

## NARRATIVE AND COLLABORATIVE PRACTICES IN WORK WITH FAMILIES THAT ARE HOMELESS

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*This article reports on the use of narrative therapy ideas and practices in working with families that are homeless in a shelter-based, multiple-family discussion group program called Fresh Start for Families. It begins with a review of the challenges facing homeless families. It then briefly describes the collaborative methods used to develop the program. It then describes a range of practices and activities that provide opportunities for families to be witnessed in telling their stories of challenge and coping, to help and be helped by other families experiencing similar challenges, to reconnect and strengthen a positive sense of family identity while externalizing the constraining, stigmatizing descriptions associated with homelessness, and to envision and take steps towards their preferred futures.*

There is a rich tradition of narrative therapists working with disenfranchised communities of persons marginalized and oppressed by more powerful persons or groups on the basis of their class, race, gender, ethnicity, sexual orientation, medical illness, psychiatric diagnosis, trauma history, immigration and citizen status, and other dimensions of difference inherited, elected, or imposed (see, for example, Aboriginal Health Council of South Australia, 1995; Colorado, Montgomery, & Tovar, 1998; Epston, White, & "Ben," 1995; Griffith & Griffith, 1995; Hare-Mustin & Marecek, 1994; Madigan & Epston, 1995; Madsen, 2006; Nichols & Jacques, 1995; Seikkula & Olson, 2003; Sheinberg & Fraenkel, 2001; Waldegrave, Tamasese, Tuhaka, & Campbell, 2003; Weingarten, 1995; Wingard & Lester, 2001). This article describes the use of

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ideas and practices from narrative therapies in working with families that are homeless.<sup>1</sup> Included in this discussion are specific ideas about the nature of problems as embedded in language and other forms of representation families use to describe themselves and that are used by others to describe them; specific practices, such as deconstructing and externalizing problems, and supporting developments that represent emergence or reemergence of preferred narratives; and the narrative therapies' endorsement of a collaborative, less hierarchical stance between families and those working with them to effect change.

The article begins by describing some of the negative effects and associated circumstances of family homelessness. It then describes a range of practices included in a shelter-based multiple-family program designed to provide families opportunities to share their experiences and to provide each other witnessing and support; to externalize and minimize the effects of homelessness; to regain a sense of pride, positive identity, self agency, and a hopeful vision of the future; and to take steps towards attaining education, employment, housing, and other aspects of their lives that will provide the material basis for further development of their preferred identities. Although created for a program for families that are homeless, with minor adaptation, these practices can be useful for housed, economically marginalized families.

The focus of this article is on describing the narrative practices of the program. Future articles will report the results of two ongoing outcome studies that provide research support for its effectiveness.

### IMPACT OF HOMELESSNESS ON FAMILIES' LIVES

The most obvious concrete, material deprivation experienced by families that are homeless is lack of affordable, safe housing (Choi & Snyder, 1999; Fischer, 2000; Goodman, Saxe, & Harvey, 1991; Lindsey, 1998). However, homelessness compounds other material deprivations and difficulties accessing resources also experienced by many low-income, housed families. Many parents find themselves in precarious circumstances and high levels of stress and demoralization due to dilemmas that pitch economic sustenance, employment, housing, education, daily family functions, and health needs against one another. For instance, they face the temporal challenge of completing vocational training programs and/or finding employment while also seeking housing, and while raising children in the institutional context of the shelter. In addition, in New York City, homeless parents who obtain employment above a minimal level of income now face the loss of public assistance and other "welfare" benefits. This creates a dilemma in which parents may wish to enter the job market, but will then risk losing the benefits and cash assistance they need to maintain themselves in permanent housing (Fraenkel, Hameline, & Kowal, 2005). As a way to prevent putting themselves in this kind of precarious economic and housing situation, they may be reluctant to enroll in job training classes or may drop out of a vocational program before completing the job search process. Parents engaging in these coping behaviors may then be viewed as unmotivated, uncooperative, and irresponsible by case workers, sometimes resulting in an escalation of conflict, resentment, suspiciousness, and decreased helpfulness and cooperativeness in this important relationship, as well as being subject to sanctions for failing to follow through on their family service plans.

Other circumstances that compound the sense of frustration, demoralization, precariousness, and hopelessness include limited employment opportunities due to lack of adequate education and job skills training (Fischer, 2000); having to withdraw from an internship or a job training program after learning that, contrary to initial information, it is *not* approved by the welfare department as a substitute for an employment assignment; and the challenge of locating safe, reliable childcare (Institute for Children and Poverty, 1998). Regarding childcare, parents often feel reluctant to place their children with nonfamily childcare providers (Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997), yet housed grandparents and other extended family and friends may be reluctant to provide childcare due to their own economic constraints

and childcare needs, or due to conflicts that occurred during the period when the now-homeless family “doubled up” with them (Weitzman, Knickman, & Shinn, 1990). The cutoffs from partners and extended family preceding and precipitating homelessness or resulting from homelessness (Fischer, 2000; Lindsey, 1998; Weitzman et al., 1990) may be particularly problematic and stigmatizing for families of color—Latino, African American, and African Caribbean—as this cutoff violates cultural norms of high levels of connectedness and support (Boyd-Franklin, 2003; Falicov, 1998). Despite their physical proximity, families in shelters typically do not form supportive communities that might result in informal childcare networks and other resources characteristic of low-income communities with high social capital (Saegert, Thompson, & Warren, 2001), due to numerous factors including mutual fear and lack of comfortable indoor and outdoor meeting spaces or recreational activities in which to congregate.

