

# Helping: What, How, and Why

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## 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<sup>1</sup>

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

ground, you can build a relationship around that, and that's going to open doors that will help them let the walls down.

### **Amira's Story as Told by Her**

I live in a rat trap apartment in the city with my three kids. I haven't seen their father in years and figure he's either in prison or dead. My mother lives upstairs and goes back and forth between hounding me to make a better life for my kids and complaining that I think I'm better than her. I probably drink more than I should, but other people seem a lot more worried about it than me, so I've had a number of professionals parade in and out of my life for way too long. So, two of my kids were having trouble getting to school and I got "informed" that I'm going to get some help for that. I wasn't too keen on this, but said, "Okay, whatever. . ." I figured I could bluff my way out of this like I had done with everything else. So anyway, one morning this worker comes to my apartment. I was in a bad mood. It was hot, our fan was busted, the kids were whining, and the fact that I was hung over probably didn't help either. Anyways, there was just this din in my head and someone is banging on the door 'cause my frickin' landlord won't fix the bell. And, I had forgotten about the appointment and was thinking "Who the hell is that and what do they want?" and I open the door and here's this worker who looks like she's 12. I remember our appointment and I'm embarrassed and ashamed standing there in my bathrobe and without thinking, I snap, "Who the 'F' are you and what are you doing in my hallway? Get the hell out of here!" And she smiles sweetly and says, "I'm sorry I caught you at a bad time. Would it be better if I came back tomorrow?" I slam the door in her effing face. Anyway, she leaves a card with a note and sure enough next morning, she's there knocking on my door again. And she keeps doing it. She's like the Energizer Bunny—she just keeps going and going and going. And, finally, I let her in and find out she's not that bad to talk to.

*What convinced you she was not that bad to talk to?*

Well, first of all, she was direct and honest, no beating around the bush like that usual sickeningly sweet and smug, "How can we help you, Ms. Jackson?" when they already have their answers

to that question. She started out telling me what in particular the people at school were worried about with my kids and why she was coming to my home. Then she took time to get to know me and learn about what I was worried about. She also asked me about what was working well and seemed to be even more interested in that. And she was really curious, she seemed to enjoy talking with me and I kind of liked talking to her.

*So, it sounds like things got off to a good start. What happened afterward that was important to you?*

Well, a few things. I felt like we were in this together. When she asked me questions, it felt like we were exploring things together rather than her grilling me with a clipboard. The plan we came up with came from both of us and made a lot more sense to me. In the past, people had come in saying, “You got to do this, you got to do that.” And I’m thinking, “WTF? I’m looking for a job to support my family and that’s a full-time job. I’m raising three kids and that’s a full-time job and now I’ve got to go to all these appointments and that’s a job and a half. Where am I gonna find time to do 3½ jobs?” And she came along and said, “How can I help with all you got on your plate? I can’t do it for you, but I’m glad to do it with you.” And I was like, “My Lord, finally someone who’s on my side.” And I was much more willing to take the extra time to meet with her. The other thing she did was continually ask, “How is this going for you? What are we doing that’s working and what could we do that would be more helpful? And she really meant it, you know? She was really interested in whether what we were doing was useful to me. That was pretty crazy!”

*That’s cool! Was there anything else she did that was particularly helpful from your perspective?*

Yeah, she was the first worker I’ve had that acknowledged she was White. Like I’m Black, in case you didn’t notice, and I’ve had a hard time of it being Black and I don’t raise that with White workers, which is most of what I’ve had, because I worry they’ll think I’m just “playing the race card” and so I just sit on that stuff and pretend it’s not there and end up seething. And when she introduced race into our conversations, I thought “Wow, that’s one crazy White woman. Maybe she gets this and

maybe I can really talk to her.” It kind of told me that I could trust her and I could talk about stuff that was important to me.

