Working with multiproblem families

Social work theory and practice

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Abstract
Their very difficult psychosocial characteristics and the limited means of dealing with them make multiproblem families a source of constant concern and frustration to social workers, who may find themselves captives of the myth that no change in the lives of these people is possible. By what techniques and intervention strategies, then, can they be removed from the distress cycle that in most cases has been spinning for over a generation? This article presents the principles and practices of the Challenge program, describing its intervention in one such family. It is a short term, highly focused plan that ran from four to six months, followed by a recess for follow-up and examination of the family's ability to make use of their new skills, and then a treatment of additional selected subjects.

Zusammenfassung
Die sehr schwierigen psychosozialen Merkmale und die eingeschränkten Mittel, hiermit umzugehen, machen Familien, die mit vielen Problemen zu kämpfen haben, zu einer Quelle ständiger Sorge und Frustration für Sozialarbeiterinnen und Sozialarbeiter, die sich selber gefangen in dem Mythos, dass eine Veränderung im Leben dieser Menschen nicht möglich sei, wiederfinden können. Welche Methoden und Strategien des Eingreifens können sie aus diesem bedrückenden Kreislauf, der sich meistens über eine Generation hingezogen hat, herausführen? Dieser Artikel stellt die Prinzipien und die Praxis des „Challenge Program" dar und beschreibt das Eingreifen bei einer solchen Familie. Es handelt sich hierbei um ein kurzfristiges Programm mit speziellen Schwerpunkten, welches über vier bis sechs Monate durchgeführt wurde. Hieran anschließend folgte eine Pause für die Nachsorge und Untersuchungen bezüglich dessen, ob die Familie in der Lage war, ihre neu erlernten Fähigkeiten einzusetzen, sowie danach eine Behandlung zusätzlich ausgewählter Themen.[1]

Schlüsselwörter
Familie - Problemgruppe - Gruppendynamik - Intervention - Methode - Coping

1. Literature review

Work with at-risk families on the margins of society plays a central role in social work practice and research (*Crew; Crew* 2003, *Healy* 2001, *Kaplan; Girard* 1994, *Maroon* 1995). Such families may be designated by various names that indicate the complexity of their problems: Families in extreme distress (*Sharlin; Shamai* 2000), hard core families (*Kaplan* 1986), disorganized families (*Minuchin; Multalvo* 1968), poor families (*Janzen; Harris* 1986), defeated families (*Rosenfeld* 1989), multi-stressed families (*Madsen* 1999). In most cases their families of origin were treated in the past by the social services (*Cheng* 2002, *Sharlin; Shamai* 2000).

Continuation of this phenomenon from generation to generation results not only from economic conditions, but from individual and social disorganization (*Geismar; Sorte* 1994), a personality of poverty (*Harrington* 1962) and a culture of poverty (*Lewis* 1961). Most agree that several variables are necessary to perpetuate severe distress from one generation to the next, and for functional failure in so many areas (*Healy* 2001). Multiproblem families differ in their size, structure and acknowledged problems. Even among the poorest of the poor, there are families that continue to function and do not enter the multiproblem category (*Janzen; Harris* 1986). Hence poverty is only one of several conditions that support, accelerate and most significantly, preserve this highly problematic state. Multiproblem families are characteristic of countries of immigration with great cultural heterogenity, wide economic and social gaps, and without a social policy to compensate the weaker strata of society, as they are of countries that have undergone extreme social and political changes (*Bok* 2004, *Shamai et al.* 2003). Such families are estimated to make up some ten percent of the clients of welfare services in western countries. Twenty percents are at high risk and in a deep state of distress (*Gilad-Smilanksy* 1995).