Additionally, when compared with housed low-income families, homeless families have higher rates of acute and chronic health problems in children (Bassuk & Friedman, 2004; Miller & Lin, 1988; Pérez-Peña, 2004) and adults (Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995; Santora, 2006), limited access to health care (Fischer, 2000; Hu, Covell, Morgan, & Arcia, 1989), and a wide range of mental health and behavioral disorders in children (Cumella, Grattan, & Vostanis, 1998) and parents (Connelly & Crown, 1994; Fox, Barnett, Davies, & Bird, 1990; Robertson, 1991). Some of these emotional/behavioral challenges exist prior to but are exacerbated by homelessness; others develop in response to the trauma of homelessness (Bassuk & Friedman, 2004; Goodman et al., 1991). Along with the difficulties that define diagnosable emotional and behavioral problems, the process of psychiatric evaluation and receiving a diagnosis can exacerbate the sense of stigma homeless families already feel.

As an example of the convergence of homelessness, employment/training demands, health concerns, and child behavior problems, one single father of two young sons with severe Type II diabetes in the family group program was midway through a training program in computer repair that required perfect attendance, and as a result put off appointments with his physician, even though his health was clearly failing. Both the illness, as well as his inability to take the time to seek treatment, led him to become quite depressed. His older son responded by becoming increasingly withdrawn, and his younger son responded by getting into conflicts at school. It was only after two other parents in the group firmly and supportively confronted him about the health risks he was courting, and informed him of a clinic that could see him on the weekend, that he took action to take care of his health. In turn, the behavior of the sons improved after the father became healthier and less depressed.

In addition, all of these challenges occur in lives often suffused with experiences of violence. Several studies have reported high rates of childhood physical and sexual abuse for women who become homeless (Browne, Salomon, & Bassuk, 1999; Styron, Janoff-Bulman, & Davidson, 2000)—significantly higher than in a comparison group of low-income, housed women (Bassuk & Rosenberg, 1988; Weitzman et al., 1990). In addition, larger numbers of mothers now homeless experienced high rates of domestic violence (Anooshian, 2005), and the wide range of mental health problems of homeless children (including sleep problems, shyness, withdrawal, dependent behavior, aggression, depression, anxiety, and learning difficulties) may largely be attributable to exposure to violence, engagement in self-protective aggressive behavior, and the isolating impact of this aggressiveness on peer and other relationships (Anooshian, 2005).

Although families may experience initial relief getting placed in transitional housing (a family shelter), many families report their relationship to the shelter—its staff, rules, and physical environment—takes a daily toll. Interactions with security staff, housing and employment specialists, childcare workers, and case workers can be experienced as demeaning and dehumanizing (Fraenkel, et al., 2004; Fraenkel, Kowal, et al., 2005; Fraenkel, Kruk, et al., 2005; LaPointe, 1994). Rules—which depend on the particular shelter and often include strict procedures for signing in and out, curfews, overnight leaves, allowable times and places for

visits with guests, public phone usage, and so on—can lead families to experience the shelter as “prison-like,” and to feel not in control of their families’ lives (Choi & Snyder, 1999). Families may experience a disruption of the normal family hierarchy of parents being in charge of children, because the shelter now is in charge of and monitoring parents as well as children (Boxill & Beaty, 1990). Despite often strict rules of conduct for residents and punishments for rule violations (Fischer, 2000), parents often remain concerned about the safety of their children and themselves in the shelter (Choi & Snyder, 1999).

All of these challenges, and the practical dilemmas, relational strains, and emotional effects they incur when they collide amounts to “win-lose” or “lose-lose” choices between essential family needs and institutional requirements, degrading the lives of homeless families and creating an experience of hopelessness and disempowerment. As one mother of three in a group recently stated along with illustrative gestures, “I feel like I do things that finally help me get my head above water so that I can breathe, and then something else happens and I’m drowning again.” For families of color, loss of the “homeplace” (Burton, Winn, Stevenson, & Clark, 2004) and encounters with the strict regulations of the shelter and other social service systems monitoring their lives may compound the traumatic impact of homelessness by eliciting feelings, memories, and connections to histories of marginalization and oppression based on race (Boyd-Franklin, 2003). The cumulative impact of all of these stressors on family identity can be enormous. Families that are homeless are at great risk for building and inhabiting negative, totalizing descriptions of themselves, reinforced by stigmatizing and inaccurate stereotypes about homeless families held by the broader culture (Kondratas, 1991).

## NARRATIVE PRACTICES FOR FAMILIES THAT ARE HOMELESS

The practices described here belong to a multiple-family discussion group (MFDG) program called Fresh Start for Families. Since its inception in 1998, Fresh Start has taken place in three New York City shelters, and is ongoing in two of these: one general family shelter in the South Bronx, and one shelter for women and children homeless by virtue of domestic violence. In all three shelters, the families are mostly African American, African Caribbean, Latino, or bicultural (e.g., African American and Latino). To date, over 300 families have participated, with four to eight families per group.

These family shelters are part of New York City’s municipally funded homeless service system; they are operated by a private, nonprofit organization; operating costs are funded through long-term contracts with the City. Families that are homeless are assigned to general family shelters based on the availability of transitional housing units; families that seek shelter as a result of domestic violence are placed in domestic violence shelters at confidential locations throughout New York City. Participation in the Fresh Start program is voluntary and is not required to maintain residency at any of the aforementioned shelters.

