Title: From Family Support to Family Friendly to Collaborating
with Families: Metaphors, Change, and Service Provision

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Transforming how professionals, schools, and agencies interact with families is critical to current strategies for improving educational, mental health, and community outcomes for children and their families. The importance of families as service providers was recognized during the development of the modern children's mental health movement in the 1980's, and was embodied in principles of care and cultural competence. These principles were operationalized in the 1990's, as the family movement grew (particularly the Federation of Families for Children's Mental Health and its affiliates). Principles were further conceptualized between 1990 and 1994, as over one thousand diverse individuals from families, schools, Head Start centers, mental health programs, and children's services helped to develop and to validate the *National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance* (U.S. Dept. of Education, September, 1994).

Although transforming the way in which families are viewed and treated has become a fundamental tenet of many human services and educational initiatives, problems remain at the operational level. Professionals often complain that families do not respond to them or respect their knowledge. Families still complain about being ignored or marginalized. These are not rare occurrences. Site visits to and reports from many programs suggest that service approaches remain agency-focused and "parent unfriendly." Recasting relations between families and other service providers is central to achieving all 7 National Agenda targets to: (1) expand positive learning opportunities and results; (2) strengthen school and community capacity; (3) value and address diversity; (4) collaborate with families; (5) promote appropriate assessment; (6) provide ongoing skill development and support; and (7) create comprehensive and collaborative systems.

The evolution of the language of Target 4 of the National Agenda reflects the importance of collaborating with families. The initial label for the proposed target was "support families." After feedback from a national teleconference was evaluated, the language was refined to providing "family friendly service." The validation of the National Agenda, which included extensive stakeholder outreach and seven focus groups, led to the final

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language of the target: "To foster collaborations that fully include family members on the team of service providers that implements family focused services to improve educational outcomes. Services should be open, helpful, culturally competent, accessible to families, and school-as well as community-based." (p. 11)

Changes amounted to more than simple "wordsmithing." Language and metaphors reflect what we believe, and they structure how individuals interact, as well as how interventions are implemented (Ryan, 1969; Osher & Kane, 1993). For example, there is a difference

between getting families on "your team" and sharing decision-making as partners. Team members support what you do, partners share decision-making and risk-taking. Similarly, there is a difference between viewing a service provider as a "case manager" and as "service coordinator" or "facilitator." People are more than "cases." The team manager implies a greater level of authority than facilitator or even coordinator. Language and metaphors do more than structure relationships. As Hibbits (1994) suggests, ". . . as an aspect of our mentality's deep structure, our metaphors can reveal a great deal about us, both as individuals and as members of a broader culture" (p. 235). Transforming the relationship between families and other service providers depends upon examining and reframing what Hobbs (1983) called institutional metaphors. This, in turn, depends upon analyzing the conceptual and social underpinnings of the language that we use.

Target 4 of the National Agenda provides a case in point. Obviously, support for families (the focus of the first wording) is central to almost any intervention. Similarly, the ease with which families access services (the focus of the second wording) is central to the effectiveness of support. Nonetheless, family voice and authority -- both in the case of individual interventions and in the case of policy -- are central to defining the support needed and in delineating how that support can be made accessible to families. "Wraparound" services look different when they are defined by agencies and professionals working without the meaningful participation of families. In the words of the National Agenda's fourth target, ". . . the object is to reorient family-school interactions to build a partnership in which service planning reflects the input of families' goals, knowledge, culture, and, in some cases, need for additional services" (p. 11).

No partnership, however, is easy. Partnership challenges a century of hierarchical and culturally insensitive professional/family relationships and a century and a half of "family blaming." In addition, professionals, unlike families, have a status interest in their authority and expertise (Miller & Riessman, 1968; Berlin, 1969; Bledstein, 1976; Ehrenrich & English, 1979). In fact, professionals frequently maintain their status by employing mystifying language that may confuse, demean, or put off consumers (e.g., the medical language of "co-morbidity" as opposed to "co-occurrence"). The historic pattern of professional/client relations has been characterized as "disabling help" (McKnight, 103 1977) in which active professionals use their knowledge to "fix" passive clients (Goffman, 1961) who are only viewed in terms of deficits. This pattern is reinforced by agency-directed planning and by administrative regulations that often reflect the political lobbying of professional organizations (Lubove, 1965).