2. The multiproblem families: psychological characteristics

Because the problem is multidimensional, fraught with difficulties, not easy to identify and different branches of the welfare services deal with it, social work professionals have different lists of characteristics for the multiproblem family (*Crew; Crew* 2003, *Kaplan* 1986, *Sharlin; Shamai* 2000). *Spencer* (1970) focuses on chronic problems of persistent economic dependence on welfare services on one hand, with a very low level of coping ability and of a real will to solve problems on the other, along with physical and mental health problems. *The Encyclopedia of Social Work* (2003) adds to the poor economic situation the dimensions of:

▲ failure in the parental role as expressed by dependence and passivity (*Lewis* 1961; *Rabin* 1992) and extreme socialization patterns that tend to distance

parents and children emotionally from one another;
▲ the parents' failure as a couple and
▲ functional failure of the children, witness their numerous cognitive problems, impulsiveness and dropping out of school.

The contribution of *Minuchin* et al. (1967) laid a basis for many who followed them. They stressed the disorganization leading to confusion and embarrassment within the family as regards boundaries, rules, norms and practices. *Aponte* (1976) found that unorganized better defined the family structure: in his view the problem arose from inability to attain stability, discernment and flexibility within the family structure. Later the focus shifted to a systemic and ecological perception tending to locate difficulties within the family's integration process, and the transactions with its environment (*Schlosberg; Kagan* 1988). *Rabin* (1992) stresses flawed interpersonal relations and communication in distressed families, most significantly the absence of clear, stable modes of communication, a high level of interpersonal tension to the point of violence, little verbal interaction, lack of cooperation, parents who send unclear messages to the children, numerous individual crises as well as crises of the family unit due to the numerous serious problems that too often beset them.

The work of *Shamai* et al. (2003) relates to the overlap of ethnicity, immigration and color that leads to distress and a culture of poverty. They explain it as a response and an attempt to cope with feelings of guilt and hopelessness aroused by awareness that they will never succeed by the standards of the society they live in. *Kaplan* sums up the main characteristics of such a family thus:
▲ The family has more than one problem.
▲ Problems are both internal, within the family and external to it. The internal ones are disorganization, confusion and the impossibility of preserving healthy intra-familial relationships. The external ones emerge in the family's relationship with the community as unemployment, alienation, social isolation and lack of community support.
▲ Chronicity – Problems are continuous and help is sought only when they reach a crisis.

3. The multi-problem family: treatment approaches

3.1 Why treatment is difficult

Social workers face difficulties because the problems are complex and their coping tools are limited (*Franshel* et al. 1992). Hence many therapists intervene only at times of acute crisis (*Rehner* et al. 1997) and the focus is conspicuously on family pathology rather

DZI-Kolumne

Fakten – Fakten – Fakten

Im August sind beim Brand eines Treppenhauses in Berlin-Moabit neun Menschen gestorben. Eine kurze Zeitungsnachlese ergibt folgendes Bild:

Tag 1: Nach der Katastrophe herrscht das Entsetzen angesichts der schrecklichen Folgen des Zündelns an einigen im Treppenhaus abgestellten Kinderwagen vor. Die Feuerwehr wird mit der Mutmaßung zitiert, es hätte keine Todesopfer geben müssen, wenn sich alle Betroffenen an die Lautsprecherdurchsagen gehalten hätten und in ihren Wohnungen geblieben wären. Sprach- und Mentalitätsprobleme bei den überwiegend ausländischen Bewohnern hätten die Verständigung sehr erschwert.

Tag 2: Ein ranghoher Berliner CDU-Politiker greift das Thema auf und sagt: „Wer nicht bereit ist, die Sprache des Landes zu lernen, in dem er sich auf Dauer aufhält, hat auch kein Anrecht, materielle Hilfen dieses Landes zu erhalten." Für diese Aussage entschuldigt sich der Politiker einige Tage später. Auf der anderen Seite greifen ausländische Bewohner des Hauses Feuerwehr und Polizei scharf an und sagen, es habe gar keine Lautsprecherdurchsagen gegeben.

Tag 4: Die Zeitungen berichten über die Besitzer des Hauses, ein Arztehepaar, das zu allen Bewohnern intensiv Kontakt hält, ihnen auch früher schon in Notlagen Unterstützung bot und durch vielfältiges Engagement bei der Integration hilft.

