

Narrative and Culturally Based Approaches in Practice With Families

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ABSTRACT

This article clarifies how narrative approaches are consistent with social work's view of clients as experts on their own narratives and experiences. These approaches are also consistent with family therapy as it has evolved toward family centered practice and an emphasis on the importance of family narratives and meaning. Guidelines are provided for using narrative approaches with culturally diverse clients in a range of practice settings in combination with task-centered, solution-focused, family systems, and crisis intervention models. Practice vignettes and examples of clients' narratives help to illustrate how practitioners can integrate those models effectively with some of the most salient narrative strategies. Such strategies include listening to and acknowledging clients' narratives, helping them to define their challenges through their narratives, engaging in a collaborative search for meaning, increasing clients' awareness of relationships of power and domination, facilitating clients in recounting stories of competence and strength, and affirming clients' privilege to author their lives and co-construct alternative narratives. The discussion on narrative strategies demonstrates how to help clients move from meaning-making to individual, interpersonal, and large systems changes.

Social workers in family practice can benefit from a perspective that recognizes the centrality of narratives in people's lives. Practitioners collaborate with clients in broadening and, if necessary, helping to co-construct new stories and replacing other stories perceived by clients as limiting and confining. Narrative approaches are relevant to social work practice with families because they emphasize meaning and an understanding of core practice elements that are helpful to clients from diverse backgrounds. Moreover, these approaches share a common assumption that people are experts on their own lives (uniqueness), have the capacity to define their problems

(competence), and have the right to assume responsibility for their lives (self-determination). Hence, narrative approaches share basic values found in social work.

Narrative approaches are also consistent with family therapy perspectives and values. In the last two decades, however, family therapists have increasingly identified and questioned many of the underlying assumptions inherent in traditional family therapy (Vodde, 2001). They have devised new ways of working with individuals and families that do not place blame or pathologize clients (Freedman & Combs, 1996). Family therapists also have shown a growing interest in approaches that emphasize the importance of

narratives and stories. These approaches share a common assumption: that it is helpful to think of problems as stories that people have agreed to tell themselves.

The purpose of this article is to describe an interpretive practice approach that uses families' stories and narratives to identify their strengths and address their challenges in living. Within this framework, narratives allow practitioners to help clients interpret their stories, experiences, history, values, intentions, and goals. The discussion includes a brief historical overview of family therapy and its former positivist traditions. It also offers a brief summary of postmodern, social construction, and interpretive perspectives, which support the use of narratives in family practice. Family practitioners' applications of narrative approaches are described, along with family examples to illustrate the helping process across practice settings (how practitioners think about and work with families).

The Historical Context of Family Therapy

Early Perspectives

This historical discussion helps to clarify factors that preceded and led to the development and use of narrative approaches in practice with families. Family therapy evolved in the 1950s as a more effective way of dealing with individuals and their mental health challenges. Driven by a small group of practitioners and scientists, family therapy challenged propositions of medical and psychodynamic therapies, which explained behavior by focusing exclusively on the intrapsychic domain of the individual. In contrast, this new approach contextualized individual problems, moved away from narrower medical or disease models of human functioning, explained behavior in circular and recursive ways, and viewed people in their most intimate family environments (Epston, White, & Murray, 1992; Gale, Mitchell, Garand, & Wesner, 2003).

This shift from a psychodynamic to a systemic perspective widened the lens and proposed that some behavior is best understood within the context of family relationships (Laird, 1993). Family therapists were increasingly confronted with a variety of family types and challenges, which often required multiple and varied solutions. For example, minority and immigrant groups required practitioners to learn new ways of working with people who had very different worldviews, values, and lifestyles (Chadiha, Adams, Phorano, Ong, & Byers, 2002; Hall & Huenefeld, 2002; Michaels, 2003). Family therapists began to question whether practice should be guided by methods that emphasized measurement and prediction based on the scientific or positivist framework, and sought instead to compare families on the basis of normative rather than ideal standards of development, typology, and functioning. Moreover, the traditional family was experiencing rapid and lasting changes in its composition and roles,

which again challenged assumptions that no longer reflected those families' ongoing experiences.

Contemporary Issues

Family therapists' dissatisfaction led to significant changes in the field, including how families were conceptualized, perceptions of their needs, the process of therapy, and the nature of the relationship between therapist and client. Families were no longer defined as homeostatic systems but as generative social systems, with the ability to change their own lives. Furthermore, disequilibrium was perceived as both normal and productive. Therapists explored new ways of working with families by drawing on family-centered and empowerment practice from social work, which helped to bridge the gap between traditional therapy and practice trends based on postmodern and social construction perspectives. Those trends emphasized the centrality of families, the importance of narratives and meaning, the reality of multiple perspectives, attention to process as well as outcomes, and the value of families making informed choices as partners in their work with practitioners (Laird, 1993).

