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REJECTED FAMILIES: ESTABLISHED AND INNOVATIVE
STRUCTURES OF SERVICE

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ABSTRACT

The purpose of this paper is to encourage social workers in family settings to consider alternative structures of services to families, especially those families who are rejected from meaningful extra-familial relationships. Rejected families, the established structure of family service and some innovative modifications to this structure are described. Special attention is given to one type of innovative family-service structure, an experimental family residential center, which was successful in reducing rates of child abuse in Holland. Innovative family-service structures, including residential centers, could help many families which do not benefit from the existing structure of family services.

In America, as in Western Europe, social workers are relying more upon family-focused methods to deal with problems which were once dealt with by seeing specific individuals. The established structure of family services is useful for many families, and yet, existing services in numerous communities do not adequately respond to the needs of "rejected families." In the first part of the paper, rejected families and the established structure of family-focused service will be defined. In the second part of the paper, specific attention is given to one type of innovative service structure, a family residential center, which was developed in Holland, and findings of families discharged over eighteen months will be reviewed. This center, De Triangel, accepted only multi-problem families in which children had been abused. Admitted families were motivated to change but had not benefited from receiving established services. Centers similar to this and other innovative services could close a significant family-service gap which now exists in many American communities.

1. Rejected Families and Family-Focused Services

Rejected Families

The term "rejected families" refers to families that are excluded from meaningful interaction with extra-familial structures. Such structures include a variety of systems that generally interact with families, such as educational, religious, and recreational organizations, friendship and extended family networks, and systems providing employment and financial resources. Rejected families generally have multiple problems and are likely to have both intrapersonal and interpersonal problems within the family. What distinguishes rejected families from others needing professional services is the degree to which their interactions with extra-familial structures have not developed or been maintained. (Leichter and Schulman, 1974.)

Physical abuse and emotional neglect of family members are common symptoms in rejected families and common causes of rejection by extra-familial structures. Child abuse, more than most symptoms, puts a family in a scape-goated position as the family responds to the indignation, contempt, and aggression of others informed of the abuse. The sense of guilt, impotence, and unworthiness experienced by abusing parents is often reinforced as schools, judicial bodies, and social agencies respond to the label, "child-abusing family."

Rejected families, unlike many other families requiring services, seem so depleted of positive extra-familial contact that they have little energy for making changes within the family to improve the welfare of individuals. Members also feel powerless to successfully engage themselves beyond the family because they perceive the family, their primary identification, as being discriminated against. This precipitates a destructive family career unless drastic means are instituted to alter this perception and environmental-situational (ecosystem) factors which maintain it (Keeney, 1979).

The established structure of family-focused services is not sufficient for many rejected families (Barnes, *et al.*, 1974 and Tierney, 1976). Regardless of the intention, style, or skill of the family worker(s), this structure may not enable rejected families to avoid becoming the target of others, to improve communication with others in extra-familial social networks or to give up the negative image of themselves as a family unit. The desirability of aggressively reaching out to hold these families in treatment is questionable since such actions may reinforce a family's scapegoated identity.

Established Structure of Family Service: Worker, Family, Place, and Time

The established structure of family-focused service (i.e., worker, family, place, and time) has been heavily influenced by the traditions, methods, and values associated with direct-practice, rehabilitative settings. This structure is also utilized by agencies providing material or monetary aid to families. Established structure refers to one or two workers meeting with a family or family sub-unit in an office or home for relatively brief sessions (i.e., generally less than one-and-one-half hours per session). The total number of sessions may be open-ended or time-limited. The theoretical perspectives adopted, problems identified, and intervention styles used within this structure reveal wide diversity and creativity. Yet, few family workers deviate from it.

The established structure of service has been reinforced by many assumptions developed by Ackerman (1966), Haley (1963), Minuchin (1974), Satir (1974), and others who realize that intrafamily phenomena influence the development or elimination of personal problems (Spiegel, 1974). The greatest effort has been made to develop service structures that enable workers to directly assess and intervene in a family's intrapersonal and interpersonal problems. Less attention has been given to structuring family services so workers could directly assess and intervene in deficient interactions between family members, or the family as a unit, and extra-familial structures which influence family functioning (Keeney, 1979).

The established structure of service to families is generally valued by persons providing services and those receiving services (Beck and Jones, 1973) and yet, this structure is not adequate for rejected families. Too often, the explanations given for lack of progress focus upon the family, or its members, rather than the established structure of service. The issue of whether the established structure of service fails to achieve the purposes for which it was designed has not been given sufficient attention. There are beginning signs of change as innovative modifications to the established family service structure have appeared in recent literature.

