Praise for Collaborative Helping: A Strengths Framework for Home-Based Services

“I really like how the authors point out that a strengths-based approach does not necessarily have to be cliché. This is an important message to the field and cannot be stated enough. This book is great at showing how being strengths-based can be real and useful to supporting change in people. Also, it provides the reader with a clear understanding of why the collaborative helping approach is important and how to implement the approach. The vignettes and examples are excellent! I see this book as a teaching tool and I would use it in a course geared for future helping professionals. It provides useful information that encourages helpers and the organizations in which they work to be more people-centered.”

Mario Hernandez, PhD
Professor and Chair
Department of Child and Family Studies
College of Behavioral and Community Sciences
University of South Florida

“This book will be helpful for those who struggle with establishing, developing, planning, and motivating clients, as it offers many examples and solutions for helping those clients most difficult to reach and engage in the treatment process. Reading this book will enrich practice methods for many in the helping professions.”

Richard J. Gabriel, LCSW
Manager BHS Social Work

“The often polarized and fraught relationship of front line mental health and social service workers and the pained and troubled families with whom they work is at last replaced with one capable of generating hope, resiliencies, and lasting change. Madsen’s original Collaborative Therapy Model is vibrantly transformed here—a living tapestry weaving multiple complex theories into an accessible practice shaped by the sheer humanity of care-givers and care-receivers in the most dire circumstances. From students and brand new human service workers to long experienced therapists, supervisors, and program directors—all must read this book. Hold tight to the stories within; as they fill your head, your heart, and your imagination, you will do more compassionate and effective work with those you meet next.”

Evan Imber-Black, PhD
Professor and Program Director
Marriage and Family Therapy
Mercy College
“Respect and regard for people served resonates throughout, and helpers reading this book will feel understood and encouraged. Influences from Narrative therapy, Wraparound, and Motivational Interviewing are intelligently integrated in the framework, guiding service providers, supervisors, and consultants to put connection, curiosity, and hope into practice. The text addresses sensitive issues, difficult dilemmas, complicated scenarios, and serious matters in pragmatic and empathic ways, showing ‘collaborative inquiry,’ ‘contact before content’ and ‘connection before correction’ in action.”

Marisol Muñoz-Kiehne, PhD
Clinical Psychologist, Associate Director of Training
Marin County Mental Health and Substance Use Services
San Rafael, CA

“Madsen and Gillespie have drawn strategically from cutting edge material from family therapy, as well as community and organizational development, to promote collaborative ways of working with individuals and families. Tempered by their practice wisdom and management experience, the book includes a wide range of clinical strategies that can be applied immediately by new and very experienced practitioners. Their writing truly is grounded in a spirit of respect, connection, curiosity and hope.”

Peter J. Pecora, PhD
Casey Family Programs and the University of Washington

“Collaborative Helping is a major contribution to helping relationships of all kinds; personal and professional. Drawing on many years of experience as professional helpers, the authors offer a comprehensive set of practical and wise principles that inform the creation of collaborative, compassionate, and empowering helping relationships in a way that is both useful and inspiring. I found this book to be immediately relevant and useful in my own work as a psychotherapist and supervisor and I highly recommend it to all who are interested in improving their capacity to help others.”

Andrew Tatarsky, PhD
President, Division on Addiction
New York State Psychological Association
Director, the Center for Optimal Living
Collaborative Helping
A Strengths Framework for Home-Based Services