There are multiple challenges associated with running a program like Fresh Start in a homeless family shelter. Funding for these types of supportive services is not included in the shelter’s operating budget, and must be raised from foundations or secured through government grants. In addition, the shelter’s service goals or federal/municipal policies may shift during a program year, and these changes may make it difficult for a program to meet its objectives. For example, during the time Fresh Start has been operating, the federal funding available for employment programs was moved to a new service area, and several programs were forced to close or radically reduce the scope of their services. Moreover, for a period of time, the rental subsidy programs used to help families move into permanent housing required that they remain on public assistance and thereby de-emphasized employment. These subsidy programs have recently changed again; the emphasis on employment has returned, but the programmatic funding for vocational programs has not. These larger system changes in funding and programmatic focus increase the stress and frustration experienced both by families that

are homeless and the staff that work in family shelters; resilience, creativity, and a spirit of collaboration are required of both.

Narrative practices have been at the core of all aspects of the program, from the collaborative research conducted to build and evaluate the program to specific activities occurring during program meetings and carried out by families between those meetings. Other approaches to family therapy have pioneered important ways of intervening comprehensively with families heavily embedded in larger systems and struggling with economic/social marginalization (Minuchin, Colapinto, & Minuchin, 2007; see also Lebow, 2005, and Liddle, Santisteban, Levant, & Bray, 2002, for recent reviews of the respective empirically supported approaches of Szapocznik, Henggeler, Alexander, Liddle, and their teams). However, narrative and collaborative practices emerged as the basis of the approach described here for several reasons. First, because the approach described here is not therapy per se but rather a family/community support program requiring professionals to operate less centrally and directly, more in a facilitative role. Second, because early on in our work, families showed, through what they focused on in the initial meetings with us, the importance of having someone listen to them tell their accounts or “narratives” of becoming homeless. Third, because with its focus on the constraining effects of language and imagery on identity, narrative therapy seemed uniquely suited to address the impact of stigmatizing language and images of “the homeless” and to help families recover and enlarge other ways of viewing themselves. Fourth, because narrative therapy is one of several approaches to change that explicitly engage families to imagine a preferred future (Fraenkel, 1997; Fraenkel & Pinsof, 2001)—important for persons for whom the past has included almost overwhelming obstacles, the present seems daunting, and a better future seems improbable. And fifth, incorporation of an evaluation component provided an opportunity to empirically assess the effectiveness of narrative-based practices.

#### *Collaborative Creation and Evaluation of the Program*

Fresh Start began in 1998, in response to the challenges faced by HELP USA, an agency providing shelter and other services to families that are homeless. Like other agencies around the country that work with low-income housed or homeless families, HELP USA responded to the 1996 Welfare to Work Act’s dramatic cutback in welfare entitlements by enhancing its employment support programs (Fischer, 2000).<sup>2</sup> However, as was experienced by other agencies, HELP found that many “heads of households”—that is, parents—residing in the shelter did not engage in the employment programs offered at all; engaged sporadically; or completed training components in job readiness (including interviewing skills, dressing appropriately for work, résumé writing, and job search skills), and even specific job skills (such as in computer repair, building maintenance, food preparation, security, and childcare work) but did not get jobs or maintain uninterrupted employment beyond 9 months (Strawn & Martinson, 2000).

Anecdotal reports from case workers and employment specialists suggested that some persons, especially those with extensive work histories, felt patronized by the job readiness programs because these taught skills they already had; or that there were numerous issues around the transition families needed to make as the parent returned to work. HELP approached the Ackerman Institute for assistance in building a family support program to address these concerns, in the hope that such a program might result in increased engagement of parents in employment programs necessary for their ultimate independence from the welfare system.

Based on HELP staff’s repeated use of the phrase “not engaging” to describe how most heads of households were relating to the programs offered by the shelter, we decided that the guiding principle upon which to create the program would be engagement. And we hypothesized that families would feel most engaged if they were consulted as experts on the experience of homelessness on how they had coped so far, and on what they most desired in a program to serve their needs, rather than to have yet another program created solely by professionals offered to them without their input. In line with recent writing on the “not-knowing” stance

(Anderson, 2005; Kaye, 1999; Paré, 2002; Rober, 2005) and the view of the “client as the expert” (Anderson & Goolishian, 1992), we viewed the relationship between ourselves as program developers and the families as a dialogue between persons with different sorts of expertise—with families being experts on their situation and also on many aspects of family and work life, and with us being experts in the processes of interviewing and other aspects of applied research and in practices drawn from family and group therapy that promote change and resilience.

To that effect, we embarked on a process of collaborative program development in which families were interviewed for up to 4 hr on these topics; the videotaped or audiotaped interviews were studied intensively using the methods of grounded theory (Strauss & Corbin, 1998) to identify themes of challenge and coping and programmatic recommendations; a preliminary program and manual were created (Fraenkel & Shannon, 1999), and the program was provided to families; families provided weekly evaluations of and recommendations for the program; and the program was refined in light of these evaluations and further interviews and evaluations. Interviews with frontline shelter professionals also informed the content and formats of the program, and senior colleagues of color provided suggestions on all aspects of the research, program, and conference presentations. Details of the collaborative family program development model can be found in Fraenkel, 2006a, 2006b.

