

WestEd

improving education through research, development, & service



nurturing the nurturers

The Importance of
Sound Relationships
in Early Childhood
Intervention

Bonnie Benard &
Douglas Quiett

Nurturing the Nurturers

The Importance of Sound
Relationships in Early Childhood
Intervention

Bonnie Benard
Douglas Quiett

WestEd[®]

Improving education through research, development, and service

WestEd, a nonprofit research, development, and service agency, works with education and other communities to promote excellence, achieve equity, and improve learning for children, youth, and adults. While WestEd serves the states of Arizona, California, Nevada, and Utah as one of the nation's Regional Educational Laboratories, our agency's work extends throughout the United States and abroad. It has 16 offices nationwide, from Washington and Boston to Arizona, Southern California, and its headquarters in San Francisco.

For more information about WestEd, visit our Web site: WestEd.org, call 415.565.3000 or, toll-free, (1.877) 4-WestEd, or write:

WestEd
730 Harrison Street
San Francisco, CA 94107-1242.

This report was produced in whole or in part with funds from the Office of Educational Research and Improvement, U.S. Department of Education, under contract #ED-01-CO-0012. Its contents do not necessarily reflect the views or policies of the Department of Education.

© 2002 WestEd. All rights reserved.

CONTENTS

Introduction _____	4
Part I. Serving Families Under Stress _____	6
The Need _____	6
The Intervention _____	7
The Service Providers _____	8
Timing and Focus _____	9
Intervention Themes _____	10
The Value of Reflective Supervision _____	12
Part II. Ruby and James Get a Second Chance at Parenthood _____	16
Big Changes Ahead _____	16
Smoothing Difficult Transitions _____	18
Alisha's Transition _____	18
Tony's Transition _____	21
Fallout from a Lost License _____	23
Pursuing a Professional Goal _____	25
Negotiating Bureaucracy _____	26
Mom's Homecoming _____	28
Saying Goodbye _____	32
Follow-up – A Year After Services Were Terminated _____	33
References _____	35

INTRODUCTION

Sound relationships are the essence of Marin City Families First, an intervention program implemented in 1993 as a model comprehensive child and family support system to ensure the health and well-being of children in low-income communities. Its two-pronged approach includes support both to individual families and to the community-based human service agencies working with them. For the clients, this support is embodied in a Family Advocate, a home visitor whose role necessarily includes crisis management, but has as its central focus capacity building for clients to ensure their development of healthy autonomy.

The Family Advocate plays a sweeping role in the life of a client family. Minimally, he or she must assess the psychosocial needs and strengths of the family; engender a trusting relationship with each member; help family members identify and stay focused on long-range goals; understand the developmental needs of children and help parents or guardians attend to issues that interfere with their successful parenting; model effective problem-solving strategies and healthy communication; broker needed services; and remain realistically optimistic about a family's ability to make progress.

This is a tall order, requiring in the Advocate a high degree of specific knowledge, well-honed professional skills, and, perhaps equally important, an ability — and willingness — to continually engage with intellectually and emotionally challenging issues. The challenges are especially great for a home visitor working with families in which financial uncertainty, substance abuse, feelings of oppression, inadequate education and other poverty-related factors can breed depression, anger, and hopelessness. Recognizing this, the Marin City Families First (MCFF) model pays special attention to the support needed by Family Advocates themselves if they are to effectively serve their clients.

In the human service sector, supervision has historically been more about administrative oversight (have you written your reports?) than about engendering professional growth (what can I do to help you be more effective?). MCFF takes the latter approach, supporting Family Advocates in a variety of ways, but chiefly through the clinical supervisor's use of *reflective supervision*. This publication is

intended to help program administrators and designers understand the essential nature of this supportive process, especially for those home visitors working in high-poverty, high-stress communities like that in which MCFF was implemented.

Part I of this publication provides an overview of the community and families served by MCFF and outlines the general intervention model. It then explains in more detail the role in this model of the Family Advocates and the clinical supervisor and describes the process of reflective supervision. Part II is a case study documenting how the intervention model played out with one representative family. The purpose of including the case is to illustrate the essential nature of sound supportive relationships in the MCFF intervention model: the relationship of the Family Advocates to client families, and the relationship of the supervisor to the Advocates. Through the voices of the different parties involved, the case reveals the intensity of support needed for these families *and* for those who work directly with them.

PART I. SERVING FAMILIES UNDER STRESS

The Need

Marin City is an isolated, low-income African American community located in largely affluent Marin County, California, just minutes north of San Francisco. In 1993, when MCFF began operation, the only local business was a liquor/convenience store. To purchase groceries, clothes, or gasoline, to buy stamps at the post office, or to find medical services, residents had to travel several miles to nearby Sausalito or Mill Valley. County government offices are located 15 miles north — a 20-minute car drive, but 45 minutes or longer by bus. In 1993, Marin City’s most prominent landmarks were its six churches, its childcare and Head Start facilities, a recreation center and ball field, and its fire station. A longstanding weekend flea market had recently gone the way of the grocery store, the barbershop and the post office that had once served the community but were now only a memory.

As MCFF was getting underway, Marin City was in the last phase of an ambitious redevelopment plan known as Marin City USA, which ultimately yielded a shopping center on the site of the old flea market and affordable townhouses in “The Bowl,” an area that had been open space and was adjacent to the low-income apartments housing the community’s poorest residents. Those managing the redevelopment efforts were critical partners for MCFF, providing its clients with access to affordable housing, job training, schooling, and employment.

Marin County, itself, has one of the highest average household incomes in the nation; yet 36 percent of Marin City households languish below the poverty line. It is estimated that 40 percent of Marin City adults are unemployed, and as many as 50 percent may be functionally illiterate. One study indicated that about 41 percent of all residents lack the basic skills necessary for entry-level jobs. Approximately 75 percent of the residents are African American, and almost two-thirds of this group reside in the public housing. Eighty-nine percent of its families are headed by a single mother, and there is a high rate of teen pregnancy.

The community also has high crime rates, related largely to drugs. Most devastating to the community are the high levels of alcohol and drug abuse. The introduction in the 1980s of crack, in particular, led to unprecedented levels of danger and despair. Part of the sad legacy has been the high proportion of children now being raised by someone other than their own parents, who are most often out of the picture because of drugs and related problems.

The number of grandparents, aunts and uncles and others now raising children who are not their own attests to some pervasive problems in the community. But that number also attests to one of Marin City's great strengths: Against great odds, the collection of just under 1000 households remains very much a community, often described by its residents as "small and close-knit." Many who live there are among the original residents, who came from the South seeking lucrative jobs in the booming Marin shipyards of the 1940s and remained even when job opportunities subsequently dried up. While some young people leave Marin City to seek jobs or education elsewhere, many return to live, drawn by the ties of family and friends. On the upside, some individuals return with skills and education that benefit the community. On the downside, the ties also create a downward, negative pull on some individuals who might otherwise improve their socioeconomic status. In many instances, these ties create a co-dependency, in which family and friends cover up for an individual rather than assisting him or her in seeking help.

A recurring theme in the MCFE experience was the degree to which client families were living with a constellation of ongoing crises, usually involving some combination of drug addiction, housing, childcare, parenting, family relationships, job training and employment, and difficulty dealing with social service agencies. Without intervention, the inter-related nature of these problems more often than not created a downward spiral of perceived powerlessness and hopelessness. However, as will be evident in the case that makes up Part II of this document, clients also brought incredible strengths and gifts on which effective interventions could be built.