*So, how did she introduce race into the conversation and what was it about how she did it that was important to you?*

Well, sort of what I said to you, she said, in case you haven’t noticed it, I’m White. We both laughed and she went on to tell me that she was pretty comfortable working and living across color, but realized she still had a lot to learn and wasn’t sure whether me being Black and her being White would be a problem, or no problem, or kind of a problem, and she just wanted to put it out on the table so it’d be there to talk about if that made sense. But you know, I don’t think it’s just about race. It’s like us folks that you all are trying to help, we live in a really different world than you do and you come into our world and pretend to be all good meaning, like you’re contributing to some charity for Christmas, and you got to realize how annoying that is. We don’t need charity, we need help, we need someone who is willing to step into our life and stand with us. Just because we’re having a hard time traveling doesn’t mean we’re incapable of traveling. It just means it’s hard and she really got that. She didn’t hold herself above me and seemed like a normal person and when she wasn’t “all that,” I didn’t have to be “all not that.” And that’s the crux of it for me. She didn’t judge me and that allowed me to talk more openly to her about stuff I normally don’t tell you folks.

### **Amanda’s Story as Told by a Helper**

I worked with a White woman living out in the country in a trailer. When I got the referral, they said, “You can’t go out alone. This woman is homicidal, schizoaffective, and off her meds.” So, two of us went out and we were both pretty nervous. It’s out in the middle of nowhere, down a little dirt road with no cell service and no neighbors and so if she was in fact homicidal and decided she was going to hurt either of us, we would have really been in trouble. So we went in and she had her guard up and you could tell that she was a tough cookie. She had been a stripper, she had been on drugs, she had been raped as a child and had her childhood taken away from her, and she had run the

gamut and had no reason to trust anyone. What brought her to us was she had been a truck driver and had hurt herself and wanted so badly to rejoin the workforce again.

So, we went out for the initial meeting where we were supposed to do an assessment to find out what was going on in order to develop a plan to help her. Well, we went out and enjoyed meeting her. And, we ended up just talking and listening to her for a long time, and by the end of that first meeting, we realized that despite what we had been told, she wasn't homicidal. She was just pissed with the way things turned around in her life and now she's sitting in the middle of our county on welfare, receiving in a month a fourth of what she got in a week in her job as a truck driver. She was just crushed. And through working with her over a year she began to regain some sense of hope in her life. We just clicked and her guard came down.

*How did that happen? What was your contribution to her guard going down?*

I listened and I shared with her some of the things I've gone through in my life to help her understand where I'm coming from and help her believe that I might be able to understand what she's telling me and that I can understand that it's not just her, it's not just that she's bad people. Systems help us sometimes and systems hurt us sometimes and it's a matter of understanding that and picking out where we're going to let systems help or hurt us. Sharing those kinds of things helps people to believe that perhaps we can "get" their experience. And once she started to trust me, we talked and it helped her figure out what she wanted and how she might get there. And now, her case is closed. She went back to school, became an LPN and got a job, got married and is very happy in her life out of state. She called and invited me to come down for Thanksgiving and I said, "No, I can't do that, but I appreciate the offer." And I'm so happy for her and thinking about this just makes my heart feel so great.

*These are incredible changes you're describing. What would you say might have been your contribution to these changes?*

I believed in her and helped her believe in herself. She had been stepped on and kicked around and crushed and told she couldn't do anything and she's nuts and she's crazy and she shouldn't go off her meds because she's going to kill somebody and she's a

terrible mom, and I just saw her in a very different light. I told her, “Okay, you’ve gone through all this. That’s in the past. We can make it better now by going to the community college and getting your life back on track.” And she said, “No, I can’t do that.” And I said, “Sure you can, I’ll go with you to register.” I think this work is about opening up doors for people. We have the key with our resources and we need to use them to stand with people and help them gain respect, success, and self-sufficiency. It took a while, but she finally had people in her life that weren’t there to judge and give consequences, but were there to listen. We have the ability in our job to accompany people on their journeys. A scary journey can be not so scary if you have someone walking with you. We can help start the process when people have no sense of how to begin and they then pick up and build on it. It’s empowering to have someone say, “We can do this. It might be a little scary, but we’ll get through it.” Amanda later told me that at the time she borrowed my belief in her to believe in herself. I thought that was really powerful.