Innovative Modifications of the Established Structure

Innovative modifications of the established service structure include alteration of any or all of the following: number of workers, families, meeting places, and/or duration of meetings for the purpose of providing better family services. Many innovative modifications are attempts to improve the relationship between a family and its extra-familial structure. These modified structures increase the range, intensity and/or duration of relationships between a family and extra-familial systems more than would the established structure of service. These increases are often necessary when a family's problems developed primarily because of the family's isolation from meaningful extra-familial structures.

Laqueur (1972) describes an "intersystem conference," a modification of the number of workers, in which a family with multiple problems meets with representatives from all social agencies serving the family. The group selects a chairperson and then decides on specifics, such as goals and meeting times, in regard to the conference. This method involves a different use of workers than an on-going interdisciplinary team (Barnes, et al., 1974) whose members work with a specific family. Different still is a social work team approach which focuses on the family unit, but in which each member is assigned his/her own worker for individual therapy (Mostwin, 1974). Each of these authors value his/her modifications for improving the interaction between families and the structure of service.

Laqueur and others (Laqueur 1969, 1972, 1973; Davis, et al., 1966) helped develop "multiple family therapy" which is a modification in regard to the number of families seen at one time. Laqueur (1972) describes one style of family therapy as a "life boat community" in which four or five families are brought together and after the first session given the following options: return for more talking, return and just listen, or not return. In addition, he also describes the "greyhound bus model" style of therapy in which a family is interviewed by a therapist and possibly a family member in front of as many as seventeen families. The observing families may then go up by "the driver's seat" and be interviewed. Laqueur believes, "Families with battered child problems do better in multi-family sessions" (1972, p. 635). Lansky (et al., 1978) found multiple family groups helpful in working with post-hospitalized psychiatric patients.

Spark (1974) describes intergenerational family therapy in which persons from different generations in an extended family are brought together to facilitate structural and symptomatic changes in the family. Speck and Attneave (1973) extend this idea further to also include persons who are not relatives. These networks, which have included forty-to-sixty persons, are designed to mobilize

good will and other resources to aid in the resolution of family crisis. Leichter and Schulman (1974) have also developed a modification in regard to the number of families seen. They describe this intervention as "multi-family group therapy," in which three or four families are seen at the same time. They have used marathon sessions as well as long and short-term multi-family groups. Leichter and Schulman conclude that multi-family group therapy is preferable for the

. . . isolated family or the family whose system is circulating or rigidified . . . Another type of family for whom multi-family group therapy is helpful is the family with a missing parent--usually the father (1974, p. 97).

Little has been written about meeting with families for extended periods of time or in places other than an office or home. Hansen (1968) described a modification in which a home visit was extended to one week after ten conjoint family sessions had failed; this extended visit resulted in positive changes within the family.

Aponte (1976) describes a "family-school interview," which a worker arranged with family members and school personnel at the school. Following brief intervention, family, school and the initially disruptive child appeared to function better.

Residential programs for single mothers and their infants are rather numerous but it is questionable whether some of these programs have a family-focused perspective. Generally, the mother and child are considered to be equals as clients. Mothers are trained to improve their skills as parents and may be encouraged to complete vocational preparation programs. Infants are cared for and given developmental opportunities (Benas, 1975). Fontana and Robison (1976) extend the opportunities for family residential care to one-parent families in which a mother abuses a child. This therapeutic approach is clearly family-focused and it stresses residential care for mother and child, modification of behavior through corrective child-care experiences, personality modifications through individual and group therapy, and environmental and social changes. They report that all children showed growth and developmental gains which in many cases paralleled the mother's increasing emotional stability (Fontana and Robison, 1976)

The above modifications of established service structures were helpful to various families who were isolated from meaningful extra-familial relationships. Some rejected families, however, need more extensive ecosystem intervention to supplement intra-family changes (Keeney, 1979) than is currently available. This realization was present in Amsterdam, Netherlands during the early 70's when Dutch social workers helped develop a residential family care center for "multi problem, child-abusing families" who had not succeeded with established individual and family services.

11. A Residential Family-Care Center
(De Triangel, Amsterdam, Netherlands) *

Background

Many of the same factors that led to an increased reliance upon family-focused methods in the United States supported the development of De Triangel in Amsterdam, which had previously existed as a children's institution. The realization that some children (and families) could not benefit from individualized treatment was a major motivating force, as was the realization that much behavior which appears to be pathological is really an extension of extra-familial influences upon the family unit.