The Intervention

Marin City Families First was created with joint funding from the United States Department of Education's Office of Educational Research and Improvement and the Stuart Foundations. Its objective was to integrate and coordinate the provision of family services to clients in a low-income, mostly African American community, with the goal of ensuring the health and well-being of the children.

A family qualified for the program starting when the mother was pregnant and continuing until that child reached age three.

The core of the MCFF intervention model is a family-focused case management system through which flow all services to program families. As noted earlier, the model employs a two-pronged intervention strategy: One prong deals directly with families using a case management approach, carried out by a Family Advocate, to identify and address individual child and family needs. A key component is weekly family contact. The second intervention prong focuses on the service agencies and networks that serve families and individuals in the community, including those in MCFF. The intention is to work with these groups toward the goal of integrating the education community, other social service agencies, private organizations, community groups, and family members to plan and provide comprehensive services for at-risk families. At the heart of this effort is the recognition that on the road toward healthy autonomy, children and their families profit from a continuity of care across educational and other social services settings.

The Service Providers

In the MCFF model, *Family Advocates* provide intensive home-based case management services to at-risk families. Their dual role is to help families stabilize their lives and to enhance the capacity of those in parental positions to provide safe, healthy environments for their children. Integral to that process, they provide a warm and caring relationship during a critical time in the family's life. Getting to know the clients as individuals who face unique struggles, Family Advocates connect them to resources vital to their basic survival. At the same time, Advocates identify and build on clients' strengths to help them develop the skills and know-how to manage successfully on their own. The background and training of a Family Advocate can vary, but the role demands a high level of training and expertise. The original MCFF plan called for paraprofessionals to serve as Family Advocates. However, it soon became clear that the complex issues faced by clients required Advocates to be highly skilled as resource specialists, advocates, and social workers. Within a year of its initial implementation, MCFF eschewed the idea of using paraprofessionals and began recruiting caseworkers with a master's degree in social work. But while solid professional knowledge and skills are essential, they do not suffice. Equally important is a Family Advocate's ability to form relationships with individuals who are typically suspicious of any outside intervention — a capacity that is independent of one's professional training and must be carefully identified in the hiring process.

In the MCFF model, the *Clinical Supervisor* facilitates, supports, and helps guide the case management activities of the Family Advocates. The supervisor meets weekly with each Family Advocate to discuss the progress of his or her clients, collaboratively assess current strategies, jointly develop new interventions as needed, and, in all cases, help the Advocate reflect productively on his or her emotional responses to the issues at hand. The supervisor serves as a listener, a supporter, and a problem-solver for the Family Advocates so that they, in turn, can better support families.

In the Marin City implementation of this intervention model, which had extremely limited resources, the supervisor also served as clinical coordinator. As such, he was also responsible for managing the second prong of the intervention: assisting community agencies in their efforts to provide comprehensive services to the families and children in the target group. In this role, he also facilitated important linkages for MCFF itself: identifying relevant community contacts, maintaining relationships with local social service and education agency staff who were involved with the client families, and facilitating case conferences with outside agency staff to ensure collaboration and coordination of services.

Because, like the residents they serve, most community agencies in Marin City are themselves struggling for economic survival, the clinical coordinator also found himself doing “community therapy.” This is likely to happen in work with any low-income community.¹ He served as a listener, a supporter, and a problem-solver to the agencies, in order to help them better focus on the collaboration necessary to truly assist the families they serve. This requires building strong relationships of support and trust with these community agencies, as well as with the Family Advocates and the clients. The unifying concepts of both case supervision and program direction efforts are support and trust. Without them, families and community agencies can not take the steps necessary to fulfill their potential.

Timing and Focus

The case included in this document relates the experience of a set of grandparents who have taken on the role of parenting their grandchildren after the youngsters have been legally and permanently removed from their mother’s custody. But MCFF’s first contact with these children had actually come much earlier. In the MCFF model, contact with families begins during the third trimester of a mother’s pregnancy and continues until the child is at least 36 months old. A significant number of cases involve getting the mother into drug treatment early

¹ Reed et al. (2002).

on in the relationship. That relationship is then critical in supporting the mother's transition back into the community, because the Advocate helps line up necessary resources as well as providing emotional support during what can be a particularly difficult time. Yet, as is evident in this case, such transitions are not always successful. If continued drug use or any other persistent problem subsequently results in termination of parental rights, MCFF's focus stays on the children, not the birth parent. In the MCFF model, the overarching goal is ensuring the health and well-being of the children. So in this case, once the court had freed the children for adoption and the grandparents stepped in to raise them, MCFF initiated a relationship with the new guardians immediately, well before the adoption took place.

Intervention Themes

Making themselves initially indispensable is an effective Family Advocate strategy for engaging clients and building relationships.² From the beginning of their relationship with a client family, a key role for Family Advocates is accessing, negotiating, and brokering needed services for their clients. On its face, this might seem a minor role, but it becomes a major task in most cases. This is because, when encountering bureaucratic inflexibility or other types of non-rational complexity sometimes found in large social service agencies, many clients experience greater feelings of stress, anger, and powerlessness than was evoked by the problem that has brought them in contact with the agency to begin with. The Advocate's help in dealing with agencies begins to lay a foundation for client trust.

This role requires that the Advocates know what resources are available where, understand the procedures of the agencies providing them, and maintain positive relationships with these agencies, irrespective of any frustration they might experience on behalf of their clients. That said, it is also their job to empower their clients to access their own resources. This is part of the larger agenda of moving clients from dependence to independence, not only in obtaining critical resources but also in terms of assertiveness and self-advocacy in all their important relationships.

The other major role for Advocates is providing supportive counseling. While it can sometimes be difficult for Advocates to do more than help families deal with immediate crises, the Advocates' constant goal is to help clients reframe their experiences so as to gain insight into the root causes of their difficulties. For

² MCFF philosophy to provide this support was often in conflict with that of drug treatment agencies who expound a philosophy of independent self-help.

Advocates, this means inviting clients to tell their stories and being a careful listener who makes nonjudgmental observations, reflects back the clients' strengths, and encourages the clients to process their experience at the level of emotions and feelings. Especially critical is developing clients' understanding of what they can and cannot control, of what is or is not their responsibility or fault. Absent this perspective, it is unlikely clients will make progress.

This more in-depth counseling can only happen when a sound and trusting relationship has been developed between an Advocate and client. This relationship is also the foundation for mutual problem solving, goal setting, and step-by-step planning that moves the client forward. A Family Advocate helps clients stay focused on goals, getting them to problem-solve with the Advocate about what each of them can do to keep moving toward these goals, planning in small steps, and reminding clients how far they have come. These strategies help a burdened client get perspective, see the "big picture." This relationship of trust and open communication becomes especially critical in the face of relationship challenges, such as a transition in Advocates or mandatory reporting.

Another essential theme in the Advocates' work is helping a parent or other caregiver understand child development and have greater empathy for children's challenging behavior in difficult circumstances. A major task is helping them understand that when children act out, caregivers should not take it personally. To this end, Advocates work to keep attention focused consistently on the child's well-being, something that guides the work of the parent/caregivers and the work of the Advocates, themselves.

In the MCFF model, the highly personalized family advocacy for clients is mirrored in the support that the Clinical Supervisor provides to the Advocates themselves. The underlying philosophy is that of honoring self-determination for both clients and Advocates. There is no "one size fits all" approach at either level. Rather, the Supervisor uses a process of reflective supervision through which the Advocates reflect, discuss, problem solve, and make decisions about strategies and cases.