## WALKING AND TALKING

These stories are rich. There is much to learn from them even without extra analysis. Nonetheless, let’s take a moment to pull out a few important themes. These three helping workers are not traditional “therapists” though we would argue that their work is profoundly therapeutic. At the same time, they are not simply “case managers.” That phrase does not do justice to the complexity that goes into their work. There has been a historical distinction between “therapy” and “case management” or “concrete services.” We want to suggest a new way of thinking about this work. Historically, talk therapy has consisted of a series of scheduled appointments where patients or clients come to a clinic or office to talk with a therapist who is considered to be an expert.<sup>2</sup> A common approach has been to provide a compassionate space where people can express themselves, work through issues, and develop insight into inner conflicts. We’ll refer to this as “sitting and talking.” If done well, there is no doubt that talk therapy can be life changing. Supportive services or case management, on the other hand, is most often seen as a process where helpers link people with services and provide practical assistance to get the daily work of life done. Helpers are frequently cautioned not to



become “junior therapists” And yet home-based, community-centered work is strongly influenced by the dominant themes of traditional therapy. Helping efforts are often divided into these two categories of doing therapy or providing case management. We want to suggest a new way of thinking about Collaborative Helping that introduces the idea of *walking and talking*. By this, we mean stepping into a person’s everyday life to engage in conversations over time while also assisting with routine needs, helping to solve problems, and taking on life’s vexing dilemmas together. If you are already doing this kind of work, you know what we mean. Practical helping combined with purposeful conversation can work best when it is organized around the stories that shape people’s experience of their lives. This approach draws on a narrative metaphor that has become increasingly popular in our culture and focuses on the stories that people tell about their lives and that organize how they make sense of their lives. Within this frame, the work is not about sitting and talking with people to work through their issues but walking and talking alongside them in ways that open up opportunities for them to experience themselves differently and change their life stories. The new possibilities that this process can open up are potentially quite powerful.

## **HELPING ACTIVITIES—THE *WHAT* OF HELPING**

What are some of the helping activities that workers are doing in each of these three stories? First and foremost, they are engaging people by “meeting them where they are.” While the injunction to “meet people where they are” is a common one in the helping profession, it may be a bit more difficult to do in actual practice. Henry, Amira, and Amanda had developed reputations that made it challenging to work with them for good reasons. They could each be very difficult to work with and they had provoked a number of troublesome reactions from many different helpers. It’s important not to minimize these challenges and engage in some politically correct “Oh, aren’t they resourceful” kind of thinking. A commitment to looking beyond initial reputations, taking time to get to know people outside their immediate difficulties, and earning the right to serve them when they are behaving badly can be quite a challenge. It may require helpers to bite their tongues, hold back their initial inclinations, and think carefully about how they might best

respond. Engagement and the process of building relationship is not simply an initial step before we get down to the “real” work of helping. It is the heart of our work that both directs and is nourished by the work itself. It needs to be attended to always. We will come back to the importance of relational connection repeatedly.

A second activity that is routine and in most instances required of helping workers is to formally assess a person’s status in order to develop a plan to move toward some safer, better, and/or healthier future. This is usually accomplished through some sort of assessment followed by a written service plan. The ways these efforts are undertaken have clear and lasting effects on people served. The assessment and service plan activities in the earlier stories focused on resourcefulness and were done in collaboration. For example, Amira commented that assessment questions felt to her like a joint exploration and described the plan that emerged as making sense to her since it was created together. Active involvement of people and families in assessing and planning for their own lives contributes to a sense of influence, encourages ongoing participation, and is more effective and efficient. As another mother we interviewed put it,

I think it would make a big difference if parents who are having a difficult time could have more input into their service plans.

*And if you had more input into the service plan, how would you respond differently to the service plan?*

I’d be motivated to do it faster because I would figure it would work. I’d get things I needed for me and my family and, in doing that, I’d probably be more open to what others were asking of me. I think the motivation to do the service plan is directly correlated to how much input I have into making that service plan.

A third activity described in our stories is of workers engaging in concrete efforts to help people make desired changes in their lives. This is at the heart of walking and talking. Some of these efforts involved working directly with people, like monitoring Henry’s supervised visits with his children and helping other family members to take steps toward reunification. Others involved linking people and families to additional community resources and following along as partners to determine practical usefulness. Often, linkage with services and supports involves serving as

translator between people, families, and others in the community. Henry's story recalls his helping worker literally reading and translating the written material sent from CPS and stored away in Henry's private shoebox. Sometimes focused advocacy is called for, like Henry's worker calling out the woman who did the random drug testing or Amanda's worker helping her walk through the registration process at the community college. We often are needed to walk alongside the people we serve. We do not walk in front, nor behind, but together along the way.