Tag 9: Der Täter wurde ermittelt. Er ist erst zwölf Jahre alt und gehört mit seiner Mutter und zwei Geschwistern zur Hausgemeinschaft. Der Onkel, zwei Cousinen und ein Cousin gehören zu den Toten. Es stellt sich heraus, dass auch die Bewohner, die kurz nach dem Brand Feuerwehr und Polizei am heftigsten kritisiert haben, zur Verwandtschaft gehören. Der Zwölfjährige ist bereits Wochen zuvor durch Zündeln im Keller und Beschmieren der Treppenhauswände aufgefallen. Die Familie zieht auf Veranlassung der Polizei an einen geheim gehaltenen Ort.

Ein tragisches, verwirrendes und lehrreiches Durcheinander von Fakten, Vor- und Fehlurteilen.

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than on its members' capabilities (*DeJong* 1995, *Kaplan; Girard* 1994, *Madsen* 1999, *Saleebey* 1996). Therapists' attitudes affect the course and results of therapy, since they may reduce client expectations from the intervention, reduce possibilities of empathy, create fear that impedes creative and alternative thinking, which hinders ongoing and effective intervention processes (*Crew; Crew* 2003, *Halpern* 1997, *Maroon* 1995).

Clients' attitudes too make treatment difficult because they lack confidence in it; helplessly awash in a long series of failures, they lack confidence in themselves; clients are usually interested in a temporary connection that will deal with acute problems, child placement and economic goals; they do not know what to expect from the intervention, family members frequently lacking the verbal skills to set forth their requests and their problems. Most therapists, then, put out fires by means of economic help and child placement, without changing the functional capacity of the family, and so are sucked into the sense of helplessness that marks their clients (*Kaplan; Girard* 1994, *Madsen* 1999, *Snell* et al. 2004).

3.2 Treating multiproblem families

Clinical approaches centered around the psychodynamic perception were dominant until the mid 20th Century (*Specht; Courtney* 1994). The client was to develop an insight into the processes she or he was undergoing, and the develop strengths to deal with them. Just how suitable this is for the multiproblem family is doubtful, since it is a long process, and clients, thinking as they do in concrete terms, require perceptible and immediate satisfactions (*Gould* 1967). A new approach developed subsequently, based on the family's own ability to change the lifestyles and culture patterns of poverty typical of distressed urban centers. Social workers began to work with the family as a unit and to use the community as a resource (*Chilman* 1966, *Lewis* 1961).

The work of *Minuchin* et al. (1967) was a leap forward: it stressed creative work with family members, chiefly on its structure and subsystems. The focus was on roles, setting boundaries, rules, leadership and attaining a balance between the parental role and giving parents the strength to function in that role. Now, differently from in the past, the preference is for focused, short term treatment, in view of the difficulty in getting clients to commit in the long term and the problems involved in abstract interventions. Today specific goals are set: treatment focuses on a specific situation. Then a problematic family interaction such as setting boundaries, is selected. The perception is that in prolonged treatment the family will fall into chronic dependency and avoid testing its own skills in independent functioning and assuming responsibility (*Johnson; Yanca* 2001, *Rehner* et al. 1997, *Rosenfeld* et al. 1995). In view of prolonged family distress and the failure of individual treatment, the transition to an ecological-systemic approach is in the forefront today. It includes individual relationships, marital ties, parent-child relationships, the family as a system, community ties and community-linked therapy (*Bullock* et al. 2003, *Specht; Courtney* 1994).

Following the same path, understanding of the dynamics of the family's internal relationships and its social context has been stressed as has holistic thinking, which is at the hub of the relationships among the social services, and between them and the client families (*Aponte* 1994, *Germain* 1979, *Schlosberg; Kagan* 1988). Today there is general agreement that a system of therapeutic approaches is needed in order to reach the families and deal with their numerous and acute problems (*McNeil; Herschell* 1998, *Rudenstam* 1998).