De Triangel opened in January, 1972, after a period of intensive planning, inservice training, and testing of application procedures. This center was the first of its kind in the Netherlands. Leaving a "child-thinking approach" to adopt a "family-centered approach" was not easy.

In the first year our institute still took some individual (problem) children, without their families. In retrospect, this was an intermediate form between the principles of a residential school and the fundamental different admission for family members (Oudendijk, Rees, and Spanje, 1976, p. 1).

Since then, a more consistent, but not rigid, family-centered ecosystem program has evolved.

Physical Description

De Triangel is located in the central part of Amsterdam, close to public transportation, providing easy access to employment, educational, recreational and cultural resources. The architecture of the building blends in with other buildings and rowhouses in the neighborhood, such that strangers could not differentiate De Triangel from family residences if they did not see its small identifying sign.

Internally, the building is divided into a number of group living units, each consisting of sleeping apartments, a spacious living room, and small kitchenette. Meals are prepared in a central kitchen and transported to each living unit, where three or four families and the social worker(s) who reside there are encouraged to eat together. Persons in each unit are expected to keep the living area clean and to take responsibility for doing their own dishes and laundry. There are common recreational areas available to persons in any group living unit but the physical facilities, by design, tend to limit interaction between Traingel residents in different units. In addition, small offices and seminar-like rooms are available for private study, individual, group, or family therapy, or other uses. Most social work services, however, occur in the group living units or with specific Traingel residents in the community.

*The research for this section was done during the 1976-77 school year when the author taught social work courses in Amsterdam, Netherlands and studied a broad range of Dutch social services.

Admission Criteria

Application for a family's admission may be made by any social worker or social agency in the Amsterdam area, and, in some cases by the families themselves. Only families who have not benefited, using a variety of social services while living in their own homes, are considered for admission. Additional factors are also considered in admissions proceedings. Does admission to such an institute hold the prospect of improved family functioning? Does admission of the family threaten the survival of the family as such? If admission occurs, can important improvements be expected within a reasonable short time (six months, maximum)? Is there a positive intention, demonstrated by a willingness to cooperate, of most family members? Does treatment in De Triangel complement proceeding, continuous, and follow-up services supplied by other agencies?

The admission into the Triangel can be (and often is) a part of a long-term plan of support. For example, the Triangel may form a basis for or bend a development in the desired direction. The planning agency then continues. Concrete elements also play an important part. If re-housing of a family seems necessary in the process of socio-therapeutic assistance, it is important that this be realized during the stay of the family in the Triangel . . . A return of the family to the home it has left, for instance because of bad relations with a neighborhood, means a strong undermining of the results of the admission (Oudendijk, Rees, and Spanje, 1976, p. 4).

Admission decisions are made by a group made up of Triangel staff, persons from the applying agency, a representative of the governmental agency which finances De Triangel, and when possible, other professionals who have worked with or anticipate working with family members.

Program and Services

Admission to De Triangel emphasizes the maintenance and development of numerous extra-familial relationships. Employed residents are expected to go to their jobs, students are expected to go to school, and family members are encouraged to develop meaningful relationships with friends and relatives as well as a variety of organizations (such as recreational, day care, or religious organizations). In addition, some families continue to receive social services supplied by another agency if a meaningful relationship with the family was established prior to admission. Other families, once admitted, begin working with a social worker from another agency to plan discharge and follow-up services. Admission to De Triangel is designed to develop extra-familial relationships rather than to prohibit them as admission to some institutions would.

Social workers spend much time working with family members to improve their effectiveness with extra-familial systems. This frequently involves going with parents to creatively confront school personnel, the housing authority, or other key institutions family members feel hesitant to approach. It also involved the reorganization or development of extended family and/or neighborhood networks from which the target family has been rejected or has avoided. "Modeling" the establishment and improvement of extra-familial relationships is thought to be a more powerful interaction tool than simply talking about these extra-familial relationships.

The in-house services most characteristic of De Triangel occur in the group-living units, where social workers trained in group methods are on duty twenty-four hours a day. Families being considered for admission are routinely brought into the group living units for several hours, including a meal, before making a final decision about whether they want to be admitted. Social workers spend most of their time in the living units, when they are not going with residents or families as a whole to establish organizational or community ties. Families, like social workers, spend little time in the solitude of a private office. Yet, privacy is provided for families, especially when they have visitors whom they do not prefer to meet in the group-living units.