William C. Madsen
and Kevin Gillespie

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Acknowledgments

There are so many people, organizations, and communities that deserve our thanks and recognition that it’s hard to know where to begin. So we’ll start with the people who told us such wonderful stories of helping relationships over the course of 5 years. You are truly amazing and we will always hold you close to our hearts. We have learned so much from you, and you have inspired us with your commitment, creativity, and passion. There were a number of people whose stories may not have found their way into this book but whose contributions to our own personal and professional growth have been considerable nonetheless. We hope that everyone we talked with in the course of writing this book knows that you have taught us much and that we are grateful for those lessons. Some people shared expanded stories of their work and we want to single them out for special acknowledgment. They include Rebecca Brigham, Marianne Diaz, Lindsay Legebokoff, Shaheer Mustafa, Karley Trauzzi, John Yakielashek, Anthony Irsfeld and the incredible family partners at Worcester Communities of Care, Yolanda Coentro (who was director at the time) and the staff of Safe at Home at the Home for Little Wanderers, Thomas Conley, Beth Strassman, and other staff members of Integrated Services of Appalachian Ohio, Beth Root and workers at Scott County Human Services, Charyti Reiter and the staff at On the Rise, staff members at the Carson Center and Fresh Start for Families, and the various agencies involved with the Gang Reduction and Youth Development (GRYD) Program in Los Angeles County. Other workers and family members generously gave their time and asked that their names and identifying information be changed. While you aren’t mentioned by name here, please know that your contributions are greatly appreciated.
We are indebted to the many scholars and deep thinkers throughout the varied learning communities of therapy, child welfare, social service, and health care. Our work builds on your strong foundation of intellectual curiosity and creativity. While there are many different sources that have influenced us in our work, we particularly want to acknowledge narrative and solution-focused approaches, appreciative inquiry, motivational interviewing, signs of safety, wraparound, and multisystemic therapy.

There is an old African phrase, “It takes a village to raise a child.” We think the same holds true for “raising a book” and want to thank a number of people without whom this book would not have come of age. We want to thank Rachel Livesy, our editor at Wiley for her continual support throughout this project. We would also like to thank the following external reviewers who read and extensively commented on the draft manuscript—Aileen Cheshire, DipEd, Unitec Institute of Technology, Auckland, New Zealand; Richard J. Gabriel, LCSW, Cadence Health BHS Social Work Services, Illinois; Mario Hernandez, PhD, University of South Florida, Tampa, Florida; Evan Imber-Black, PhD, Ackerman Institute for the Family, New York, New York; Marisol Muñoz-Kiehne, PhD, Marin County Mental Health and Substance Use Services, Novato, California; Benjamin M. Ogles, PhD, Brigham Young University, Provo, Utah; and Naomi Chedd, Licensed Mental Health Counselor and Educational Consultant, Lexington, Massachusetts. Your comments helped refine the manuscript into a much better book.

Bill would like to particularly acknowledge and thank Silvana Castaneda, Vicki Dickerson, Anthony Irsfeld, Shaheer Mustafa, Beth Root, and John Vogel for their generous and generative comments on significant or entire portions of the unfolding manuscript for this book. I would like to thank Kevin for inviting me on this journey and David Epston for urging me to take it on. It has been a life changing enterprise. Finally, I’d like to express my very deep appreciation for my partner in love and life, Meg Bond. You have both endured and supported my immersion in this project and have consistently offered profoundly useful conceptual and editorial comments. This book, along with my life, is much richer for your presence.

Kevin would like to offer special thanks to Integrated Services of Appalachian Ohio for allowing us to set up shop initially and for
continued support over the years. Enormous thanks to Bill for opening up worlds I only vaguely understood, at first, as a possibility. And as a nurse by profession, I’d also like to acknowledge the special cultural memory and tenacity of strong working women and men throughout all the health and human service fields. Over the years I have witnessed extraordinary vision by everyday helpers too numerous to mention here. They often seem to be holding our world together by sheer force of intuitive helping. But the most personal kind of thanks is reserved for the strongest woman I know, Terri Gillespie. My lifetime partner is a creative, accomplished helper and my best critic. Her presence is felt throughout the book.

Finally, we want to acknowledge and thank the many individuals, families, and communities we have encountered over our combined 60 years of work. You are truly the ones who have taught us the most about doing this work. In the midst of service systems that aspire to be helpful but all too often fall short, we deeply appreciate your grace and generosity in continuing to help us learn more about Collaborative Helping. We dedicate this book to you and hope that it contributes in some small part to a way of helping that we can hold with pride.
Introduction

Welcome! We are glad you are reading this book and hope that it will support you in your work and/or studies. This book is about helping people. It is applicable for anyone with the intention to be helpful to others, including people from the many disciplines that work within the broad context of health and human services. However, the people we have had most in mind while writing this book are case managers, outreach workers, family support workers, child welfare workers, home health care workers, and residential workers. We want to particularly honor and acknowledge this vast army of people who are in the trenches of frontline home- and community-based work. We hope that this book provides easily accessible and immediately applicable descriptions of ways to approach helping work that is likely to become increasingly important in an environment of health-care reform. In this introduction, we begin by sharing how this book came to be, where the ideas came from, and what brought us to write it.