Despite the difficulties, there is recent documentation of success in effecting a change by means of special programs that see the characteristic problems of distressed families in the broad context of their living conditions (*Anderson* et al. 2004). In many instances, intervention strategies operate in parallel fashion on several planes (*Caputo* 2003): individual and couple therapy, guidance for parents, family therapy and intervention on the community level (*Palacio-Quintin* 1997). Strategies are based on such principles as getting close to the clients' world, empathy, a non judgmental approach, cooperation, empowering and working with the family „where it's at" (*Halpern* 1997).

4. The intervention plan – Challenge

4.1 Structure and goals

The Challenge plan is part of a research project designed to help develop therapeutic intervention for families in deep distress in Haifa, Israel. It is based on the generalized social work approach (*Johnson; Yanca* 2001). Therapy makes use of different techniques and strategies, emphasizing structural functional perception (*Minuchin* 1974), which is part of the ecological-systemic approach (*Aponte* 1994, *Germain* 1979). This structural approach was found suitable for work with distressed families, since it sets aside the identified client and places the parents at the center. The accent is on setting boundaries in the family subsystem and between the family and

systems within the community, and on redefining the hierarchy of boundaries and functions within the family. This model combines meeting existential needs, individual and family therapy and work with community systems, employing a professional, interdisciplinary team.

Clients are selected among those known by the welfare department to meet the multiproblem criteria, meaning that they are severely deprived by five of the nine measures: poverty, living conditions, marital function, parental function, functioning of the children, addiction, physical and mental health, antisocial acts, and support systems. Challenge is an integrative plan in that it provides focused, short-term treatment setting specific tasks and goals. In parallel there is ongoing evaluation of the problems that come to light, and possible solutions, accompanied by readiness to intervene at once in every new request or family crisis.

4.2 Therapeutic Goals

▲ Providing the family with the economic means to solve its central housing, education and employment problems.
▲ Helping parents and children acquire functional skills allowing them to cope independently in various areas, including the marital and parental ones.
▲ Organizing family relationships in a way that encourages adaptation and reduces the danger of regression.
▲ Fostering communication and understanding the structure and rules governing parent-child relationships.
▲ Mediation and advocacy.

4.3 Application – Stages of intervention in program

The intervention program is made by a staff of two social workers. The family's regular social worker direct the project and carry out individual treatment, maintenance and follow-up, while a specialist family therapy deals with treatment of the family as a whole during the specific intervention. The treatment stage: This continues intensively for three to six months, focusing on a selected acknowledged and pressing problem, as well as helping the family meet its existential needs in housing, education and employment. One central problem was dealt with (learning to communicate, restructuring boundaries, parenting skills and skills that were to lead the family to greater independence in future problem solving). The follow-up stage: An additional three to six months of maintenance designed to examine the internalization of the changes introduced in treatment, and whether they were being independently carried out. The social worker saw to the family's basic needs (income and housing), visited them monthly and kept in touch with other groups assisting them. The selection, if necessary, of a new problem – area for treatment.

4.4 Intervention components, principles and techniques

▲ Multidimensional intervention simultaneously combines responses to basic needs, treating an acknowledged problem along with the life-style of distress characteristic of such families, while building up a social support network (*Itzhaky; Segal* 2001). The accent is on the economic infrastructure of housing and employment; educational and child-rearing difficulties; parenting; the marital relationship – the parents' functional difficulties; preventive programs for the younger children and creative therapeutic tools; developing community services beneficial to the families.

▲ Being there, physically support: These families expect to fail, so that the therapist's physical presence is designed to create a trusting relationship, thus developing the client's sense of control (*Kaplan* 1986).

▲ Extended and long-lasting outreach expresses willingness and ability to reach clients and help them move forward from their present physical, emotional and mental location. It is essential in the highest degree, given resistance to treatment and its previous failures, the clients' lack of faith in their ability to change, their mistrust of the establishment, their passivity and their withdrawal (*Rosenfeld* et al. 1995).