EVIDENCE OF EFFECTIVENESS

Program evaluators tracked MCFF families during a three-year period from 1995 through 1997:

- In 1997, more than half the program parents were employed full time, compared to just 34 percent in 1996 and 6.5 percent in 1995.
 - Twice as many parents completed college-level professional programs in 1997 as compared to 1996 (22 percent versus 10 percent).
 - In 1997, almost twice as many program parents were taking courses or were in programs to obtain their GED as compared to 1996 (26 percent versus 14 percent).
 - In 1997, more than three-quarters of program parents had childcare, as compared to 45 percent in 1996 and 30 percent in 1995.
 - In 1997, almost three-quarters of program parents described positive parenting techniques they used.
 - In 1997, 70 percent of the parents said they felt they had someone they could talk to about questions concerning their children.
 - By 1997, 52 percent of program parents had received some form of substance abuse treatment since starting the program.³
-

The Value of Reflective Supervision

The MCFF model provides Family Advocates with a variety of supports, among them, ongoing staff development, a pool of expert consultants to draw from as needed, and the use of interdisciplinary case conferences. But in this model, the centerpiece — and most consistent source — of support for Advocates is regular reflective supervision.

Zero to Three's Rebecca Shahmoon Shanok⁴ describes effective supervision as “a holding environment, a place to feel secure enough to expose insecurities, mistakes, questions, and differences.” A variety of helping professions, including social work, nursing, and mental health, for example, have attempted to provide this kind of support for those on their front lines, using similar but differently

³ Scott et al. (1998).

⁴ Shanok (1992). p. 37.

named supervision models, such as supportive supervision or clinical supervision. In the emerging and multi-disciplinary field of early childhood development and intervention, this type of supervision is coming to be known most broadly as reflective supervision.

In developing MCFF, this supportive model was deemed essential. MCFF client families experienced pervasive stress on a daily basis, tended to live with a series of ongoing crises, and were directly affected by some combination of parental depression, substance abuse, child maltreatment, and family violence. For Family Advocates to be effective in these difficult circumstances, they needed supervision that would help them gain or retain perspective on their work, would assist them in identifying and learning necessary new skills, and would help them grow in other ways, both professionally and personally. In many ways, they needed from their supervisory relationship the same kind of support they were attempting to provide to their client families. The decision to use reflective supervision was based on the recognition by MCFF developers that, in the words of University of Maryland professor and researcher Brenda Jones-Harden,⁵ there would be “an extreme need to nurture the nurturer.”

The key to effective reflective supervision is the same as the key to effective home advocacy work: the establishment of a trusting, nurturing relationship through which honest and productive communication can occur. In both relationships — that between supervisor and home visitor and that between home visitor and client — what needs to be forged is a strong therapeutic alliance, which becomes the foundation for change, support, and growth.

Because an Advocate’s work with families is so personal, it can evoke strong emotions in all involved, which means that reflective supervision has the potential to be a highly emotional experience itself. The supervisor must take care not to blur the boundary between teaching and therapy. The focus of the supervisory relationship should be on helping the Advocate be a more effective professional, not on helping the Advocate deal with personal issues in general. In other words, a supervisor should try to help an Advocate with personal issues only so far as those issues might impede the Advocate’s effectiveness in his or her work. To have an effective relationship, proper boundaries must be maintained; the supervisor is not the staff therapist. Yet there are many occasions when work with a Family Advocate requires helping the Advocate process personal issues in order to understand the source of any counter-transference issues that might be creating barriers in his or her work with a family.

⁵ Jones-Harden (1997), p. 16.

In the MCFF model, the relationship between Supervisor and Family Advocate is not hierarchical, but collaborative, based on shared power, mutual expectations, and mutual commitment. Although the supervisor clearly brings some expertise to share as appropriate, the supervision model is not that of “expert” teaching “novice.” It’s based on the belief that power and expertise derives from knowledge, not just experience or job function. Just as parents are experts on their own child, the Family Advocate is the authority on his or her own work experience.⁶ The model also recognizes that a Family Advocate brings his or her own life experience — as a child, perhaps as a parent, as a participant in at least one culture, and as a member of a racial and gender group. All of these factors influence the supervisory relationship, and reflective supervision can help the Advocate draw from them in working with families or individuals who share some of these characteristics.

ADDITIONAL ELEMENTS OF SUPPORT FOR ADVOCATES AND FAMILIES

As noted earlier, additional elements of MCFF’s comprehensive support model for Family Advocates are ongoing staff development, a consultant pool of experts, and multi-disciplinary case conferences. The topics for ongoing staff development evolved during the course of supervision as the supervisor and Family Advocate recognized what additional skills and knowledge were needed if the Advocate was to meet the challenges that the families presented. In particular, since all of MCFF’s Advocates came from a counseling or social work background, MCFF provided ongoing training in child development.

MCFF also drew from a pool of consultants available to provide expertise in specific areas, to either inform the work of the Family Advocates or, in some cases, to deliver limited direct services to program families. In one instance for example, MCFF contracted with an expert in child development issues, including issues related to an infant’s exposure to alcohol and other drugs during pregnancy. This consultant provided important training and support for the Advocates in these critical areas, as well as conducting a playgroup for parents and children so parents could further understand the importance of play in the learning process of infants.

Since many of the families in MCFF presented very complex challenges and were involved with a variety of service providers, MCFF convened a bi-monthly case conference for each family, bringing together all service

⁶ Fenichel (1992). p. 15.

providers to monitor the progress that families were making toward their goals. It was also important that all the providers communicated with one another to ensure that everyone was intervening with a family in ways that were consistent with and supportive of other team members.

In the Marin City experience, issues that tended to evoke great emotion and, therefore, required more processing for Advocates included gender issues in the working relationships among MCFF staff, the transitions in Family Advocates, and relationship boundaries for Family Advocates. Because MCFF is a relationship-based intervention, transition issues were especially challenging.⁷ An example of how such factors can influence the supervisory relationship occurred early in the implementation of MCFF. One of the female Family Advocates was having a difficult time developing a relationship with the clinical supervisor. During one meeting, the supervisor mentioned to the Advocate that it seemed as if they were having difficulty developing a trusting relationship, that their communication seemed guarded, and that this was keeping them from working together effectively. The Advocate took this opportunity to explain that the way in which the supervisor asked questions and the tone of his voice reminded her of her ex-husband. They discussed this over the next several sessions and were able to come to a different understanding of each other's style and need for security. The supervisor adjusted how he engaged this Advocate and they quickly began to establish the kind of relationship they both desired. This same experience helped the supervisor and Advocate identify some important topics for ongoing staff development and training, related to domestic violence, sexism, and cross-gender communication.

The following case was documented as an example of the kinds of stresses facing client families and their Advocates, and to illustrate the role that reflective supervision can play in serving the Advocate and, ultimately, the family.

⁷ Most of the transitions from one Family Advocate to another resulted from an unanticipated inflexibility in regulations that did not allow M.S.W. graduates with child welfare stipend commitments to work in other than child welfare departments.

PART II. RUBY AND JAMES GET A SECOND CHANCE AT PARENTHOOD

When they were in their early fifties, married just four years, and each the parent of grown children from previous relationships, Ruby and James found themselves once again becoming parents to very young children. This time around they were raising and planning to adopt James's grandchildren, Alisha and Tony, whose mother, Diane, was addicted to drugs. This is the story of some of their day-to-day struggles in making a safe and nurturing home for their grandchildren, and how MCFF helped them deal with some specific challenges that threatened the development of a successful new family life for Alisha and Tony.