HOW WE CAME TOGETHER

We met for the first time several years ago at a neighborhood café in Cambridge, Massachusetts, over lunch. From that time on, we have engaged in an extended process of exploring, reasoning together, and, at times, even bickering about the nature and structure of a practical framework for helping that can be used across the full range of health and human services. We have been on this journey together for more than 5 years.

Bill is a family therapist with many years of training, consultation, and coaching under his belt related to the development of service models that put families at the center of strength-based, culturally responsive services. Bill’s work takes him to wherever forward-thinking agencies
aspire to put families and communities first. Kevin is a nurse with “hands on” management responsibilities for an emerging health and human service organization that addresses behavioral health, permanent supportive housing, employment, and, recently, integrated primary health care.

Kevin initially approached Bill with an immediate need for consultation for his agency but also with a vague idea for a book about helping that would build upon Bill’s prior publications, including *Collaborative Therapy with Multi-Stressed Families* (1999, 2007a). The idea was to begin by piloting ideas together in the rural Appalachian hill region of Ohio where Kevin works every day and then move across the nation and around the world collecting and creating a patchwork quilt of stories from helpers and those they serve. As an experienced trainer, Bill was able to collect most of the stories since his work takes him all over the world. As an agency executive director, Kevin brought an important focus on the ever-changing forces of health and human services systems.

Together, we have written this book. Writing as a team is not easy, but we trust that your reading of our work will provide straightforward evidence of the benefits of a collaborative approach.

**Influences on the Development of This Book**

This book is based on information from three main sources. Most immediately, we have reflected on our own experiences of doing this work. Between the two of us, we have more than 60 years of experience in health and human services where we have sought to promote collaborative ways of working with individuals and families. Over our careers, we have done frontline work, provided supervision, developed and administered innovative programs, and conducted training and consultation both nationally and internationally. A second source has been writings by others that we have found inspiring and sustaining. This book draws from cutting edge material from family therapy, community and organizational development, and post-modern thinking, always with an eye toward incorporating ideas and practices that promote more respectful and responsive ways of interacting with individuals, families, and communities. Finally, and perhaps most important, preparation for this book has involved extensive interviews with skilled frontline workers as well as individuals and families seeking help. Initially, we asked workers, “For you, what is at the heart of effective helping? Concretely, what
does that look like on the ground in everyday practice? What challenges
do you run into in helping relationships? How do you respond to those
challenges? What might be some lessons from your experience for our
field?” We also asked people receiving help about their experiences with
helping (both positive and negative), how they thought our field could
get better at being helpful, and what they thought would be most
important to consider in that process. As the book took shape, numer­
ous workers began to put the ideas into practice. So, we decided to seek
out stories of how they were applying these ideas in order to learn from
those experiences. Additionally, as we encountered supervisors and
managers who were excited by these ideas, we collected stories about
how they found ways to support and sustain the collaborative spirit of
this work in their leadership roles. Collectively, these stories have shaped
our thinking, enriched our own lives, and appear throughout this book.
Hopefully, they bring to life a framework to help us find a way forward
through the ambiguous, uncertain, and complex challenges of home and
community work.

Why We’re Writing This Book

Authors write books for many different reasons with various hopes, pur­
poses, and intentions. Here are two quick stories that begin to capture
some of what has brought each of us to this effort.

Kevin’s Story

My own story of helping starts as a hospital nurse. As a young man, I
worked mostly in large academic medical centers, at first in critical care
cardiology then in hematology/oncology units. There were many spe­
cialists and lots of experts. The intense learning was exciting with a pace
and energy related to heroic lifesaving technical medicine that was, in a
way, seductive. The teamwork of young doctors and nurses working
among renowned physicians in a high pressure environment was some­
thing to remember. But for me, there was something missing. Our stance
with “patients” was too often far from collaborative. Treatment options
emanated from a distant professional perspective and were directed into
a vacuum of communications. The complexity of personal and family
affairs was almost always overwhelmed with the one-way force of medical
imperatives. Life and death decisions were reduced to a shallow science
intended to extend physical existence, even for a short time, with little regard for the subtlety of life well lived.