Basic Tenets of the New Perspective on Families

The Postmodern Perspective

Based on developments in the natural sciences, social sciences, and politics, postmodernism questions traditional positivist conceptions of knowledge and has led to what is perceived as a mistrust of society's grand narratives (Dickens & Fontana, 1994; Doherty, 1991). This movement marks a trend away from attempts to prove and accept theory to an interest in uncovering the underlying assumptions on which theories are based. Ethnographers, anthropologists, and sociologists, as well as family practitioners, have voiced their concern about the taken-for-granted realities.

Foucault (1980), for example, argues that power and knowledge are inseparable. Hence, many theorists have turned their attention to the way social processes, which are power related, influence the rendering of reality. Postmodern thinking has also challenged many accepted assumptions regarding the theory and practice of psychotherapy, particularly family therapy. Examples of such assumptions include the notion of families as inherent hierarchies, the view that observers and the act of observation do not influence families' behaviors, and the expectation that therapists should have power based on their traditional role as experts.

The Social Construction Perspective

At the center of postmodern thought, social construction seeks to understand the processes by which people describe, explain, and ultimately view the world and themselves. This orientation questions the traditional modernist view that the object of inquiry is a search for truth and that ultimately

truth is found through the accurate rendering of reality or facts (science). Social constructionists believe social processes constrain how people define, describe, and explain themselves and the world of which they are a part. They argue that the traditional view pays little or no attention to the process by which the rendering of reality is achieved. Therefore, it is difficult to separate what is fact from the result of the social process through which people describe and explain their experiences (Laird, 1993).

In short, social construction holds that individuals' past experiences, backgrounds, historical contexts, and social exchanges influence their knowledge and understanding of the world around them. Their understanding is constrained by language and power, which limit their ability to name their world and reality (Epston et al., 1992), and by the socially agreed-on standards postulated by modern science. Social construction emphasizes, however, that people's narratives help to clarify rather than constrain their unique realities and experiences (Dimaggio, Salvatore, Azzara, Catania, Semerari, & Hermans, 2003).

A Culturally Focused Interpretive Approach: Narratives and Stories

Definition of Narrative Concepts

Proponents of social construction, postmodern thinking, and the interpretive approach share in common an interest in narratives and stories. Although it appears that narrative and story are often used interchangeably, story has been defined as the structure of a narrative. Hence, a narrative recounts a story; it clarifies the significance that certain events in the story have for each other and the narrator. Narrative also refers to the process of creating a story, the process of telling the story, and the outcome, the story itself (Kelley, 2002). Similarly, other authors define a story as an account of such incidents or events, which may be contained in a narrative (Freeman, 1992; Hall & Huenefeld, 2002). Wherever people have existed throughout history and throughout the world, so have narratives existed as an integral part of their lives (Kelley, 2002).

The Interpretive Narrative Process

An increasing number of family practitioners also have noted the significance of stories and narratives in the lives of people. For example, Laird (1989) points out the important relationship between narrative and meaning. She states that to understand or interpret a narrative one must understand not only the facts of the story but also the meaning the narrator makes of the events and the narrator's worldview, or belief system. In this sense, a narrative recounts a story that gives meaning to how people view their past, their present, and their hopes for the future. Epston et al. (1992) indicate that, in counseling, stories determine the meaning that people give to their experience, what aspects of experience they choose to

express, and how they choose to express them. Laird (1995) adds that practitioners listen to stories and help clients to create other stories or other meanings for stories. Perhaps the most important contribution the interpretive process makes is to convey the rich central role that stories and narratives play in pulling together the essence of people's experiences and in connecting them to each other and to the world around them.

The Role of Culture in Narratives and Stories

Culture consists of socially established structures of meaning that are passed down to members of cultural groups through behavior, narratives, and stories. Narratives and stories are important because they structure the meanings by which a cultural group lives (Alley, 2002; Chadiha et al., 2002; Michaels, 2003). In essence, narratives and stories reveal cultural groups' interpretive systems; they explain how cultures view themselves, the world, and themselves in relation to the world. Historically, some cultural stories have remained untold. Laird (1989) points out that "women and their lives have been largely unsung, unstoried, unmythologized" (p. 437). She believes that women's stories have been confined to a private world. White and Murray (1992) contend that it is essential to deconstruct the dominant cultural narratives that have marginalized the narratives of women, people of color, gay men and lesbians, and other socially oppressed groups.

In family practice, stories provide themes and issues that can help social workers to understand families' and cultural groups' connections to their past and ultimately may help families to understand their current situations and narratives. Family practitioners can then cooperate in the co-construction of cultural narratives that are more empowering to families (Sluzki, 1992). They can also help families understand their storytelling rituals and cultural parables, which can expand or limit their interpretations of narratives about their cultural experiences (Freeman, 1992).