Ruby: grandmother, MCFF participant

James: grandfather, MCFF participant

Alisha: granddaughter, MCFF participant

Tony: grandson, MCFF participant

Diane: mother of Alisha and Tony, MCFF participant

Dorothy: Tony's foster parent

Sara: MCFF Family Advocate

Robert: MCFF Family Advocate

Donald: MCFF clinical supervisor and program director

Big Changes Ahead

When Ruby learned that her husband's two grandchildren, who had been living in foster care, were about to be put up for adoption, she was appalled. A deep believer in the significance of family, she couldn't imagine not intervening on behalf of Alisha and Tony. "You can't let somebody else adopt your grandchildren," she remembers telling James. "That's the bloodline, the first and

second grandchild.” When he hesitated, she gave him an ultimatum: Get the children or move out. They had been married just four years at the time.

Alisha, then 5, and Tony, just 18 months, had never met each other and had had vastly different early life experiences. Alisha had first lived with her mother, but was removed by the courts when it was determined that she was being neglected due to her mother’s drug use. She then lived with an aunt. When Alisha’s social worker began to suspect that the little girl had been sexually abused while in the aunt’s care, Alisha was moved into the home of yet another relative, a placement that ultimately proved inappropriate as well. In contrast, Tony had lived with the same foster mother since birth. Thus, each child came to Ruby and James with a different set of challenges. Alisha’s problems related to the lack of sustained loving care during her early years, as well as to the apparent molestation. In contrast, Tony’s issues related to his separation from a loving foster mother, the only caretaker he had known.

With the children’s arrival in their home — first Alisha and then, some months later, Tony — Ruby took leave without pay from her job as a city bus driver. James continued his work as a charter bus driver, becoming the family’s sole provider. It was around this time that Ruby first met her Family Advocate, Sara. Sara had started working with Diane, the children’s mother, when Diane became pregnant with Tony. She knew the mother and both children well. She knew the family history and had, for example, been involved in the investigation of the child abuse charge leveled against the person who was suspected of molesting Alisha. Sara had also visited with Tony throughout his foster care experience. She understood that the children’s transition into Ruby and James’s home would be difficult for everyone involved. If the children were to thrive, she knew, MCFF would need to help Ruby and James understand and deal not only with the children’s emotional needs, but also with their own. They would also need help with some practical issues related to having two small children dropped into their lives, chiefly, securing affordable high quality daycare.

Over the next four years, Sara and Robert, another MCFF Family Advocate subsequently assigned to work directly with James, helped the couple deal with a series of major issues, among them, the children’s transition from foster care, including the emotional fallout from Alisha having been molested; the ramifications of James losing his job; and the homecoming of the children’s mother, who was no longer their legal parent.

Ruby and James’s commitment to making necessary changes and their eagerness to work closely with MCFF aided the Family Advocates. Their resolution was reflected in each one’s willingness to meet at least weekly with the Advocates, minimally for an hour and most often for two or three hours. “We would deal

with particular issues, we would talk about feelings, we'd figure out what was happening and what needed to be done," Sara recalls. "Ruby is a very resourceful woman; she's very smart and she knows how to deal with the system. She is not one of those parents who need to be taken by the hand. I met with them every week and they kept their appointments. There was progress from week to week. Things built upon each other and there were no big lags where you had to go back to square one. There was definite movement in a positive direction."

Sara believes that MCFF's advocacy work with Ruby and James was also aided by the family's relative financial stability. Both Ruby and James had long and stable work histories prior to the children's arrival, and even when James subsequently lost his job, Ruby could still earn enough to meet the family's core needs. "Most of my other families were always struggling at the most basic level," says Sara. "This family wasn't, and it made a huge difference. For example, Ruby had seniority at her work and she could choose her work hours, a freedom that contributed to our being able to meet consistently."

Smoothing Difficult Transitions

As Sara began facilitating Alisha's and Tony's transitions into the care of their grandparents, she found it necessary to work with multiple social service programs to make sure the new family received needed support services. As part of that effort, she kept in close touch with John, the county Protective Services worker who had been assigned to the children when they first came under the court's jurisdiction and were initially removed from the custody of their mother. Sara developed great respect for John's knowledge of available resources and his ability to move things quickly through the county bureaucracy. When Ruby and James stepped in to adopt the children, John began developing a relationship with the grandparents as well. He and Sara often made joint home visits, then consulted each other about their perceptions of and interactions with the family. While their primary interaction was with the grandparents, the focus of the Family Advocates' was first and always the children.

Alisha's Transition

Alisha moved into Ruby and James's home several months before the arrival of her little brother. After being removed from her mother, the child had stayed first with an aunt and then with another relative. Neither placement had proved healthy for the child, but, nonetheless, Alisha had grown attached to these caregivers, particularly her aunt. Ruby says that when the little girl first moved in,

“she was acting like that girl in the movie *The Exorcist*.” In fact, Alisha’s yelling and flailing attested to the confusion and anger she felt about her situation. She had lived with her mother for the first three years of her life and still missed her. Although Diane was in jail at the time — and Alisha had been told this — Diane’s continued absence only fed the child’s sense of rejection. Tony’s subsequent arrival, which necessarily diverted some of her grandparents’ attention, further fueled feelings of abandonment. Aggravating the situation still more was that in moving to her grandparents, Alisha had also changed communities, moving away not just from family she knew, but also from friends. Feeling confused and out of control, the little girl took it out on her grandparents and, later, on Tony, too. In one incident, she hit Tony and broke his tooth. Of added concern was what seemed like sexually precocious behavior on her part; at one point, there was concern that she may have molested Tony.

Sara knew that Ruby and James needed help in addressing the outward symptoms of Alisha’s distress. She also knew that if they were to provide the necessary emotional support for their granddaughter, they would have to avoid the trap of taking her disconcerting behavior personally. To do that, they would need empathy for her, which required knowing something about Alisha’s early history and, equally important, something about how children deal with trauma. This was especially important for Ruby, who was initially at home full time with Alisha, thus feeling the full brunt of the child’s behavior.

Yet Sara soon realized that neither Ruby nor James had been given a full picture of what might lie behind Alisha’s outbursts. All they really knew was that she had not received the kind of consistent, loving care that Tony had experienced. So when Sara told them of suspicions that Alisha had been sexually molested (the investigation was continuing at that time so Sara could say nothing definitive), they were surprised. In addition to providing them with a more complete social history of the child, Sara filled them in on related child development issues, such as attachment, the effects of constant changes in children’s environment, and what is known about children’s response to trauma.

As it turned out, Ruby, herself, had been sexually abused in her youth, although at an older age than Alisha. Finding out about Alisha’s experience evoked strong emotions that had been suppressed for many years. Sara began working to help her understand those feelings and how they might be affecting her attitude toward Alisha’s behavior.

Alisha’s alleged molest of Tony took place after Diane moved in with the family at Ruby and James’s invitation. When Ruby suggested that Alisha had been playing inappropriately with her brother, Diane furiously rejected the idea. As Ruby struggled to deal both with the children and with their angry mother, Sara tried

to sort out the facts. She also got in touch with John to request that the county provide child and/or family therapy. She believed that both Ruby and Alisha, each in her own way, needed therapeutic support. Although John followed through and was able to come up with necessary funding, the attempt to ensure that the family got much-needed counseling ultimately fell short, due in large part to Ruby's initially skeptical attitude about therapy. A deeply religious woman, she believed that the best way to deal with life's difficulties was to put them in God's hands. Because she didn't see Alisha's therapy as important, she failed to get the girl to her appointments on any regular basis.

