to wellness.

Love and Belonging – When parents were asked what they most want to hear from the family practitioners working with them, many said, "We want to hear them say that they know we love our children." When children were asked what they most wanted to hear from their parents many said, "That they love us." The greatest power of a family is the power to serve as a storehouse of love and belonging. The threat of

withdrawal of belonging is a great fear for children. Whenever we find either love or belonging being used as a direct or implied threat, we must address it. Truly nurturing families never threaten to withdraw love or belonging. Stable families will be storehouses of love and belonging most of the time. Our goal is to manage to convey the importance of sustaining feelings of love and belonging and to never use the threat of withdrawal of either one. Children almost always want to return home. When asked why they want to return home, most children say, "Because that's where I belong." We need to discuss how to sustain the wellness feelings of love and belonging.

These conversations are difficult for a reason. Families will often want to avoid them because they are painful. Family practitioners may want to avoid them for the same reason. But if we avoid them we will often fail to open the door to wellness.

Next week: Why we should focus on those difficult conversations

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The Strategic Change Initiative, LLC
Creating Success out of the Chaos of Fear

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