▲ Joining: Is the process whereby the social worker becomes part of the family in the attempt to learn its language and experience from within. It is a basic condition creating and maintaining the therapeutic system (*Rabin* 1992).

▲ Expectations of and confidence in change: Clients undergo crises and with them comes the desire to flee the therapeutic connection. However, the social worker must broadcast the hope that there are indeed alternatives (*Schlosberg; Kagan* 1988).

▲ Accessibility: The social worker must be accessible to the client at all times, particularly in times of crisis (*Rabin* 1992).

▲ Involving the family in constructing the plan, support for the parental system, and stress on the family's own strengths. At the same time, external systems are to be activated (*Madsen* 1999, *Saleeby* 1996).

▲ Empowerment, a basic therapeutic goal, is to be achieved by encouraging the family to decide its own priorities. This places it at the center and gives it responsibility, as opposed to the hitherto prevailing sense of helplessness (*Durrant* 1993). The assumption is that despite its weaknesses, the family has abilities that can be highlighted and put to use.

▲ An immediate response to a problem is required to effect contact with the family (*Rosenfeld* 1995).

▲ Focused, short-term treatment is essential to prevent dependency from developing, and to examine changes. Longer treatment will prevent the family from using the resources placed at their disposal (*Reid; Epstein* 1972).

▲ Formative leadership: the social worker is to lead by virtue of integrity, trustworthiness, honesty, and involvement through his/her advice, help and support. In that context the social worker also serves as advocate and mediator in solving problems like housing and income. The change here is towards more commitment and willingness to stand up with those living in poverty, rather than as representatives of the establishment (*Sharlin; Shamai* 2000).

▲ Active treatment – Social workers are catalysts in ongoing processes within the family. They require a high degree of activity to offset the clients' passivity (*Janzen; Harris* 1986).

▲ Communication patterns are needed in order to develop the listening patterns essential in solving problems (*Satir* 1967).

▲ Treatment must take place in the home, where the family feels less threatened and alienated. Moreover, a social worker coming to the home broadcasts willingness to meet clients half way and get to know them, as well as making it more convenient to treat all family members both as individuals and as part of the family unit (*Kaplan* 1986).

▲ The family is to be seen as a system with its own subsystems. It should be helped to set boundaries and a hierarchic structure – a coalition of the parents with defined and limited participation by the children. In that framework each member should have the right to self-expression within a clear set of rules (*Minuchin* et al. 1967).

▲ Work is done in cooperation with community services, especially those in contact with the family (*Guttierrez* 1990, *Kinch* 1979).

4.5 Case study

The family has been in therapy 15 months, including a three-month recess for follow-up and appraisal. The family is made up of the parents married for six years, and four children. It has no income, lives on the National Insurance welfare allowance in a tiny, neglected rented apartment. First impressions revealed many functional difficulties throughout the family system, and significant patterns of anger, frustration, along with great difficulties in commitment and assuming personal responsibility. The intensity of its distress is reflected in the presence of five out of nine distress categories (poverty, addiction, faulty marital functioning, faulty parental functioning, and unsuitable living conditions).

The father, 30 years old, is a drug addict undergoing drug abuse treatment. He is one of nine persons in his problematic family of origin and went to school for nine years. His dominant emotions are anger, jealousy and fear of abandonment. He also lacks communication skills. The mother is 28, the youngest of 14 persons in her family of origin. She grew up in a home where the father was stern and violent, the mother neglectful, ignorant and depressed. The children are aged two to five. The eldest shows severe symptoms of failure to adapt in school and scholastic under achievement. The others are at home, outside any pre kindergarten educational framework.

4.6 The treatment plan

Basic interventions: Temporary financial aid and employment for the mother, assisting the family to obtain help with housing, Mediation to get the children into kindergarten enrichment programs and referring the husband to an addiction treatment center. The treatment program, involving the entire family consisted of reinforcing the marital bond, clarifying boundaries, strengthening the parental system, clarifying the hierarchy and functions of family members, finding new roles for the man and developing a system of communication.