DONALD'S COMMENTS: ALISHA'S TRANSITION

A key to effective supervision is, of course, knowing and understanding those you're supervising, in this case, the Family Advocates. One benefit of doing reflective supervision, in which you meet regularly with individual workers, is that you come to know them well, to recognize potential hot spots and anticipate what issues might be more difficult than others for them. By this time, I knew that Sara's own relationship with family during her childhood and youth had been difficult and had informed many of the strong beliefs she held as an adult. One of the things we worked on was helping her first to recognize her own biases. (As a trained social worker, Sara was already aware of the need to identify her own prejudices, so our discussions related more to exploring how they might affect her interactions with clients. These kinds of discussions are all the more important when supervising paraprofessionals who have *not* received the kind of extensive training that someone like Sara has.) We then discussed the need for her to create emotional boundaries in her relationship with Ruby, so that she — Sara — wouldn't overreact to the highly emotional issues inherent in this case. If she was going to help Ruby process her feelings around these highly charged issues, she needed to have a clear understanding of her own emotional reactions to the issues. She also needed the opportunity to process her own feelings, which we did through our regular discussions.

In this work, Advocates must always be prepared to help parents or guardians understand their child's behavior from the perspective of what we know about child development. In this specific situation, Sara needed to explain that when children have been sexually abused, it's not uncommon for them to later act out many of the things that were either done to them or that they have witnessed. Ruby needed to understand that Alisha's behavior was not purposeful, but was, instead, a reaction to the internal turmoil she was probably experiencing.

Equally important was that Ruby understand Alisha's need for therapy if she was going to heal from the trauma of being molested. Finally, Ruby needed to understand that being in therapy requires consistency — which meant getting Alisha to her appointments. In addition, it was important for Sara to encourage Ruby to participate in the sessions that Alisha was having in therapy to get a deeper understanding of the issues that Alisha was dealing with. Throughout this period, Sara and I discussed *how* to communicate all this in ways that Ruby would accept.

Because receiving such information does not automatically or immediately lead to understanding, I discussed with Sara the need for her to be patient as Ruby struggled to acquire new ways of looking at Alisha's behavior. It was also important that Sara feel comfortable helping Ruby process her feelings about having been molested herself and explore how that experience might be influencing her reaction to Alisha's behavior. It was important that Ruby not shame her grandchild by calling her behavior bad or ugly. It was also important that she not read sexuality into every behavior she saw, for example, if the children were roughhousing.

Tony's Transition

Tony's move from foster care into the home of his grandparents was also fraught with problems. Having spent the first 18 months of his life with Dorothy, his foster mother, he was completely attached to her. Ruby recalls that when Tony first came into their home, he expressed great insecurity. "He had a sleeping blanket that he would not turn loose," she says. "Everywhere he went, he had this little blanket he was dragging. And he couldn't be in a crowd of people without going off." Sara's challenge was to help Ruby and James understand and respond to Tony's emotional needs during this difficult transition. She also needed to recognize and take into consideration the emotional needs of Dorothy, Tony's foster mother, who loved and had hoped to adopt the boy. When the courts decided that Ruby and James should be allowed to adopt the boy, a transition schedule was created to ease Tony into his new situation. If that schedule of gradually more frequent visits with his grandparents was to be successful in weaning him from Dorothy and helping him bond with Ruby and James, Dorothy's cooperation was essential. Yet Ruby and Dorothy sometimes had different notions about what was best for Tony, disagreements that tended to be aggravated by the fact that each woman was somewhat jealous of the other's relationship with Tony. Thus, Sara's challenge was to keep each one focused on the child's well-being, helping each look beyond her own self-interests. This relentless child-centered focus guided Sara's intervention and

became a springboard for the development of a working relationship between Ruby and Dorothy.

Tony's transition was complicated by the fact that his new home was culturally different. Although Dorothy, his foster mother, was mixed race, she was middle class, and many of her approaches to child-rearing reflected white, middle-class values. This was a very different life style and culture from that found in the African American working-class home of Ruby and James.

DONALD'S COMMENTS: TONY'S TRANSITION

The sense of competition between Dorothy and Ruby was fueled, in part, by Dorothy's initial concern that because Ruby and James appeared to have fewer financial resources than she did, they would not be able to provide as high a level of care. She also had a largely negative stereotype about working-class African American families, one that was reinforced by the fact that Tony's mother had been involved in drugs and had spent time in jail. She was further put off by her belief that the court's decision to place Tony with his grandparents rather than with her was based on race. (In fact, race had not been a factor in the placement decision. The court's decision was based on the desire to place Tony with family, if at all possible.)

As for Ruby, in addition to her strongly held belief that children should live with their biological families, she did not believe that a white family — which is how she viewed Dorothy — could effectively raise an African American child. Neither of those particular beliefs was personal to Dorothy, and she appreciated what Dorothy had done for Tony. But whatever trust she might otherwise have had in Tony's foster mother was undermined when they first met and she sensed Dorothy's resentment and judgment.

This low-grade animosity between the two women challenged Sara to serve as an effective mediator, to help each woman get beyond her personal angst so, together, they could focus on Tony's well-being. But, first, Sara had to confront and deal with her own bias: her natural sentiments lay with Ruby and James. I knew she was opposed to transracial adoptions and didn't really have much empathy for Dorothy's situation. So what we needed to talk about was making sure she was providing service that didn't reflect that bias.

My work here focused on helping Sara regain and maintain her objectivity. That meant first helping her process her own reactions, and then assisting her in developing a plan to keep these two women focused on easing Tony's

transition. We hoped that as a by-product, the two mothers might develop mutual respect. We thought this an important goal for a couple reasons, not least because Ruby might need Dorothy's help during Tony's extended transition. Also, it was important for Tony in case, when he was older, he wanted to know about his foster mother or, even, to meet this woman who played such an important role in his early years. (Sara's work here proved successful in that Dorothy and Ruby agreed that they would keep in touch and that Ruby could call Dorothy for any kind of help she needed.)

We also worked on identifying and addressing any significant differences in the parenting approaches of the two women that could make Tony's transition more difficult. In fact, there were some significant culture- and class-based differences in how the two women interacted with Tony. Ruby tended to take a much sterner approach than Dorothy does: she sounded harsher and, had it been allowed, would have spanked him as she saw necessary. (Foster and adoptive parents are forbidden from using corporal punishment, and we made clear with all clients that we would need to report it if we knew it was going on.) Ruby's approach to parenting simply reflected a cultural belief that if you always respond to your children's needs, your children will become spoiled. Dorothy, on the other hand, talked with Tony more about his behavior and used more time outs to influence it.

Sara and I discussed helping Ruby acquire a deeper understanding of Tony's developmental needs and how to support them. We talked about the need to help Ruby develop appropriate expectations for a child his age, different ways of nurturing him, and new tools for dealing with his behavior.

Fallout from a Lost License

A year after the children came to live with their grandparents, James lost his driver's license and, consequently, his job as a bus driver. The source of the problem was unpaid child support. While James tried to sort out the license issue, Ruby returned to work. At this point, Robert, another MCFF Family Advocate, was assigned specifically to work with James, particularly on James's parenting role and issues related to his license.