Hard to develop in all cases, partnership is particularly problematic in the so-termed helping professions (Rothman, 1980; Levine & Levine, 1992), with three primary factors to consider. First, these professions have roots (Lubove, 1965; Rothman, 1980; Gordon, 1994) in a set of assumptions that Craven (1994) described in the following manner: "Normal children, raised in good, sound, white, Anglo-Saxon, Protestant homes, would grow up to be good citizens and contributors to the nation's economic progress" (p. 29). Second, professional socialization in these fields builds on a paradigm that Ryan defined as victim blaming: ". . . a process of identification (carried out, to be sure, in the most kindly, philanthropic, and intellectual manner) whereby the victim of social problems is identified as strange, different" and the cause of his or her problems. Finally, the organizational models in which these professions have been organized have been

characterized by what Manheim (1936) called bureaucratic conservatism -- ". . . the fundamental tendency of all bureaucratic thought is to turn all problems of politics into problems of administration" (p.118). These three factors have buttressed what can be called three tendencies that have framed relations between families and other service providers: (1) viewing families as the root of their child's problems; (2) ignoring the social factors (e.g., racism and poverty) that contribute to poor outcomes; and (3) transforming political critiques and family input into managerial problems.

The Center for Mental Health Services' Child and Adolescent Service System Program (frequently referred to as CASSP) and the family movement have started change. Families (e.g., The Federation of Families' Family Leadership Initiative) have educated professionals regarding the benefits of collaborating with and effectively including families. As a result, more and more professionals have started to view family members as central to their own interventions. Some of these professionals, in fact, have started to avoid the language of dysfunction. Others have developed approaches that are family focused. Although they may view the agency and professional expertise as resources of solution, they still focus planning around the needs and strengths of families.

Promising as they are, these changes are fragile ones. Alone, they will not transform the relations between families and other service providers or sustain new relationships. There is a difference between adopting a principle and operationalizing (or internalizing) it. Taylor and Bogden (1992) have analyzed how institutions transform language to manage the gap between goals and practice. In addition, the development of child and family focused approaches is threatened by the way in which managed care may be

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implemented. A century of experience suggests that bureaucracies mediate how professionals deal with clients. Professionals in bureaucratic systems find it hard to relate to clients in an egalitarian manner (Blau, 1973). Moreover, they use their control over scarce resources to discipline clients (Wilensky & Lebeaux, 1958), isolate them from each other (Cloward & Piven, 1965), and control the expenditure of scarce resources (Lipsky, 1979). Meaningful changes require the development of family and youth directed approaches in which family members actively participate in the identification of problems, definition of issues, determination of action , and evaluation of process and outcomes -- both at the individual and policy level. If this is not done, it is likely that service providers will define "wrap-around" and "systems of care" in an agency-oriented manner, selecting services from an existing array of services and providing services in a manner that reflects the needs of agencies.

Transforming the relationship between professionals, agencies, and families hinges on four important aspects of progressive change. First, the family movement must continue to gain strength. Second, family members -- particularly poor and working-class families and families of color -- must gain a meaningful voice in the development and evaluation of policy. Third, attention must be paid to the extent to which the traditional professionally oriented, agency-directed, deficit-focused paradigm is routinized in the day to day realities of agencies and in the language that many service providers choose to or are mandated to use. Finally, those who want change must identify and analyze both the barriers to as well as opportunities for meaningful collaboration between families and other service providers. If these developments do not take place, family focused approaches are likely to deteriorate into agency-directed ones. If these changes do take

place, family and youth-directed approaches will frame collaboration and help realize the vision that underlies the National Agenda: "A reorientation and national preparedness to foster the emotional development and adjustment of children and youth with or at risk of developing serious emotional disturbance, as the critical foundation for realizing their potential at school, work, and in the community" (p. 3).

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