On the individual level, treatment of the mother included:

▲ Showing the profit and loss involved in her alienation, how she created the alienation as child, and how ineffective it is today.

▲ Anger, the need to differentiate amongst her chronic causes of anger, showing how they are directed against her husband though not connected with him.

▲ Developing assertiveness as a means of self-expression, encouraging her to talk to her husband and to find a listener in him.

As regards the father, the first stage was a detox program, at the same time working on:
▲ Responsibility: recognizing that he should assume responsibility for his conduct, including his violence.
▲ Increasing his self-esteem while concentrating on self-control.
▲ Developing communication and problem solving skills.

Regarding the marital relationship, efforts were made to:
▲ Clarify and define boundaries between the two spouses.
▲ Increase awareness of and relation to their individual and joint isolation, creating new patterns of direct communication.
▲ Bring about a new balance between the two by involving the husband in what goes on in the home and in the marital relationship.
▲ Teach both spouses new ways to express anger and criticism.

Efforts regarding the children centered on:
▲ Resolving emotional and behavior problems.
▲ Nurturing communication between the parents and the children.
▲ Establishing boundaries and roles.
▲ Abolishing and treating mother-child coalitions.
▲ Fostering and assisting education.

4.7 Evaluating the intervention
The mother began to understand that she was projecting anger against her family of origin on her husband. She also developed assertive abilities, and broadcasts optimism. Her husband is now more receptive to help, tries to cope with and not give into his drug addiction, has developed basic communication skills and spends more time with his wife and children. Communication and other problem solving skills were practiced within the marital relationship. There was also a cognitive change regarding man-woman stereotypes and roles. The ability to negotiate with support systems developed, as did patterns of individual activity and spending time together. There is still much dependence between the spouses, but today it operates in a more positive direction, as support, commitment and partnership, with fewer outbursts of anger and mutual accusation. The parents are more involved and caring regarding their children, making less use of the parent-child coalition. Educationally positive messages are transmitted, with appropriate expectations.

5. Discussion and conclusions
Most researchers now agree that the distress of the multiproblem family is also multigenerational and multidimensional, as well as linked to and influenced by environmental, social, interpersonal and economic problems. Hence these problems have to be analyzed in a systemic and ecological context in search of realistic solutions. Accordingly, young families from distressed backgrounds in the early years of marriage should be regarded as the target population, before accumulated problems weigh them down. Stress should be placed on spousal relationships, parenthood and bringing up the children.

The Challenge plan has successfully met such families' needs by:
▲ intensive, focused and task-oriented intervention empowering the family, concurrently with responses to their basic needs;
▲ As a top priority, restructuring and redefining family roles and rules, thus creating a sense of control and balance within the family system;
▲ Focusing on empowerment of the parents, letting them feel control over their lives so they will be open to alternative behavior and attitudes towards one another, and within their family;
▲ Extensive use of interventions marked by acceptance, joining, accessibility and support, as counterweights to the instability and strong negative emotions in the clients' lives.

Changes were observed in a sample of ten client families, and could be discerned two years after therapy was completed. Evaluation was based on changes in their characteristics as measured by a model developed to identify families in distress (*Sharlin; Shamai* 2000). Exhibiting three or fewer of the nine distress categories indicating improvement and change.

The interventions were seen to have brought about improvement on several planes: the economic and employment situation of the parents, spousal interaction, a lower level of violence in the family, and better adaptation of the children to school. In conclusion, we sincerely believe it is possible to break the chain of distress in multiproblem families through appropriate intervention on the macro and micro level. Such intervention must transmit the hope necessary to keep these families within the therapeutic framework despite the instability that marks their intra familial and extra familial relationships.

Anmerkung
1 Übersetzung durch Frau Belinda Dolega-Pappé, Berlin

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