I had a dilemma. Although there was much I enjoyed in the atmosphere of the academic medical center, I wanted something more for my life’s work. I didn’t know it at the time, but I was looking for a more collaborative way of helping. So I returned to graduate school to prepare as a health administrator with a fairly clear plan to work my way up the chain of academic medical center nursing administration but also with a goal of helping to change the way people and families participate in end of life decision making. But then as life would have it, things changed. Long story short, while at graduate school I also married, connected with the green hills of Appalachia and was recruited by a visionary behavioral health administrator who had accepted a formidable challenge. He was charged with converting a regional psychiatric state hospital to build a community-based system of care for youth with serious behavioral disorders. We were able to obtain federal support to move fairly quickly and we used part of the venture funds to create the service organization I have led for nearly 20 years. By now we do many different things. We still serve youth and families in partnership with public child welfare agencies and juvenile courts. But we also develop and provide services for permanent supportive housing for people and families who are homeless. And we are on the frontline of integrating behavioral health with primary care as we broaden our scope to include entire communities with a new focus on issues like aging and the years, months, and weeks at the end of life. So as you can see, my journey has come full circle to be thinking now about an entire life well lived. But all along the way, my own story has always been about a more collaborative way of helping.

Bill’s Story

I have a strong conviction that at its core this work is about how we are with people. Much of my life’s work in this field has been about finding and developing helping practices that assist workers (and myself) to ground our work in a spirit of respect, connection, curiosity, and hope. After I wrote the first and second editions of Collaborative Therapy with Multi-Stressed Families, there were a number of people who thanked me for writing the book. They often said some variation of “Your book
resonated for me. It had some great ideas about doing this work. But most important, it lent credence to things that I value in this work and it was great to see that in print.” That has been deeply gratifying. However, more poignantly, there were also people who shook their heads and said, “I’d never read that book. Collaborative Therapy? I’m not a therapist, I don’t do that therapisty stuff!” (even though their work was profoundly therapeutic). I found that sad and troubling—particularly since other people in similar jobs were among the folks who found the book so supportive. In my heart, I am a practitioner and even though I spend a lot of time providing training and consultation, I approach the work from the perspective of a practitioner. I have spent much of my professional life straddling the down and dirty world of frontline practice, where collaboration is not some esoteric idea but a basic survival strategy, and the rarified world of complex ideas that are extremely useful but often expressed in an almost incomprehensible fashion. I think these worlds of lived and learned knowledge have much to offer each other and have sought ways to bring them together into mutual dialogue. When Kevin approached me with the idea of developing a practical framework for helping across a wide range of contexts, it struck me as an opportunity both to expand the process of helping beyond a narrow “clinical” realm and perhaps tweak the class system of professional helping in which credentials often trump experience. We have sought to write a book that marries wisdom from the daily experience of doing this work in extremely challenging situations with a framework that can help workers from across the spectrum step back, reflect on your work, and try on some new ideas and practices that hopefully can support you in the work.

**Overview of the Book**

*Chapter 1* begins with three stories of helping interactions to both jump right into the work and set a context for examining common helping activities, highlighting the central importance of relationship, and suggesting the usefulness of realizing that we all organize our lives into stories and that those stories shape our sense of identity or “who we are.” With this in mind, helpers can approach people with a particular focus on the kinds of life stories we might be encouraging in our interactions with them. This chapter sets the context for the remainder of the book.
Chapter 2 presents four core concepts that serve as the foundation for Collaborative Helping. In an era of manuals and protocols, it highlights the usefulness of a principle-based approach to work that is inherently messy. It further examines ideas about relational connection and a story metaphor that were introduced in Chapter 1. And it introduces the power of inquiry (the process of asking thoughtful and compelling questions) as a crucial helping skill.