At the time, James was in his late 50s and Robert in his 30s. Robert recalls that the older man seemed taken aback by Robert's relative youth: "He looked at me as if to say, 'What could you possibly do for me?'" The younger man quickly realized his biggest challenge would be finding a way to connect with James so

they could work together effectively. “James had a big shield,” he recalls. “After he lost his job, he had done everything in his power to maintain his status as man of the house, as earner — hustling up work on other people’s cars, or finding a junker in the junk yard to fix up and sell. He wanted you to think everything was all right and that he could handle his problems. But losing his job was devastating to him. If I could address his issues in an indirect way, he was approachable. But I never took a direct approach.”

Compounding the issues related to his role as provider was James’s worry about the prospect of serving as primary caretaker for his grandchildren while Ruby worked. For a variety of reasons having to do with what he himself described as “youth, inexperience, and playing games,” James had not been involved with raising his own children. He saw his relationship with his grandchildren as a second chance, an opportunity to right past wrongs. Yet parenting did not come easily to him. His usual way of interacting with his Tony was to have the little boy watch him as he worked on a car. He felt even less connected to his granddaughter.

After discussions facilitated by Sara and Robert, James and Ruby decided that the children should be in full-time daycare so James could concentrate on getting his work life in order. Sara guided Ruby through the process of procuring childcare: helping her explore options, make a choice, work out the financing, and work out the logistics of getting the children there and back. With Sara facilitating that process, Robert was able to focus on James’s desire to get back to work so he could, once again, adequately and consistently support his family. But throughout this period he also worked with James on parenting issues, trying to help him look beyond his limited view of father solely as financial provider, to see the varied and important roles a father can play in a child’s life. He also helped James look back at his relationships — or lack thereof — with his own children (including Tony and Alisha’s mother) and the difficulties they had experienced because he had not been a responsible father. The issues of fatherhood — specifically, how to be a good father — remained part of the ongoing conversation between James and Robert throughout their relationship.

DONALD’S COMMENTS: JAMES AS A PARENT

Robert’s degree had been in secondary education, not social work. He had some good knowledge and skills about relationships and about connecting with people. I needed to give him some basic training in case management, including, for example, assessment and developing treatment plans.

I wanted Robert to help James deal with his own needs around jobs (including learning how to deal more effectively with various governmental

systems). But I also wanted him to help James develop as a parent, to understand how to parent Tony and Alisha in a more responsive, caring way. So my work with Robert focused, first, on identifying the qualities that made *him* such a good father to his own son. We then explored how he might nurture those qualities in James. We also discussed the need to help James understand that, while being a provider to your children is important, it's in their *relationships* with children that adults can have the most positive influence on children's lives.

We discussed the possibility, for example, of getting James to talk about his own childhood and the role and importance of his father: What was positive about it? What wasn't? Then we talked about using this information as the basis for further discussion with James: What do you need to do for your children? As a father, what are your hopes for them? How do you want to see your children develop?

Pursuing a Professional Goal

To generate some income after he lost his job, James had begun working as what he called a "shade tree mechanic," working as an independent mechanic whose "shop" was simply the street in front of his house. He enjoyed the work and felt he was good at it. But he was able to command only \$15 or \$20 an hour, while mechanics at a nearby shop were charging three times that amount, he told Robert. "Certification is nothing but a piece of paper," he said, "but if I had that paper, I could charge that kind of money."

Yet when faced with the prospect of returning to school in order to prepare for certification, James initially balked, intimidated by the memories of past failures in school. Nonetheless, with Ruby and with Robert each encouraging him, he decided to go for it. Robert helped him identify schools in the area and, together, they visited them. Then came the issue of money. "He was concerned about the cost," says Robert, "so we talked about different ways of finding resources. I identified the sources and he took care of the legwork. He eventually took out a student loan, and he also got some money through a Pell Grant. He was able to get the books, and he was able to pay for his schooling."

According to James, his age made the return to school even more difficult than he had anticipated: "I'm old enough to be the teacher's father," he told Robert. "I'm not saying I'm old, but I have more miles on me than most people in school. My ability to recall is not there anymore. The teacher has slowed down for me and I am gradually getting it. It just takes more time."

Negotiating Bureaucracy

When James first lost his license and, consequently, his job, he had tried to sort out the problem with the Department of Motor Vehicles. But he ran into what he considered a dead end when he was informed that the District Attorney in a nearby county had intervened to deny his request because James owed back child support, in his home county for the now-grown children from his prior marriage and in another county for a child born out of wedlock. James knew he owed the support, but he had fallen behind at some long-ago point and eventually gave up on ever catching up. When his license was taken, he made some early efforts to sort the issue out and then simply decided to drive without it. The worst that could happen if he was caught, he told Robert, was that the police might confiscate his car. Based on this belief, he had opted to buy and drive only cheap “fixer uppers.” That way, if he lost his car, he said, he wouldn’t be out much money.

When Robert heard the story, he encouraged James to take a different approach. He proposed that, with his help, James try once again to regain his license, so that he could drive legally. In this, Robert’s biggest challenge was to break through James’s great skepticism about being able to get fair treatment from public agencies. Recalling some of those early conversations, Robert says, “We started to piece together some of the things James had gone through in his first attempt to get his license back and how he had dealt with them. He was bitter and, on top of that, he had a short temper. If he felt any resistance from anyone, that was all he needed to explode. He saw his license as his lifeline — if he couldn’t have it, he couldn’t work. But at the time, he just didn’t have the patience to deal with getting it back, and he had given up. He said, ‘I’ve done everything I could. I wrote letters, spoke to so-and-so, and nothing’s come of it. I don’t know what else I can do.’”

Together, James and Robert approached the problem again, one step at a time. “First, we made phone calls to the DMV. James showed me the letters he’d received and identified where the hold-up was in Contra Costa County. We made phone calls to Contra Costa to find out where we should go and who we should see. We made a couple of trips out there and had spent all day, waiting. I can’t recall the name of the office, but you had to sit all day to speak with someone. Then, when we finally met the person we’d been told we had to speak with, he referred us somewhere else. James told me, ‘See, I told you they don’t know what they’re doing in here...’ And I said, ‘But this is where we need to start.’”

Their effort then took them to the courthouse, where they had to complete a complicated set of required paperwork. There, they also received information that made them think they might need to retain legal counsel for James. But in the end, with the help of a friendly clerk, they were able to resolve the issue on their own. It was finally agreed that once James had his license back and started work

again, the county to which he owed back support would contact his employer and set up direct payment. To James's delight — and amazement — he soon received his commercial driver's license in the mail.

Throughout this process, Robert directly modeled for James a way to get through complicated bureaucracy, most specifically, how to communicate with the necessary public officials without blowing up. He was able to help the older man understand that the people on the other side of the counter weren't trying to block James, but were just following procedures. "With each setback, each frustration, James wanted to give up," Robert recalls. "But we would just go back to the big picture. Then, we'd be okay, ready for the next day. At times, when I felt that he was depending too much on me to walk him through, I sent him out there on his own, so that he would know he could do it by himself."