A fourth activity that is alluded to but never directly identified in the stories shared so far is hearing, holding, and bearing witness to people's own story. This may well be the most important helping activity of all. As another group of workers in an outreach home-based program put it,

We go out and hear the stories no one wants to endure. The fact that we listen to these stories, bear witness to them, and acknowledge and validate the people telling them is a huge part of our job that has never been captured in our official job description. We listen to the stories no one else will hear. But the important thing is not *that* we listen, but *how* we listen. We listen to validate their pain and simultaneously acknowledge their resilience – the “keep on keeping on” of everyday life. That resilience gets lost in the crap of daily problems and our job is to remember it, keep it alive, and honor it.

People served often describe a sense of feeling like they are being repeatedly judged and criticized by workers and programs originally designed to serve them. They also recognize the power of being heard and feeling acknowledged. It is crucial that the importance of this does not get lost in the business of our helping work.

To summarize, we have identified the following activities of effective helping:

- Engaging people and families with genuine respect.
- Using assessment as a “two-way introduction” to establish connection and to further build relationship through collaborative planning.
- Actively helping people to make practical changes in their lives through services with a focus on what works, and translating and advocating for people.
- Hearing, holding, and bearing witness to people's own stories.

In descriptions of each of these activities, we have also touched on the ways the activities are undertaken. We think the *process* of service delivery is inseparable from the *content* of service delivery and want to emphasize the importance of not just focusing on *what* help is offered, but *how* that help is offered.

### RELATIONAL CONNECTION—THE *HOW* OF HELPING

To set the stage for this discussion, let's examine a continuum of ways to define helping. A dictionary definition of *helping* is pretty simple—"an act or instance of giving aid" (*Webster's 3rd New World International Dictionary*, 2002). However, the same dictionary definition of *help* is more complex with many nuances. Here are some of them:

- To cooperate, assist, or support
- To be of use to or further the advancement of
- To give aid; be of service or advantage
- To remedy, stop, or prevent
- To succor or save

Each of these definitions places people who are helping and people who are being helped in different kinds of relationships with each other, ranging from a very hierarchical relationship of being "remedied, stopped, or saved" to a more lateral relationship of "cooperating, assisting, or supporting." We know there are times that may call for swift decisive action, like life threatening or otherwise extremely dangerous situations. But in general, we are proposing a spirit of helping that leans more toward the "cooperate, assist, support" end of this helping continuum. We think a more collaborative approach reflects how people generally prefer to be treated and as a result tends to be more effective. The way a helping relationship is defined has powerful effects on the experiences of those receiving help. It affects how they experience themselves in the helping process, it affects how they experience the helping relationship, and it affects their beliefs about the possibility of change. Helping efforts that contribute to a sense of competence, connection, and hope are both more humane and more effective.

Collaborative Helping invites workers to shift from a relational stance of an "expert" repairing dysfunction to an "ally" assisting people to envision and move toward a more desired life with attention to everyday issues like health, family, work, and a place to live. Bill has previously

described the central importance of the attitude that helpers hold, including the usefulness of a relational stance of an appreciative ally where people experience workers as “in their corner, on their side, or standing in solidarity against problems in their lives.” (Madsen, 2007a, p. 22). Some of the cross-cutting themes in the earlier stories help to illustrate this kind of relational stance.

One emergent theme is *respect*, characterized by humility, trust, and accountability. Helpers in the earlier stories carry immense respect for the people they serve. Henry’s worker shows humility in describing the importance of “earning the right” to come into Henry’s life rather than assuming it as part of a job description. Amanda’s worker describes the importance of telling stories from her own life to gain trust and to help Amanda believe that she might be able to understand her situation. Amira describes her worker’s continued commitment to getting feedback on how their work together is going in order to learn what is useful and what is not. She demonstrates a commitment to make helping accountable to Amira as the person who is in the best position to make an intelligent judgment about what is helpful.

Another important theme is *connection*. Henry’s worker emphasizes the importance of finding common ground and building bridges. Amira describes how her helper acknowledged differences between them as a basis to build on similarities saying, “She was the first worker who acknowledged racial differences between us.” Amanda’s worker and Amira both highlight the importance of engaging others as “regular folks.” Amanda’s worker talked about efforts to tell stories that put her alongside rather than above Amanda while also acknowledging that the people we serve are usually in a more vulnerable position. Amira commented that when her worker was not “all that,” she was freed up from being “all not that.”