Chapters 3 and 4 outline a simple map to organize helping efforts and show applications of this map in different contexts. Chapter 3 introduces a map to help people develop a vision of preferred directions in life, identify obstacles to and supports for that vision, and develop a concrete plan to draw on supports to address obstacles to get to that vision. An example of work by a home-based outreach worker with a family provides an illustration to explore the areas of this map in detail. Chapter 4 examines ways in which helpers in residential, child protective services, and home health care have applied these maps in their work to both help them think their way through complex situations and provide a structure for useful conversations about difficult and challenging issues.

Chapters 5 and 6 move from an overall approach to helping to a more particular focus on the actual conversations that happen between helpers and the people they serve. Chapter 5 outlines concrete ways to engage people in helping efforts and help them develop visions for their lives moving forward. It places particular emphasis on ways to accomplish this combined process in challenging situations. Chapter 6 offers some novel ways to think about problems and strengths and provides guidelines to mix practical help with purposeful conversations that minimize shame and blame and maximize engagement and participation.

Chapter 7 highlights some of the dilemmas that arise when working in people’s natural environments. Traditional notions about “boundaries” take on a very different cast in outreach contexts and this chapter offers a number of thoughts on those dilemmas. It also offers concrete tips for effectively advocating for people served while remaining connected to the broader helping system.

Chapter 8 explores ways to sustain collaborative work, promote systems change, and build institutional supports for a different approach to helping through specific supervisory, management, and organizational practices. It features stories from managers who have developed innovative ways to build organizational cultures that encourage respect,
connection, curiosity, and hope within their organizations and brings together the previous material in the book with a focus on efforts to sustain Collaborative Helping.

Over the course of this book, we intend to move back and forth between stories of everyday helping and reflections on a framework that can guide frontline workers in their efforts to be helpful. We hope the framework provides a larger organizing focus and the “stories from the field” highlight particular ways to put these broader ideas into practice. With this in mind, let’s get started.
About the Authors

**William Madsen, PhD, Founder and Director of the Family-Centered Services Project.**

Bill provides international training and consultation regarding collaborative work with families. He assists community and government agencies develop institutional practices and organizational cultures that support family-centered practice. Bill has spent his professional life straddling the down and dirty world of frontline, public sector practice and the exciting but more esoteric world of family therapy theorizing. He has developed and currently consults with numerous innovative home-based programs. He has written numerous articles and is the author of *Collaborative Therapy with Multi-Stressed Families* (2nd edition). In 2013, Bill was awarded the American Family Therapy Academy’s Distinguished Contribution Award for Family Therapy Theory and Practice for work largely related to this book.

**Kevin Gillespie, RN, MHSA, Executive Director, Integrated Services of Appalachian Ohio.**

Kevin has many years of experience combining direct service, system development, and administrative management, mostly throughout the Appalachian region of Ohio. He is a registered nurse with much of his work focused on creating collaborative solutions with partners across health and human service systems and in alliance with therapeutic, housing, and employment professionals. Related to his responsibilities as Executive Director of Integrated Services and through recent involvement with an array of health-care reform ventures, Kevin is exploring themes of social innovation to reframe a sustainable local network approach to build home and community dimensions for person-centered health homes. All of his consulting, teaching, and system design work is grounded in a deep appreciation for the ageless cultural knowledge associated with everyday helping.
Helping: What, How, and Why

Stories of Helping Relationships

Helping relationships sustain people, they provide support in times of joy and crisis, and they strengthen families and contribute to a sense of community. The desire to be helpful may run deep across cultures and different walks of life, but the skills of helping do not always come easily or naturally. This book describes a principled framework intended to assist anyone who wants to make intentional helping a part of his or her life. We call the framework Collaborative Helping. This chapter begins with three stories of helping relationships and uses them to examine the what, how, and why of helping. The what is the content of helping activities (What are we doing?). The how refers to the process of helping endeavors (How are we doing what we’re doing?). And the why reflects the overall purpose of helping efforts (Why are we doing what we’re doing?).