DONALD'S COMMENTS: HELPING JAMES WITH PROBLEM SOLVING

The job of a Family Advocate is to move the client from dependence to independence through a process of engagement, collaborative problem solving, support, and action. Robert helped James with goal setting, step-by-step planning, locating resources, decisionmaking, and action. Given James's passive-aggressive approach to dealing with problems, I suggested that in this case, Robert take the extra step of actually going with him to visit schools and to deal with the various bureaucratic systems he would encounter in seeking to remedy his legal problems. My idea was that Robert would model more effective behavior, whether at the courthouse, the DA's office, or Children's Protective Services. This often made the critical difference in James's success in accessing community resources and negotiating human service systems. More importantly, it helped him develop a more effective coping style, because Robert provided a role model for dealing with stress and frustration, for staying goal-focused, and for healthy communication. While Robert initially took the lead in dealing with the public agencies, he then began to hand the lead over to James, providing moral support and advice as James practiced new behaviors for interacting with the necessary bureaucracies. In the process, James began shifting from a stance of hopeless passivity to an active, empowered stance.

Among Robert's major strengths are his patience and his ability to interact with people regardless of their station in life. He and I talked a lot about the stereotypes associated with African American males of the working class and below. That clarity about the stereotypes gave him insight into what James needed if he was to improve his ability to be patient and work through problems.

Mom's Homecoming

During this period, Diane had been serving county jail time on drug-related charges. As her release time neared, Ruby and James invited her to stay with them. At that point, Diane was eight months pregnant, and, although she had completed a drug treatment program prior to serving her sentence, Ruby and James were worried about the baby's well-being. Ruby, especially, hoped that by having Diane live with them — even during just this last month of pregnancy — she could somehow ensure that the baby would be born unaffected by Diane's drug use and that living with them would help Diane stay clean. For Ruby, Diane's situation hit close to home because there had been a time, earlier in her life, when she, too, battled a drug addiction. Although the courts had not intervened, her own children had been raised by Ruby's mother because she wasn't capable of caring for them. So, in effect, she knew what it was to be separated from your children — and to regret it.

"I was down that road too and it's only God's grace and mercy that got me here," she says. "I've been born again for five years and ever since, I've been clean. But during that time I was doing drugs, my children were sheltered because they were with my mother. They never saw me in that state. My mother knew I was on crack, but she never saw me there either. So God didn't take me to the level he took Diane. I could have lost children, but I didn't. So I can sympathize with her to a degree. When you lose control, you want to do right but you can't do right. You are out of your mind and out of control. How can I judge her?"

Because Ruby believed family ties trumped legalities, she couldn't bring herself to deny Diane access to the children. "She misses her children, and just because she made a mistake, she shouldn't have to pay for it for the rest of her life," she told Sara.

Yet Ruby's immediate family — and especially Tony and Alisha — remained her top priority. The thought of what was best for them guided all her decisions. So even as she said she was praying for Diane's full recovery, she made it clear that she would not allow anything to harm her adopted children. If Diane moved in, she would have to stay clean. "I told her these are the guidelines," says Ruby. "You must try and get your life back on track because I cannot let you back in my children's life if you're going out there and use that stuff. If she is ready to surrender her life to Jesus and be straight, I love her enough to want to give her children back to her. But I told her if she's not right, don't even think about it. So there was an understanding from the start."

Ruby's good intentions notwithstanding, Sara knew that Diane's homecoming would be highly complicated. She had stayed in touch with Diane from the time

she became an MCFF client when she was pregnant with Tony. In fact, it was while visiting her in jail that Sara learned of Ruby's invitation to have Diane move in with the family. At this point, she began trying to prepare both women, Diane and Ruby, for the challenges that family reunification could present. A central complication was likely to be the question of Diane's relationship with the children since. Legally, she was no longer their mother. The courts had terminated her parental rights and both children had since been adopted by Ruby and James. While Tony didn't know his mother, Alisha did and it remained to be seen how she would relate to her birth mother and her adoptive mother when they were all living together. There were also likely to be issues related to Diane's drug recovery. All in all, Sara was somewhat skeptical about the success of the reunion, but she recognized and understood Ruby's commitment.

"I knew it wasn't going to be easy to get Ruby to think carefully about what she was doing," Sara recalls. "Her thoughts about getting the whole family together were complicated by her feelings about losing her own children when she'd been using drugs and by her concerns about Tony and Alisha's well-being — especially Alisha's closeness to her mother. And she thought that if Diane moved in there was a chance to make this new baby clean.

"Ruby felt she was on a mission from God. She believed that God was working through her and that she needed to give back to the community by helping pregnant women have clean babies. There was no way to discuss these topics rationally. I tried to get her to think about how confusing it could be for the children to have Diane there. But Ruby was in total denial, and it was an uphill battle. The only thing I could say to her was that there would be complications and that she should keep talking to me about it."

Robert was giving James much the same message about the importance of communication. He continually emphasized how critical it was for James's relationship with Ruby — and, therefore, for the well-being of Alisha and Tony — to talk about issues and feelings as they arose. "Ruby took the lead in how things were developing," says Robert, "but Diane was still his daughter and he *had* to have a say in decisions. I told him it was going to be difficult, but if he and Ruby could keep talking to each other, they could head off some problems."

Ruby believed that Alisha and Tony would benefit from their relationship with their biological mother. Despite Sara's warnings, she never worried that the children might become confused over who was really in charge. Diane's arrival, she told Sara, "would fill a void." And initially, it looked as though she had been right. Discussing the situation soon after Diane's arrival, Ruby said, "When I first got Alisha, it was rough, and I really feel in my spirit that her problems came because she was missing her mother. When I asked her, 'How would you like

your mommy to come to church with us,' her attitude changed and she couldn't wait until her mommy got out of jail. It was a blessing for them to bond again. Plus, my husband had never been with his daughter since she was a little girl. Her return was a blessing for us. There's a lot of healing going on in this house, for the grandchildren and for the daughter. I don't *know* Alisha anymore, she's so sweet."

The honeymoon didn't last. This was the first time Diane had lived in her father's home and there were a lot of adjustments to be made, mostly by Ruby, as it turned out. While Diane and James were beginning to get to know each other, Ruby began to feel like odd-person-out. As Sara soon learned, Ruby had been the oldest child in her own family and, while growing up, circumstances had put her in the quasi-parental position of having to care for everyone else. She had resented it. Now, with Diane joining the family and absorbing everyone's attention, Ruby began to feel much the same way about her current position: unappreciated and taken advantage of.

"Ruby and James were arguing about everything," says Sara. "I had never heard Ruby cuss until that point and she cussed like a sailor. She was mad, really mad. There were a lot of tears; there was a lot of anger. James was mad. Diane was mad. Ruby was mad. Ruby and James had to re-establish who they were, what their relationship was, and how much they valued it. They also had to decide whether they wanted to rescue James's daughter. It was a tough time, and I think if I hadn't been there, it would have been a disaster."

Just a month after Diane arrived, Ruby and James asked her to leave. She moved to a nearby apartment, living by herself. Soon thereafter, her baby was born, and much to everyone's relief, the baby seemed unaffected by Diane's past drug use. Diane bonded with her baby, appeared to enjoy motherhood, and enrolled in a childcare training program. Meanwhile, Ruby and James were able to repair their relationship and re-create a calmer, more supportive environment for the children. The relationship between Diane and her father and stepmother remained amicable enough so that, aided by Sara, they began exploring how the two older children might begin spending more time with their mother.

During this period, James continued to express gratitude for having a second chance at parenthood, with his own daughters (he had reconnected with a second daughter, as well) and with his grandchildren. "This is all good for them and good for me. I'm getting a chance to do something I didn't get to do before. Instead, I get to do it at a later date and I am blessed for that."