The next important theme for effective helping is *curiosity*. This involves some critical reflections on our own preconceptions to deliberately step into the life experience of another person including a broad appreciation of the larger context. Amanda’s worker describes the importance of seeing beyond a mostly negative picture of Amanda presented in the initial referral. Henry’s worker describes the pervasive stereotypes held by the professional community about Henry’s family and the usefulness of getting to know Henry and his family beyond initial stereotypes. Amira talks about the importance of her worker understanding

the stress of demands for multiple appointments. The process of stepping into another person's experience requires suspending our own preconceptions. We must acknowledge limits in our ability to transcend stereotypes as the first step toward doing just that. Curiosity means that we also cultivate a larger appreciation of family, community, and culture. Amira's worker acknowledged the potential impact of racial differences on their work together, while Amanda's worker acknowledged that "systems sometimes help us and systems sometimes hurt us."

A fourth theme for helping is one of enduring *hope*. Amanda's worker described believing in her and helping her believe in herself. Belief in people's resourcefulness and the possibility of change is not simply an idea or a feeling. Instead, it is a commitment put into everyday practice. Amanda's worker walked with her into the community college registrar's office and Henry's worker took him to random drug tests and non-naively believed in the possibility of his sobriety. As we move beyond simple themes of helping, we'll be sure to look more into some actual practices of hope. We'll explore some of the ways gifted helpers "do" hope. For now, let's just say that the practice of hope is reflected in a combination of appreciating the challenge of hard traveling and believing that people served have what it takes to travel a hard road.

There are many ways we can approach people in our work. Helping relationships are a two-way street so we can't ignore the contribution to that relationship of the people being served. But workers do hold a special leadership role. As helpers, we have choices about the attitude or relational stance we take and how we respond to the different ways people interact with us. We can develop practices that help us to stay grounded in respect, connection, curiosity, and hope, even when strong forces and our own emotional responses pull us toward judgment, disapproval, and disconnection. The attitudes we hold, the relational stance we take, and the way we position ourselves with the people we serve all have powerful effects. The next section develops our thinking about a story metaphor to further explore these ideas.

## EXPERIENCE AND STORIES—THE *WHY* OF HELPING

We have examined both the *what* (content) and the *how* (process) of helping. Now let's take a look at the *why* (purpose) of helping relationships. Obviously there are many different purposes that organize our

interactions with the people we serve. However, we think a focus on the stories that define people's lives can guide us in a most extraordinary way. Henry, Amira, and Amanda's stories are not simply stories that are told. They are also stories that are lived. In the process of interacting with others, we all experience ourselves in particular ways. These experiences shape our sense of self and identity. The stories we tell about our lives determine the range of possibilities that are available to us. Here is a brief story that illustrates this from Margie, a woman who has sought many different kinds of help over the years.

I used to have this wizard of a therapist who I met with multiple times a week for many years. He was brilliant and I probably wouldn't be alive today if it wasn't for him. I felt like he did great work, given the material he had to work with (me). After our meetings, I would come out aware of how broken I was and how lucky I was to have him to help me. More recently, I've been meeting with my outreach worker and she's pretty good; not as smart as that therapist, but I have to say it has never occurred to me when I walk away from those meetings that I'm broken. I come away feeling strong and confident and believe I can take on my life and that feeling has been incredibly helpful.

Margie experiences herself in very different ways in her interactions with the therapist and the outreach worker.<sup>3</sup> While she talked about similar issues with both helpers, she came away from one feeling broken and from the other feeling strong and confident. We will examine the usefulness of a story metaphor for our work in more depth as we progress. For now, we simply observe that people experience their sense of self in the context of relationships. Interactions with helpers have the potential to shape the stories that enable people to make sense out of life. A simple saying from a popular postcard highlights this shift in thinking.