Henry’s Story as Told by a Helper

I worked with a poor White family with four kids in foster care. Henry, the single father, had beaten one of the boys with an electric cord, and the kids were about to be placed in permanent custody of the state. No one had been able to make any progress with the family. Henry was very suspicious and had refused to meet with Child Protective Services (CPS). He’d had problems with the courts on and off for years and many workers were scared of him. Lots of them knew him by name and made jokes about his family, calling them all “losers” and being convinced
they’d never change. The family was referred to us as a kind of last-ditch effort before CPS removed the kids.

So, after several attempts, I got in to see Henry, and he was skeptical and very slow to trust anybody. I tried to find something to connect with him on and he told me he grew up in eastern Tennessee. Well, I grew up in eastern Tennessee, and we learn we’re from the same small town. So, that gave me a little inside track with him, but he was still pretty hesitant about working with me. After a few more visits, he finally began to open up a bit. He said “I got all these letters from CPS and I don’t know what they are.” So, he brought out a shoebox full of letters from CPS and admitted to me that he couldn’t read. He had never told anybody that he couldn’t read. Since he wouldn’t meet with CPS, they kept sending him letters with the case plan and what he needed to do. And, because he couldn’t read, he just put them in a box and didn’t follow through. Well, we went through the letters and I explained to him what all he needed to do in order to meet the plan for reunification. The kids were kind of mixed on what they wanted, but the whole family agreed to work on the plan that had been spelled out.

Henry doesn’t drive, so I would pick him up, take him to both his drug counseling and random drug testing appointments and he never missed one. Now, our county is very weak with their drug testing and it probably would not be admissible in court. You pee in a cup and they stick a piece of cardboard in it and if it turns blue then it’s positive. Well, one time, the girl who was reading the drug test said, “I don’t know. Kinda looks positive but I’m not sure.” And when she filled out the form she marked it positive and I told her, “This man is trying to get his children back and you are sending the court a document that you are not sure about. That’s not fair. You have to be sure in what you’re saying.” Well, my taking up for him made major points, and from then on Henry began to trust me a bit more.

In the meantime, we worked with the kids and the court allowed supervised visits, and they went well and that changed the CPS worker’s opinion of Henry. The thing is, nobody understood his culture. He grew up in the back country of eastern Tennessee where when kids misbehaved, you roughed them up. I’m not saying that’s right, he definitely went over the line, but that’s all he knew. As we went on, people began to see a man
they had never seen before. He was very sincere and serious about making sure the kids knew how much he loved them and that he didn’t want to hurt them. Well, the kids began to look forward to the visitations and before long the kids all agreed that they wanted to go back with Henry. So, it came down to court time and the judge was pretty prejudiced against him and determined not to let the kids go back home. But, everybody else involved went into court and threw so many positive things at the judge that he had no choice but to say, “Okay, let’s give it a try.” That was 3 months ago. Now, the kids are back home and things are going well. We’re still in the home providing follow-up services to the family. Henry has been very cooperative; the kids are in school and doing pretty good.

That’s a remarkable story. What would you say helped to make this happen?

Well, I think I got beyond all the preconceived notions about this family. People saw Henry as a loser and didn’t understand why he wasn’t going along with them. Nobody had discovered that he couldn’t read. And, it wasn’t that he wasn’t willing to be compliant. There was a pride issue there. He didn’t want to admit to these people that he couldn’t read. But once the barrier was broken down and a bridge was built, he was finally willing to admit, “I can’t read.” When he understood what they were asking of him, he was willing to go along with it because it made sense to him.

And how did you build that bridge that allowed something different to happen?

Well, I knew his culture and he felt comfortable knowing I knew where he came from. And I wasn’t judgmental like a lot of the other people from agencies that had been in there. You know so many agencies come across with this attitude of “I’m here, you gotta jump through my hoops, and you can’t do anything about that.” And, I try to go in with the approach of “I’m here, but I’m not here to hammer you or to pass judgment on you. I’m here to help you if you want and if I can.” You’ve got to earn the right for people to trust you and be willing to work with you.

And what are some of the ways in which you go about earning that right?

Identify a common ground. There’s always common ground. Any time you walk into a home, you can look around and find something to connect around. And once you find that common