#### *The Power of Telling and Witnessing Through Discussions and Family Games*

Both in individual family interviews (and separate interviews for parents and teens), and in the program’s weekly multiple-family groups, families have the opportunity to tell the story of how they became homeless, their challenges since entering the shelter, challenges in moving from welfare to work, and how they have coped. These families have typically never been afforded an opportunity to recount their experiences except in the context of a fact-finding interview conducted at New York City’s homeless intake unit, one that questions the validity of their account of the reasons they are homeless, and that can result in rejection of their need for temporary shelter. As a result of the fear that their narratives might result in denial of necessary resources, most of these families have been quite isolated, even within a shelter that forces great physical proximity upon residents. Thus, in addition to the well-known therapeutic benefits for trauma survivors and displaced persons of being witnessed bearing testimony (see Weine & Laub, 1995; Wingard & Lester, 2001), the added benefits of speaking and bearing witness in a group of fellow survivors provide the sense that one is not alone or unique in one’s experience, the sense of group cohesion and bonding, opportunities to provide and receive useful, practical information about coping with shared challenges, and other benefits of group therapy (Yalom, 2005).

*The challenges and coping card sort.* To enhance the opportunity for families to help and be helped by each other, and to make available for group discussions the full range of challenges described by the families in individual interviews, we use a card sort. To create the card sort, each qualitative code representing a challenge described in these interviews is placed on a 4 inch by 4 inch (10 × 10 cm) card. Sample items include Getting Household Responsibilities Done in Less Time, My Partner Is Not Supportive of My Effort to Work, Hopelessness, Dealing With People’s Negative Comments About Us Living in the Shelter, Curfew, Concern About Child’s Ability to Be Responsible for Self While Mother Is Working, and Adjusting to the New Schedule of Going to Work. The teen interviews have led to another set of cards capturing challenges specific to teens. In an early session of the group, each family is given the complete stack of cards and asked to sort them into three categories/envelopes: items/issues that are not at all challenges for them (1), items that are somewhat of a challenge (2), and items that are definitely a challenge (3). Families then come back to the circle and the facilitator asks them to select one item that they placed in Envelope 1 (not at all a challenge). As one family describes why a particular issue is not at all a challenge and how they handle that issue, another family may respond that this same issue has been a major one for them, and that hearing the first

family speak about it is giving them ideas about how to handle it better. Conversely, sometimes a family views an issue as not a challenge because they have not yet encountered it or given it much thought. Hearing another family describe how it has been an issue (either somewhat or definitely) and what they have done about it raises the first family's awareness about possible problems down the road, and how they might manage them. In subsequent sessions, families are asked to select challenge cards from Envelopes 2 and 3, again providing them opportunities to see that others experience these issues as equally challenging, or as less or more challenging, and to hear what families do about them.

Use of this card sort activity also allows families to recognize their competence or relative good fortune by seeing that there are some challenges others experience that they *do not* currently struggle with, and helps them focus on the most important challenges facing them at this moment, rather than having a sense that the entire experience of being homeless is one undifferentiated, overwhelming cloud of difficulty.

For instance, in one group, a young single woman in the shelter with her mother and developmentally disabled sister had placed the card, "having a boring or uninteresting job," in Envelope 1 (not at all a problem), stating that she enjoyed her job, whereas a mother of two teenagers (Eleanor) had placed that item in Envelope 3 (definitely a problem). Working as a teacher's aide, she did not find it interesting to work with young kids, had used up her vacation days and sick days, and planned to skip work so as to get fired, so that she could obtain unemployment. Group members had a range of responses—a few supported her plan ("I'd do the same thing") while most encouraged her to speak to a supervisor, try to get a transfer to another class with older children, or consult with a counselor. Eleanor listened, but shook her head and seemed determined to follow through with her plan. When the group met again 2 weeks later, she was dressed in professional clothing (as opposed to a running suit in the prior meeting), and announced with a shy smile that she was starting to enjoy the work, and had gotten attached to a couple of kids. She thanked the group for helping her think about all her options. In a follow-up interview 6 months after she had obtained permanent housing, Eleanor reported that she still enjoyed her job, and attributed her decision to try it out a little longer to the group's support. She reflected that the group "helped me realize other people had the same kinds of problems, it wasn't just me that had these problems." The group provided her a chance to "talk it out" and "relieve some of the stress," and members offered her a range of ideas and coping approaches, and "some things worked, and some didn't."

*The card sort in a game format.* The card sort is used to generate discussions in the straightforward manner described above, but also in a family game activity called "What's My Challenge?" The idea of including a game came from the program development interviews, in which several teens indicated they would want a group that included games and activities, not only discussions. "What's My Challenge?" is conducted like a TV game show, in which parents try to guess which items from the Teens Card Sort their teenagers placed in which envelope (Not at All a Challenge, Somewhat, or Definitely) and how they feel about their challenges. In another round, teens try to guess which items parents placed in which envelope when parents are asked to think about what their teens' challenges are, and how parents feel about their teens' challenges. In a playful way, facilitators suggest that the families in which the parents guess most correctly win the award for Most Parent Knowledge About Teen This Evening; the families in which parents guess *least* correctly win the award for Most Learned About Teen This Evening. Likewise, the families in which the teens guess (or know) most correctly which items parents think are issues for their teens, and how they feel, win the award for Most Teen Knowledge of What Parents Think About Them; families in which teens guess least correctly win the award for Most Teen Learning About Parents' Thoughts About Them. Multiple awards are given in each category. In other words, all families "win," and this game has proved to be a fun way to begin talks in group between teens and parents about the challenges teens face.