Following admission, social workers make a concerted effort to relieve parents of much of the care and supervision of children. It is believed that many newly admitted parents need a temporary rest or reprieve from parenting responsibilities. In addition, seeing social workers "model" parenting behaviors is thought to be a powerful and positive force for changing the behavior of parents (and children).

Parents whose marital or extra-familial relationships are deteriorating often attribute such problems to the time and energy they spend in parenting. Relieving them of parenting responsibility early in their stay at De Traingel brings parents face-to-face with the realization that their children should not be blamed for their marital or extra-familial relationship problems. For example, one couple with sexual problems claimed "you cannot have good sex with children around." This was acknowledged and they were then encouraged to leave their children at De Traingel for the night and go to a hotel to "work on improving their relationship." After finding various excuses for not spending the night together, the couple was supportively confronted by others in the group-living unit, and the children were no longer blamed for their parents' sexual problem.

The group living unit, by design, increases interaction between families. There may be little interaction during the day, since most residents are gone, but the evening meal, followed by clean-up, and preparation of the children for bedtime, is the time when the most intensive and prolonged intra and inter-family interaction takes place. This is such an important period that two social workers work with the three or four families in each group living unit during this time.

Wide variation exists as to the style of leadership, theoretical frameworks, goals, and intervention techniques used by social workers at De Triangel. And yet, a degree of uniformity does exist between group living units in terms of recurring processes which take place. Social workers typically work three day shifts, twenty-four hours per day and maintain identification with specific living units and the people in them. Family members who over react or under react are frequently confronted and supported by others with similar problems; feelings of being isolated, rejected, and scapegoated, individually and as a family, subside; and the realization is enhanced that family members can work together and with others to increase their well-being. Social workers describe the evening interactions as intense, personal, tiring, but very meaningful.

The services provided to families at De Triangel are expensive when compared to other types of less intensive family services. De Triangel staff, however, were quick to point out that these services are inexpensive compared to the "costs" of not providing adequate services to "multiproblem, child-abusing families."

Findings of Families Discharged over Eighteen Months

In 1976, evaluative research was undertaken by De Triangel staff in cooperation with the Institute for Social Pedagogies of the University of Utrecht to assess the functioning of all families (N=17) who had left De Triangel at least eighteen months before. Child abuse was characteristic of all these families prior to admission. Each family was visited twice for the purpose of finding out how the family experienced its present situation and how the family regarded the period in De Triangel.

Each family was classified as functioning "well," "moderately" or "badly" based upon whether the following criteria were clearly present, present in a more limited way, or not present: "good relations between parents, if both parents were present" characterized by mutual support, confidence and openness, "good relations between parent(s) and children" characterized by affection, understanding and motivation to teach and learn, and a "good child life" (i.e., child feels safe and has needs met as a matter of course). Findings revealed that nine families were functioning "well," five were functioning "moderately," and three were functioning "badly."

Child abuse and fear of its occurrence disappeared as a symptom in nearly all of the families. Five of the nine families with the "functioning well" classification spoke openly of how disturbed relationships within and beyond the family contributed to child abuse. In the five families functioning "moderately," all of which happened to be one-parent families, the relationship between parent and child(ren) was considerably more strained than those in the previous category but the child(ren) was not thought to be in danger. The amount of child abuse or its likelihood in the three families classified as "functioning badly" was not reported (Rees, 1976).

This evaluative study had many methodological shortcomings and limitations in terms of its scope. It does not reveal how extra-familial relationships and networks were functioning, nor how the targeted families' identity had changed in the eyes of persons in the community who had contact with these families. It did not focus upon what follow-up social services were used by these families and the success or failure of these services. Longer term results are not known. Yet, one finding does seem to be worthy of further consideration: a majority of these "child-abusing, multi-problem families," who had not previously benefited from services in which one or two workers met with the family in an office or home, for relatively brief periods did seemingly benefit from group-living residential care at De Triangel.

In Summation

Family-focused services within established and innovative structures are developing rapidly in the United States, yet the existing structures of family-

focused services have not been sufficiently responsive to a number of families, especially rejected families. These families have not benefited from an array of existing individual and family services, and explanations for this failure usually emphasize shortcomings in a family rather than limitations of the service structure. Innovative structures of service, of which residential care is one, have been especially helpful to families in which child abuse is a problem. This paper encourages family workers to use innovative structures of service to improve relationships with extra-familial systems, especially when families feel rejected and scapegoated.

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