*Life isn't about finding yourself. Life is about creating yourself.*

—UNKNOWN

Identity is not fixed. Instead, identity is something that evolves and changes in the course of interacting with others and telling the stories of

our lives. This way of thinking about identity shifts helping efforts from searching to *find* Margie's essential self (is she broken or strong and confident?) to interacting with her in ways that help to *create* or bring forward preferred stories and related experiences of self. In this instance, her experience with the second helper invited an experience for Margie of feeling stronger and more confident. A focus on the stories that shape people's lives combined with awareness of how helping interactions affect those stories means that every interaction is a unique opportunity that holds the promise of inviting experiences of self in ways that can open up or close down possibilities. Margie's experience of herself as strong and confident is likely to carry her further in her life than an experience of self as broken and in need of repair. The next story from an employment support worker captures the application of this kind of experience to our work.

I think respect and courtesy are at the heart of my work. A lot of people we deal with are often not treated with respectful courtesy and that relates to their self-esteem and that relates to their employability, even though in a roundabout way.

*Can you say more about that?*

Yeah, sometimes we perceive ourselves by the way we're perceived by others and I think that if you treat somebody with courtesy and respect like they deserve it, they may see themselves differently and we need our consumers to see themselves differently if they're going to change. I see myself as a merchant of hope and a lot of my job is selling a new idea or a new identity.<sup>4</sup> The biggest problem that I see for many of the people we work with is how they think about themselves—"I'm a loser and I'm just gonna roll in that because that's who I am and it's all I can be." And I see my role as giving them opportunities to expand that and treat them differently because maybe they will then see themselves differently and have an experience of how it feels to be treated with courtesy and help them come to believe that they are worthy of courtesy and that then others are worthy of courtesy and it's a whole different way of being in the world. I refuse to play along with that old story and try to treat people in ways that they see opportunities to succeed and do what other people do and have what they have.

*What do you think it might mean for them to have that opportunity?*

For some of them it means everything because they haven't considered having a way to live except the one they know because



that's all they've ever known. Some people may want to stay where they are, but many just don't see other possibilities and I think you can really set the wheels turning and they can play with that because that's at least a start. I think people can change; they're not stuck with their lot in life. You can reinvent yourself at any age. It may be difficult, but that doesn't mean you can't change your situation.

Helping interactions have powerful effects on how people see themselves. They shape the experience of helping and can open or close possibilities. Relational connection is both a foundation for effective helping and a powerful “intervention” in its own right. We have used stories of effective helping to identify the what, how, and why of helping. We'll conclude our initial discussion of helping by locating the Collaborative Helping framework in the broader context of other approaches and by anticipating some of the trends that may change the way we look at helping in general.

## **PLACING COLLABORATIVE HELPING IN A BROADER CONTEXT**

Collaborative Helping is a practical, everyday framework for a wide range of helping work in homes and neighborhoods. This framework has been informed by the everyday wisdom of helpers doing this work as well as the experiences of the people who have been helped. It has also been informed by evidence-based practice and “empirical” approaches. Both sources are important and work best when combined together.

Collaborative Helping has been most influenced by well-established sources such as narrative approaches (White, 2007; White & Epston, 1990), solution-focused approaches (Berg, 1994; de Shazer, 1985, 1988), appreciative inquiry (Cooperrider, Sorensen, Whitney, & Yaeger, 2000), motivational interviewing (Miller & Rollnick, 2013), and the signs of safety approach to Child Protective Services (Turnell & Edwards, 1999).<sup>5</sup> These approaches provide ways of thinking and practicing that we find particularly congruent with the spirit of the work that we emphasize in this book and the specific ways in which we have drawn on them will become apparent throughout the book. Collaborative Helping fits within and is applicable to broader systemic approaches to helping such as wraparound, systems of care, and the recovery movement. It is also congruent with much of the spirit of multisystemic therapy (Henggeler,

Cunningham, Schoenwald, & Borduin, 2009) and the multisystems model (Boyd-Franklin, 1989; Boyd-Franklin & Bry, 2000). We briefly examine each of these in turn.