### *Coauthored Guide to Surviving and Thriving in the Shelter*

To pass on coping tips to subsequent groups, we assemble in an ongoing manner the list of challenges and ways that families handle these from each group cycle. The resulting guidebook becomes a useful resource for families new to the shelter. Families enjoy and take pride in the idea that their wisdom will be “handed down” to the “next generation” of families entering the shelter. It provides one more way to help the families replace despair with a sense of generativity (Erikson, 1980/1959)—in that their suffering and resourcefulness not only benefit themselves and those in their groups, but also others who follow. Like Epston’s Anti-Anorexia and Bulimia League (Maisel, Epston, & Borden, 2005), families contribute to an ever-growing body of knowledge containing “strategies of resistance” (Fraenkel, 2006c) to the pernicious effects of homelessness and joblessness.

### *Emphasizing Strengths and Preferred Stories: Highlighting Stories of Pride*

Problems have a way of “flooding the field” of experience, dominating persons’ attention and identity. Negative events and circumstances that are, statistically speaking, less frequent in persons’ lives can come to represent them in their entirety, becoming “totalizing descriptions” (White & Epston, 1990). Narrative therapies, like a focus on resilience more generally (Walsh, 1998), encourage a figure-ground reversal in which strengths regain their proper place at the forefront of awareness and conversations. To that end, families are encouraged to remember and recount past events that illustrate their positive, preferred qualities, and to notice present and future events that contribute to an ever-expanding preferred account of their lives.

The first meeting of a Fresh Start group begins with introductions, a description of the purpose of the program, the collaborative means by which it was built and is continually revised, and a group discussion about guidelines for safe and useful discussions. Immediately after, in a practice we drew from the first author’s previous work in the area of families and incest (Sheinberg & Fraenkel, 2001), facilitators invite families to share things that they are proud of about their families, including, if they wish, both the part of the family that is in the shelter, as well as family members living outside the shelter. In a second round, families are asked to share something they are proud of about work. Because work or lack thereof has often been a major source of challenge, and the stories elicited by employment specialists have often focused more on failures and limitations rather than achievements and capacities, providing an opportunity early on to talk about attainments in the work world frames the group as a place to speak of strengths.

As in many other families, 8-year-old Milena, one of four young New York-born Puerto Rican children living in the shelter with their mother, Celia, immediately responded, “I’m proud that I got my family!” Her mother elaborated, “ACS (the Administration for Children’s Services—New York City’s child welfare agency) got called when two of my daughters didn’t make it to school for two weeks, because we were moved from the EAU to three different shelters.<sup>3</sup> I was scared they’d take the kids away from me. They (ACS) investigated us and saw that I am a good mother, and so we are together, thank God.” Regarding work, Sheldon, an African Caribbean man in the shelter with his wife, Beatrice, and two young children, spoke with pride of the business he’d created selling balloons in the park down the street from the shelter. “I go to a place in Brooklyn once a week and buy the balloons wholesale, then sell them with a markup and make a profit. I’m making so much money, the security guards are jealous!”

### *Externalizing Homelessness*

To encourage families to view their identities as separate from their circumstances of being homeless, we utilize the narrative practice of externalization (White, 1988; White & Epston, 1990). In the externalization activity, which we call “putting homelessness in its place,”<sup>4</sup> the family is given a handout with an explanation of the idea of externalizing and a sequence of questions designed to help them “loosen the grip” of problem descriptions on their lives (see



the appendix). We go over the handout in the group, and the family does the externalizing activity before the next group meeting.

In the following week, families report on the impact of the activity, the names they came up with, and the steps they took to reduce the effects of homelessness. One African American mother (Laurinda) of two children aged 6 and 4 described her family's experience of this externalizing activity as follows:

"Well, first of all, I didn't really think that my kids had any feelings about being homeless, but when I asked them, they definitely did. . . ." Her 6-year-old son speaks up: "This place feels like I'm stuck down in a dungeon." Laurinda: "That's right, that's what he said, he feels stuck down in the dungeon, and I didn't know he felt that way . . . so the name we came up with to describe this place, we call it the 'Lost World.' Like [the film] Jurassic Park? Because we feel lost here, like we're not a part of the world out there, and the things we had that make a house a home aren't here. I feel like those things are extinct in our lives right now, so we call it the 'Lost World.' "

Other examples of names families gave to the experience of homelessness include the following:

We came up with "Morris Island." [One of the family shelters is located on Morris Avenue in the South Bronx.] We're like, right here and we're surrounded by water, trying to get out. That's what we came up with. Trying to get from one place to the other.

I call it "Depression Valley." The reason why is because everyone has problems, but in here it's like being in a land of depression. That's what it feels like being around some of the people in here . . . if you stay around here, you feed into it and it's not good.

I would call it Mike Tyson [name of former heavyweight champion boxer known for his extreme violence in and out of the boxing ring]. Mike Tyson tears down everything. This place takes a lot of bite out of you.

I call it the "Lifestyles of the Poor and the Unknown." Everybody just forgets about us. They just forget us, they put us on some budget, put them in the shelter over there. There's a lot of things they could do, there's a lot of buildings that are burnt out, and you find the same people who is homeless, they're plumbers, electricians, sheet rockers, they can fix up those buildings themselves. [The government] would rather send help to the next place rather than helping their own. That amazes me. We're looking at it from the inside, I used to look at it for a long time from the outside. I remember when I had my own apartment, paid my own bills, I wasn't far from being homeless, and I was unknown. I was maybe two months' rent away from being homeless.