DONALD'S COMMENTS: RUBY'S RELIGIOUS NATURE

A key to MCFF's success with families is the acknowledgement of and effort to build on the strengths and resilience of its clients. With Ruby, that meant recognizing her sense of spirituality as a powerful force that could either impede and/or be enlisted in the therapeutic process. Ruby's born-again religious experience had been a very powerful force in her life; she credited it with her ability to recover from drug addiction. Her strong religious belief helped her cope with the world, in part by giving her a set of values, namely the Ten Commandments, that directed her actions.

My discussions with Sara were about acknowledging Ruby's belief system and enlisting it as a positive force. For example, despite her own past drug use, Ruby continued to be very judgmental about people addicted to drugs, including Diane. She felt that since she had been able to give up drugs solely by relying on God, others ought to be able to do the same. This judgment affected her opinion of Diane negatively, even though Diane had gone through drug treatment. Sara was able to talk with Ruby about how her judgments were at odds with her own religious beliefs.

In a slightly different vein, I also talked with Sara about helping Ruby realize that even though you can turn a situation over to God, you still needed to do the earthly work of solving the problems that confront you and your family. This was particularly important in talking with her about Alisha's therapy.

It was Ruby's religious values that drove her to take on this incredibly difficult challenge of having Diane live with them. Actually, we found out fairly late in the game that Diane had asked to live with Ruby and James and that Ruby had decided to invite her. We suspected it would become a difficult situation and that Sara might have to help Ruby deal with it. At this point, I strategized with both Advocates about how best to prepare this family, and how best to support individual family members throughout the process.

Among other things, this was going to be the first time that James would be living under the same roof as his daughter. Among the questions we discussed were: How do you facilitate the bonding that needed to take place between them? What was Ruby's role in this process? How do you deal with any competition between Ruby and Diane around mothering?

During Diane's stay with them, when Ruby was feeling so angry and frustrated, I recognized the need to help Sara deal with this very emotional situation. My main concern was to keep her focused on the core family — James and Ruby and the kids — rather than having her worry too much about Diane. Her job was to do what she could to stabilize the primary relationship between Ruby and James as they struggled to adjust to Diane's presence. We had to make sure this relationship remained solid because we believed this home was the right place for the children. (We had supported the County's decision to make this placement.) While James and Diane needed assistance in dealing with their own father-daughter relationship, it was not the Family Advocate's role to help with this secondary relationship. I had to counsel Sara not to get stuck and distracted with what was going on with James and Diane, but to focus on helping Ruby and James process the added pressures presented by Diane's return.

Saying Goodbye

Ruby, James, and the children remained MCFF clients for approximately four years. Their story attests to the resilience of these caring grandparents. It also illustrates the power of relationship-focused interventions that reinforce clients' inherent resilience, helping them prevail in spite of ongoing and continual challenges. Given the necessary intensity of the Advocate/client relationship, the boundary between service provider and friend can blur — and nowhere is that more evident than when saying goodbye. By happenstance, Sara and Robert left the program at approximately the same time: Sara was changing jobs and Robert and his family moved out of the area. Each found the good-byes more moving and, in some ways, more difficult than they had expected.

***Sara:** I tried to terminate contact but I don't feel like it's really terminated. Ruby said to me, 'You know, you're part of the family and you're not going anywhere.' She still calls me and says, 'I know you didn't forget me stranger.' And I call to check in with her. I've also been trying to get her into therapy. I am a little worried about her at times because she has very few boundaries, and she gets hurt a lot emotionally. I told her there would be somebody else taking my place, but I've noticed that the family is at a point where they are pretty empowered to be on their own. I think Ruby feels like she's got it pretty much together.*

***Robert:** When I told James my wife and I were relocating to Southern California for health reasons, he was pretty upset at the prospect of my leaving. He still needed support, the reassurance that he was all right, that he was still doing the*

right thing. He still needed somebody to bounce ideas off of. He didn't have a lot of male friends. James gave me a hug. Men still don't show their emotions very much, still try to hold it back, but there was a hug. And he told me: 'With what you did for me and my family, anything you need, whatever it is, if I have it, it's yours.' I had a hard time — I didn't know what to say or how to say it. I hadn't realized the bond I had created, not only with him but also with the other clients. It wasn't work anymore.

DONALD'S COMMENTS: TERMINATING SERVICES

The termination process is about summarizing the work that a family has done, identifying what they have accomplished, processing how they feel about it, and reinforcing what people have learned as they have become more self-reliant. In this case, because Robert and Sara were both leaving the program, they needed to assure Ruby and James that MCFF was not abandoning them. So some time at the end was spent introducing the new Advocate into their lives.

For Ruby and Sara, Sara's leaving was particularly difficult. They had spent a lot of time together. Ruby saw Sara as more than just an Advocate and wanted to maintain contact. So Sara and I needed to talk about setting some boundaries; there needed to be emotional room for the new worker to come in and be effective. We agreed that Sara could tell Ruby that she would check in periodically as a friend, but that Ruby needed to be open to the new Advocate.

Follow-up – A Year After Services Were Terminated

Ruby spent a year on disability due to an injury, but she returned to work and, at the time of this writing, was approaching her 14-year anniversary as a city bus driver. James dropped out of mechanics school, but has continued to work as an independent mechanic, claiming to enjoy it more than he ever enjoyed driving a bus. Alisha and Tony still live with their grandparents, and because James has a flexible schedule, he is responsible for getting them fed, dressed, and off to school every morning.

After some difficult times, the children are doing well. Tony, now a first grader, had a hard time adjusting at the beginning of the school year, frequently acting

out in class. To support him, Ruby remained in class with him for a couple of weeks until he adjusted. Alisha, now in fourth grade, has been in therapy off and on and is showing much improvement.

Despite Ruby's initial hopes, the children have not had any contact with Diane since she left their household. This has been mainly due to continued conflict between Diane and Ruby. Even so, Ruby indicates that she would like to try again to have some contact between the children and their biological mother.

Reflecting back, Ruby says that in caring for Tony and Alisha she has learned to be patient and empathetic, which has helped her deal with the difficult behavior that both children periodically exhibit. She feels that the work she did with the Family Advocates helped in this growth process. Moreover, she now admits to a deeper understanding of and appreciation for therapy. James also feels he personally gained from his involvement with MCFF. He has become more involved in the family and is really being a father to these two children — something he had not done with his own children.

In talking about Alisha and Tony, the couple expresses a sense of accomplishment that neither had experienced in their first round of parenting. They speak of feeling hopeful for themselves and of seeing a bright future for both children.

REFERENCES

Fenichel, E. (1992). "Learning through supervision and mentorship to support the development of infants, toddlers, and their families." In E. Fenichel (Ed.) *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book*. Arlington, VA: Zero to Three — National Center for Clinical Infant Programs.

Jones-Harden, B. (1997). "You cannot do it alone: Home visitation with psychologically vulnerable families and children." *Bulletin of Zero to Three: National Center for Infants, Toddlers, and Families*, 17, 4 (February/March). Washington, DC: Zero to Three: National Center for Infants, Toddlers, and Families.

Reed, D., Lally, J. R., & Quiett, D. (2002). *Battered agencies: Supporting those who serve low-income communities*. San Francisco: WestEd

Scott, B., Piske, B., & Quiett, D. (1998) Final evaluation report for Marin City Families First. Unpublished report.

Shanok, R. S. (1992). "The supervisory relationship: integrator, resource, and guide." In E. Fenichel (Ed.) *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A source book*. Arlington, VA: Zero to Three — National Center for Clinical Infant Programs.