If you are reading this book and interested in commonsense helping as an important way of relating to people and doing your job, then it is likely you already know something about wraparound and systems of care. The very word “wraparound” has various meanings for different people across most of the helping professions. On one hand, the wrap-around model has been carefully defined (Bruns & Walker, 2008; Burchard, Bruns & Burchard, 2002; Dennis & Lourie, 2006) within the systems of care movement as a collaborative team process with specific principles and practices that can be reliably implemented in a certain way. But the word is also generally used and broadly understood to describe a range of flexible approaches to health and human services that empower families and helping workers to creatively “wrap” resources and supports “around” people based on their own unique needs. Wraparound was initially developed in the 1980s as a process for maintaining youth with serious emotional and behavioral problems in their homes and communities. Over the past 30 years, policy makers, communities, and families have worked together in many instances to make systemic changes so that youth with very challenging behaviors might avoid residential treatment, psychiatric hospitalization, and in some instances, incarceration. Included among the established tenets of wraparound are many of our own ideas about ways of engaging people in a collaborative relationship.

Similarly, the mental health recovery movement, a significant trend in health and human services, views helping as a process of overcoming the negative impact of a psychiatric disability despite its continued presence with a focus on strengths and skills, hopes and desires, and connections and supports. It encourages a shift from symptom reduction to improvement in functioning, resilience, and adaptation. In 2004, the U.S. Department of Health and Human Services recommended that public mental health organizations adopt a “recovery” orientation to severe and persistent mental illness, including those dually diagnosed with mental health and substance abuse issues. Recovery-oriented models are rapidly expanding across public agencies—a development that will only continue with the rise of integrated care, a movement in which health-care teams consider all behavioral and physical health conditions at the same time with a focus on individually tailored treatment geared to the whole

person. Recovery models represent a significant paradigm shift that is closely aligned with core principles of Collaborative Helping, including a focus on possibilities, collaborative partnerships, and accountability to those served. The recovery movement represents the first time a consumer-led movement has had a significant impact on mental health practices, starting a potentially radical revolution in the field. The U.S. Department of Health and Human Services (2004) has formally defined recovery as a “a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential” (p. 2). Collaborative Helping fits very much into this vein and simultaneously seeks to broaden the focus from just mental health problems to a broader consideration of challenges that arise at individual, relational, and socio-cultural levels. As health-care reform begins to sweep through most all health and human service systems, these ideas become more valuable and relevant for more people than ever before. The essential power of the helping relationship can guide us all as we rethink a place for personal and community resilience, placing it at the heart of delivery system reform.

Multisystemic therapy (MST) and the multisystems model are current helping models often used in home and community work. MST is a focused behavioral treatment intended primarily for juvenile offender families and their communities. What MST has in common with both wraparound and Collaborative Helping is a broad holistic orientation in service planning combined with a keen emphasis on strengths. MST focuses on “finding the fit” between identified behavioral problems and the entire context of a youth’s environment. It goes on to target “sequences of behavior” within and between various interacting elements in a youth’s life that may maintain problems. These elements include things like family, teachers, friends, home, school, and community. Additional core elements described in MST combine to define an intensive home-based therapy intended to be carried out by a skilled practitioner under rigorous clinical supervision. MST is a highly successful behavioral intervention. But MST also shares many simple, commonsense principles of a helping relationship with both wraparound and Collaborative Helping.

The multisystemic model draws from structural and behavioral family therapy approaches. It was developed with a specific focus on poor and marginalized families and is particularly relevant as a result. It is a

problem-solving approach that has generally been applied in home, school, and community settings. It takes an ecological approach, focusing on multiple levels, including extended family, non-blood kin and friends, and church, community, and helping agency resources, with close consideration of cultural, racial, and socioeconomic issues. We appreciate this focus on the broader context because the families primarily described throughout this book are profoundly impacted by poverty. The multisystemic model recognizes and addresses the real impact of the dual stressors of poverty and racism as a central part of their work. From here let's take a look at what the future may hold for our work.

## **MOVING COLLABORATIVE HELPING INTO THE FUTURE**

Case management is too often misunderstood to be a sort of *be all and do everything to get things done* kind of service for people with complex needs. Still, because of the usefulness of practical supportive services, this kind of helping work first created for mental health has flourished, been adapted, and expanded to become vitally important across a very wide range of health and human services (Walsh, 1999). Given the immediacy of needs, the central importance of relationship is sometimes undervalued or even lost. While there may still be some room for differences of opinion about the role of supportive home and community work, surely there can be little doubt that meeting a person in his or her own home, assisting with practical needs, and engaging in purposeful conversation builds relationships and can be profoundly therapeutic.