Some families viewed the shelter more positively, as an opportunity for learning and a new start, as reflected in the following example:

I call it "Second Chance." The reason for that is while you're in here you will be able to realize what you did wrong, why you're here . . . that stuff that you were doing when you were outside that caused you to be homeless, and you'll be able to assess

yourself so that when you go back to live on the outside you don't make the same mistake again. In the beginning, first emotions might be frustrated and angry . . . but as you begin to assess yourself and say okay, fine, this is what I did wrong and if I had done it this way, maybe I wouldn't be here. You begin to put stuff in perspective so that as you move along through the shelter you begin to feel confident that oh, I'm on my way to getting an apartment, I'm on my way to finding a job and to better myself, therefore I won't be back in the shelter. So that's why I call it Second Chance.

Families describe a range of activities that have allowed them, at least occasionally and temporarily, to decrease or avoid altogether the emotional and relational effects of homelessness. These activities have included going shopping ("When you're in the crowd shopping like everyone else, no one can tell where you live"), spending time outside the shelter with family and friends, going to church, and playing together. Teens spoke of keeping up with old (pre-shelter) friends and going to their parties on weekends, "laughing about old times," "wrestling with my brother," and other activities they engaged in before becoming homeless.

#### *Reviving and Building Preferred Narratives of the Present and Future*

The program utilizes a number of additional practices and activities to assist families in regaining connection to the hopes, dreams, and plans for their lives—which have, in the words of the poet Langston Hughes, become "dreams deferred" due to the overwhelming effects of homelessness and joblessness. These activities are given to the families to do during the week, and they are asked to discuss the results of the activity in the following group meeting.

*The dream job.* Many parents have been enrolled in job training and placement programs that emphasize rapid placement into entry-level jobs; but rarely are they encouraged to think or talk about their work dreams (Blustain, 2004). Yet connecting current work activities to longer-term, more attractive employment goals may serve to motivate parents to sustain their engagement in the presently available but less attractive jobs. In this activity, family members—both parents and kids—are asked to discuss what they would most like to do in their work lives. For kids who witness their parents' daily struggles with welfare and employment, hearing their parents' work dreams can provide inspiration and a sense that their parents are not defeated by current constraints. In addition, for inner-city children of color, whose initially expressed work dreams often are limited to stereotypic, high-glamor, low-likelihood career ideas purveyed by TV—rap stars, basketball players, fashion designers, and lately, thanks to the popularity of one show, forensic pathologists—hearing the range of adults' more realistic work dreams can provide other images and models. For parents, hearing kids' dreams can afford them renewed enthusiasm for supporting their children's efforts in school towards a brighter future.

In one group, an African American single father of two young children reported with excitement that he'd been contacted for an interview for a building maintenance position. Although an entry-level job as a custodian might not excite many, for him, this was the first step in a dream of one day owning his own building maintenance and repair company, which he hoped to establish after completing high school and then college.

Thinking and talking about their dream jobs often encourages parents to reconnect with positive family legacies about work, and often, to dreams of doing work that will help others. One young woman spoke of her desire to establish or work for a nonprofit organization to help destitute rural families, and remarked that her mother had worked for years in such an organization. This led other group members to talk about dreams of being a social worker, an elementary school teacher, and a public interest lawyer.

*Family work tree and stories.* Boyd-Franklin (2003), Falicov (1998), and others have written about the ways in which the extended family may serve as a valuable resource for multi-stressed families of color. However, our and others' research suggests that for many families that become homeless, there have been intrafamilial conflicts, sometimes precipitated by the

difficulties of sharing a small space and other resources while “doubled up” (Smith, Flores, Lin, & Markovic, 2005; Weitzman et al., 1990), resulting in a rift that limits, at least temporarily, direct financial, material, or emotional support from extended family.

However, one form of available, albeit more distant support is families’ knowledge of stories about the employment successes of extended family members. Engaging families in recounting these past and present successes can provide further encouragement and inspiration towards their own goals—although recounting these successes can also provide the basis for resentment and envy. In some cases (relatively rare, in our experience), families will report that for the last two generations, no adult has held a steady job, leaving them with no viable family role models. More often, parents describe challenges that their parents and other family members encountered and overcame—such as lack of education/training, racism, and lack of jobs in the area of one’s training—with varying degrees of success. Recognizing and discussing both positive and negative feelings, and stories of challenges, successes, and failures in family histories of work can provide the family with a clearer sense of where they are in the overall family employment legacy, and typically results in a renewed commitment to finding viable and rewarding work, and a sense of possible impediments and coping strategies.

After explaining the rationale for the activity, we show families how to construct a genogram (McGoldrick & Gerson, 1985) or other version of a family tree, and ask them to create one centered on their families’ work histories. Sometimes lack of information about past generations prompts a young parent to call her or his own parent, aunt or uncle, or grandparents, thereby getting important information and also beginning to reconnect with family.

*Family and work goals and timeline.* Once families have been given permission and encouragement to dream of a brighter future, and have reconnected with accounts of past work success of their own or of members of their extended family, we then encourage them to plot the steps towards their goals on a timeline. The family timeline provides a line for each member of the family, to help families see how their activities will overlap, so as to help them anticipate challenges of managing time and energy—for instance, in a mother’s attempt to go back to school when her eldest daughter is entering high school and her youngest child is entering kindergarten. This can help her make plans to arrange childcare for periods when she is busy studying or attending classes. More importantly, plotting steps towards goals allows families a renewed sense of a future, and a more realistic sense of how long it will take to attain educational and employment objectives.

*Write a letter to the future.* Letter writing—not only to live family members but to those who are deceased, or not available for personal contact due to imprisonment or other safety concerns—has been used therapeutically with a wide range of problems, including chronic illness, traumatic loss (Penn, 2001; Penn & Frankfurt, 1994), and child sexual abuse (Sheinberg & Fraenkel, 2001). Likewise, Penn (1985) pioneered engaging families in envisioning a different, more positive future from that characterizing their problem-laden present, as have solution-oriented (Furman & Ahola, 1992; de Shazer, 1991) and narrative therapists (White & Epston, 1990). In this activity, families are encouraged to write a letter to themselves as they imagine they will be 2 years from today. The letter should include a description of what everyone will be doing in that future, how they will be feeling about themselves and their family, what they will have materially, what activities they will do individually and as a family for enjoyment, and so on. For instance, it could start, “We see you as a happy family, living in your own home, with the kids in school doing well, and Mom working as a nurse’s aide. . . .” The letter can also include differences of opinion among family members about the future, as well as families’ descriptions of how they believe they will have faced the challenges of returning to work and getting off of welfare.

Alternatively, families can be asked to write a letter to themselves now, authored by themselves 1 year or more from now—in other words, a letter from, rather than to, the future.

These letters from the future often incorporate statements of gratitude towards the family for what they went through to be where they are now (in the future).

For instance, one family wrote this letter to themselves from themselves in the future: "We're proud of you guys, thanks for keeping up the good work during those days! Now we're sitting around the table . . . reminding each other that nothing came easy, but when we put our nose to the grind[stone] and put it in God's hands it went alright . . . homelessness has been a rude awakening to M [name of parent], and she learned to never be dependent on anyone but herself."

### *Nonlinguistic Forms of Narrating Experience*

The narrative turn in psychotherapy, and postmodern approaches more generally, have emphasized expression and meaning-making through linguistic means (Held, 1995), to the neglect of other, nonlinguistic forms of self-expression. In this respect, narrative therapies endorse the Whorfian hypothesis, that meaning is constituted entirely through language (Anderson & Goolishian, 1988). However, there is an enormous developmental literature supported by an emerging literature on brain activity documenting the variegated and nuanced communications that occur at the nonverbal level (Siegel, 1999). Moreover, it is obvious to the casual observer that people express themselves through musical, visual, kinesthetic, and other nonlinguistic means. In our program, we provide activities that encourage families to express their challenges and coping approaches through music, the visual arts, and dance, along with, and often in combination with, words.<sup>5</sup>

*Challenges and coping collage/mobile.* In this activity, conducted in our 1-day program (during which there isn't time to do the card sort exercise), families are given blue cards on which to write their challenges; green cards on which to write their coping approaches for these challenges; and a large piece of poster board, along with magazines from which to cut photos and letters with different font styles, markers, glitter, and other arts and crafts materials. They are invited to create a collage/poster in which they portray their challenges and coping approaches. After 30 min of working together, the families rejoin the circle and present their collages. Alternatively, families can elect to create a mobile using a wooden dowel, on one side of which they hang their challenge cards, on the other, the coping cards, and can then see the degree of balance between challenges and coping. One family's collage had three clouds placed one above the other, with raindrops moving down from the topmost cloud into the lower cloud, resulting in large drops. The father explained that his daughter—an obese, physically awkward, shy teenager who refused to speak in the group—had come up with this picture to illustrate how "one problem in here (the shelter) leads to another problem, making them bigger and bigger." The coping side of the collage had a bright sun at the top; the father explained, "The sunny side is what we can do about these problems, and you see, it's on the *right* side."

*Masks of fear.* In a focus group with staff of the domestic violence shelter, we heard about all of the ways in which battered women seem to sabotage their progress towards getting housing and employment: showing up late to appointments, acting enraged if workers do not provide requested assistance, failing to complete training programs, and so on. Asked what emotions might be driving these behaviors, the staff agreed that fear played a major role—fear of being out on their own, of failing at a job, and so on. This realization led to an activity, the Mask of Fear, in which women in the group are given paper plates and an assortment of materials with which to decorate them—feathers, glitter, confetti, crayons, and hair braids. They are asked to create a mask that depicts the face they show to the world to hide their fear. Women often hold the completed masks to their faces as they describe their fears and how they struggle to manage them.

*Taking photos of challenges and coping.* Family members are given a Polaroid camera with 27 exposures and asked to take photos of things that represent challenges, that help them cope, and that depict something about their dreams for the future. They bring the photos to the next

group meeting for sharing. The single, severely diabetic father with two teenaged sons described earlier, who often seemed to be drowning under the weight of supervising his boys, completing a training program in computer repair, looking for housing, managing his illness, and dealing with a custody battle with the boys' mentally ill mother, took a photo of the night sky from the second-floor landing of his unit, and explained: "Sometimes, I look up at the sky between these buildings, and it helps me feel like my life still has possibilities." A teenaged boy shared a photo of the large metal gate at the shelter's entrance, saying, "This makes me feel like I'm in prison, and the real world is outside." A teenaged girl showed a photo of her stuffed cuddle animals on her bed in the unit, saying, "I've had these all my life—wherever they are is home for me."

*Sharing music.* In group discussions about coping with stress, many adults have referred to particular songs or music in general as a soothing, expressive resource in their lives. Often, the music is from church, and so links them to their religion/spirituality as a resource for strengthening resilience. In one session, we invite parents and teens to bring in some music that helps them feel better.