Today, a growing legion of helpers are involved with home-based supportive helping work that builds on family and community resourcefulness. We seem to be moving rapidly toward a reformed health and human service system that goes beyond a disease treatment focus to more broadly promote health and well-being. These changes may fundamentally alter the way we think about health and wellness. Insurance and managed care companies, government payers, provider systems, and health-related professions are all engaged with policy makers to redefine how we do the work of health care to better support people of all ages and at every level of health status (Miller, Kessler, Peek, & Kallenberg, 2011). This new way of “doing” health care is often called collaborative or integrated care and is organized around patient-centered medical homes. The idea is to integrate behavioral health with primary care to

create a new kind of teamwork for care coordinators, health coaches, and home health workers on an expanded health-care team that, of course, still puts physicians and nurses right in the middle of the action. It's not really that different from supportive services we have known in the past. Emerging trends seem to point toward a more holistic way of thinking about how people, families, and communities rely on practical helping to remain well. In the United States alone a modest estimate that cuts across professions predicts that up to one million people will be doing some kind of home-based, community-centered work by 2020 (Bureau of Labor Statistics, U.S. Department of Labor, 2012–2013). That number may be pushed upward as the health-care industry discovers what mental health already knows. Practical and supportive home and community-centered services can help people and families achieve their highest level of health and well-being at a relatively low cost.

Home and community workers and others who perform helping work are indispensable. They work often with very little guidance. They ask great questions, listen carefully, and have a genuine curiosity about the lives and communities of the people they serve. Out of necessity, the good ones cultivate a collaborative attitude shaped by years of working within the complexity of the natural home environment. While therapeutic models and evidence-based practices are valuable to them, home and community helping workers tend to rely more on skillful improvisation within a broad framework than on an exact script. Collaborative Helping provides just such a framework to help frontline workers focus their efforts. In the chapters that follow, we talk much more about intentional helping and outline our framework in detail. We offer many stories to illustrate real ways of practical helping. We hope our Collaborative Helping framework will assist you in moving along with your work and navigating the ever-changing currents of helping.

## ■ NOTES

1. Names and identifying data have been changed in these stories to protect confidentiality. However, throughout this book, we use the actual first names of helpers (with their permission) who have contributed through their stories.
2. A note on language—People seeking help have historically been referred to as patients, clients, or consumers. Many of the people served and the organizations that support them that we have encountered object to these labels. When asked what they would like to be called, a number of them have often replied, “Call me by my name.” This may be difficult in the aggregate and so throughout this book, we will refer to people

seeking (or mandated for) help as “people.” We will refer to people who are employed in helping positions as helpers or workers. We realize that helpers or workers are also people and this use of language may have marginalizing effects on them. However, it is the best label we currently have and given the choice of marginalizing people seeking help or marginalizing people offering help, we choose to risk the latter.

3. This example of a “wizard” of a therapist and a “pretty good” outreach worker who was actually much more helpful to Margie raises many issues about the class system of human services and who is more and less valued and acknowledged within that system.
4. We would question this idea of “selling” a new identity. As we’ll examine in Chapter 6, we think it is more useful to think about eliciting or inviting people into new identities than selling new identities to them. We are much more interested in inviting or eliciting new experiences than in pointing out or selling new possibilities. This is a fine, but important, distinction. We’ll note it now and come back to it later.
5. For readers interested in learning more about any of these approaches that have been very influential in our work, please consult the following resources: Narrative approaches (Freedman & Combs, 1996; Freeman, Epston & Lobovits, 1997; Madigan, 2010; Monk, Winslade, Crocket & Epston, 1997; Morgan, 2000; White, 2007; White & Epston, 1990; Zimmerman & Dickerson, 1996); solution-focused approaches (Berg, 1994; Berg & Kelly, 2000; Christensen, Todahl, & Barrett, 1999; de Shazer, 1985, 1988; Durrant, 1993); appreciative inquiry (Cooperrider et al., 2000; Cooperrider, Whitney & Stavros, 2008, Hammond, 1998); motivational interviewing (Miller & Rollnick, 2002; 2013); and the signs of safety approach to Child Protective Services (Turnell, 2010; Turnell & Edwards, 1999; Turnell & Essex, 2006).