*Creating performances.* For the end-of-group graduation ceremony, we have begun to invite both the parents and the teens to create a performance that illustrates their challenges, how they've coped, and their hopes for the future. Not all members need to perform: at one graduation, a woman sang an inspirational song on behalf of the entire group. We recently obtained keyboards with built-in rhythm machines to expand this aspect of the program.

## SUMMARY

Narrative ideas and practices have been found useful in working with families that are homeless. Families enjoy the collaborative approach and the activities; no aspects of the narrative approach per se have been a problematic "fit" to these families' characteristics, circumstances, or challenges. Family members' weekly evaluations of the program sessions' "helpfulness" have been extremely high—typically, between 4 and 5 on a 5-point Likert scale (Fraenkel, 2006a).

Nevertheless, we remain circumspect about the degree to which a psychosocial intervention alone can assist families to change their social and economic circumstances. Although the present program is linked to a job readiness, training, and placement program conducted by the shelter (Fraenkel, 2006b), and although our current outcome study seeks to determine whether participating families have better educational and employment outcomes than those not participating, the literature review presented earlier in this article documents that families that are homeless are exceedingly "multistressed" (Madsen, 2006). Substantial changes in the quality and condition of their lives require more than the family support program described herein, which focuses on strengthening family relationships. Families need affordable housing in crime-free neighborhoods, parents need assistance securing education and stable employment at a living wage with health coverage, maternity leave, and other benefits; children need good schools that foster learning and social development; and other basic resources frequently lacking for these families. On the other hand, it is clear that without the emotional support provided by such a program, families often are too demoralized to even attempt to finish education, get jobs, or find housing (Blustein, 2004).

One of the apparent strengths of the current program—working with families in a group format—also creates limitations in terms of the degree of individual attention given to each family. When families need further, more intensive assistance, they are referred to a family therapist within the shelter who is also a cofacilitator of the group, or to family therapists within either of the partner institutions (City College, Ackerman Institute), who work in an integrative manner that builds upon the narrative approaches used in the group but also may include structural, cognitive-behavioral, and family-of-origin approaches and psychopharmacological treatments (Fraenkel & Pinsof, 2001).

A further limitation of the present program is that it does not work directly with families in the shelter to repair relationships with extended family outside the shelter—conflicts with whom may have precipitated their becoming homeless. Although due partly to the logistical issues of working regularly with the extended family at the shelter, this limitation has mostly been imposed by families themselves, who often state that, as a matter of pride, they feel they need to establish themselves independently of the help of other family members before fully reconnecting with them and repairing those relationships.

Despite these limitations, the present program—with its combination of a collaborative stance that views families as the experts on their situation, and narrative practices that provide families opportunity to rediscover and privilege their preferred self-descriptions while gaining distance on constraining aspects of the problem description—appears to assist families that are homeless to restore hope and pride, reduce psychological distress, and take steps towards securing employment and housing.<sup>6</sup>

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## APPENDIX: HANDOUT ON EXTERNALIZING HOMELESSNESS

### *Putting Homelessness in Its Place*

“One thing that we’ve learned from working with many families over the years, both homeless and not, is that problems that the family is experiencing can come to define them entirely. The family and all its members start to think of themselves only in terms of the problem. For instance, when someone in the family has a serious physical illness, or is severely depressed, or when they are currently homeless—in each of these situations, family members can start to feel that their whole story and identity has to do with the problem. But we believe that even when families are struggling with very difficult situations, that they have many strengths and positive qualities that sometimes get buried under the problem. So, this homework exercise is to help families put the effect of being homeless ‘in its place’—separating your identity as a family from the situation of being homeless.”

Here’s how to do it:

1. First, everyone sit together and list the effects that being homeless has had on the whole family, and on each family member.
2. Next, think about and write down some times that you felt that homelessness was affecting your family less than usual, or even not at all for a while. This might be something that happens quite often in your family, or only once in a while.
3. Next, come up with a name that sums up how homelessness has affected your family. It can be like a creature name, or a being, or anything else you can think of. It can be a serious name or one with a sense of humor. Be creative!
4. Finally, after you give homelessness a name, try to notice at least one time during the week when homelessness had less of an effect on how you felt about yourselves, individually or as a family.

Next week, we’ll ask each family what name they came up with, and why.

## NOTES

<sup>1</sup>In keeping with narrative therapy concerns about totalizing labels, we generally avoid the term “homeless families.” However, at times sentence structure makes it awkward to use the phrase “families that are homeless” and we utilize the shorter phrase.

<sup>2</sup>In late 2004, New York City stopped issuing Federal Section 8 housing vouchers to homeless families and implemented a new rental subsidy program. Families that participate in this program must remain on welfare to be eligible for the subsidy; this has made the “welfare-to-work” transition even more difficult and confusing for these families.

<sup>3</sup>The EAU, or Emergency Assistance Unit, was until recently New York City’s intake center for homeless families. The new center is called PATH. For either, while their eligibility for transitional housing (family shelter) is being investigated, families may be accorded a “conditional” status, during which they may be temporarily assigned to different family shelters until their case is resolved by the City.

<sup>4</sup>After the title of an article by Gonzalez, Steinglass, and Reiss (1989; see references).

<sup>5</sup>It is tautological, as some in the narrative therapy literature do, to suggest that these modes of expression also have “languages” and that therefore the narrative emphasis on “linguaging” remains adequate.

<sup>6</sup>More definitive statements about the effectiveness of the program will depend on the results of our ongoing evaluation study. The study uses quantitative and qualitative measures of change to determine the specific effects of this narrative therapy-based MFDG program on psychological, behavioral, family relationship, and employment outcomes.