Applying Narrative and Interpretive Strategies Across Practice Settings and Populations

General Guidelines for Using Narrative Strategies

Although the literature describing the foundations of postmodern and interpretive approaches is growing, only a few attempts have been made to address practice issues specifically. Particularly lacking are accounts about narrative methods that have been documented as successful in practice with children and families. Exceptions to this void in the literature are accounts by Borden (1992), Clark (2001), Crawley and Freeman (1993), Freedman and Combs (1996), Freeman (1992), Gilbert and Beidler (2001), McGill (1992), White and Epston (1990), and Wood and Frey (2003), who offer some general practice guidelines from which to integrate the use of stories.

Those guidelines indicate that narrative approaches can be used in combination with family systems, task-centered, solution-focused, and crisis intervention models by practitioners in hospitals or schools and in family service, child welfare, mental health, and substance abuse prevention and treatment programs. Moreover, those combined approaches can be helpful to individuals, families, and groups who are experiencing life challenges ranging from normal developmental transitions to more long-term severe difficulties (Crowley & Freeman, 1993; Wood & Frey, 2003).

For example, practitioners can help clients handle crises related to loss and grief, depression, anxiety disorders, and some physical health challenges by combining crisis intervention with narrative approaches. Integrating narrative strategies with task-centered and family systems interventions can benefit clients who are challenged by developmental transitions such as entering middle age or having a first child (Borden, 1992). Those combined interventions also can be applied appropriately to clients' parenting difficulties and marital conflicts (Sluzki, 1992). Practitioners have been able to apply narrative and solution-focused strategies effectively in services to clients who are addicted to substances. Solution-focused questions can help to uncover those clients' denial and other barriers to recovery that are embedded in their narratives as well as identify their unnarrated success experiences (Freeman, 1992; Gilbert & Beidler, 2001). Narrative strategies are not only effective with adults, but they can be combined with play and game therapy with children and youth to enhance their self-esteem, peer relations, and ability to cope with serious illnesses (Kriestemeyer & Heiney, 1992; Wood & Frey, 2003).

Guidelines from the literature emphasize that in some practice situations the use of narrative approaches is contraindicated. For instance, clients with thought disorders, brain damage, or dementia are not appropriate for these approaches. Some crisis situations involving suicidal clients or those experiencing a psychotic episode also are not appropriate for narrative interventions. Finally, a number of authors have concluded that additional research is needed to document other contraindications for the use of narrative approaches as well as best practices related to those approaches (Chadiha et al., 2002; Docherty & McColl, 2003; Dorr, 2001; Freeman, 1992; Leukefeld, Godlaski, Clark, Brown, & Hays, 2002; Norman, 2000; Vodde, 2001; Wood & Frey, 2003).

Examples of Narrative Practice Strategies and Their Applications

This discussion illustrates more specifically how practitioners can use the guidelines just discussed to apply narrative strategies in combination with other approaches. The significance and role of culture are integrated throughout this discussion by using family examples focused on the identified clients' age; social class; race, eth-

nicity and national origin; gender; location; and religion. The examples also highlight how the use of narrative approaches is influenced by the organizational goals and other factors in various practice settings.

Listening to and acknowledging clients' stories. Although seemingly obvious, this strategy requires practitioners to be aware of their preconceptions about family practice and families, which often lead to an imposition of their own stories and meanings while subverting those of clients. Hence, the strategy requires recognition that helping professionals often view clients through their personal cultural filters and past experiences, so "they must listen in such a way that their pre-experience does not close them off to the full meaning of the client's descriptions of their experience" (Goolishian & Anderson, 1990, p. 30).

In one situation, Mr. and Mrs. Evans, a White elderly couple from a poor rural community, lost their house and possessions in a fire. Mr. Evans had suffered a heart attack right after the fire. A young biracial practitioner (Japanese and White) in a veterans' hospital was assigned to work with the couple on discharge planning for Mr. Evans. When the practitioner contacted them, the couple continued to retell their story about the fire and their losses. During a supervision session focused on her work with the couple, the practitioner realized she had not listened to or acknowledged their loss narrative. This practice gap limited the couple's opportunity to process their narrative experience and its meaning to them and to cope with the related crisis. The practitioner also realized that the Evans' family narrative reminded her of her mother's story about an earthquake in her native Japan years before. The family lost several relatives as well as its home and was forced to migrate to another country. The practitioner had often ignored the retelling of her mother's narrative and had developed a cultural filter that denied the importance of such losses and relocations. That filter made it difficult for her to hear, acknowledge, and validate the Evans' painful narrative about loss.

Listening actively to clients' existing family or cultural stories can also shed light on how they view themselves, how they define their challenges and solutions, and their attitudes toward change. Listening actively to the Evans' narrative and integrating that strategy with crisis intervention could have enhanced the practitioner's understanding and skill in addressing their attitudes toward change and their challenges. Those attitudes were reflected in the clients' immobilization, including their lack of participation in discharge planning and in finding a new home. The couple's difficulties in coping with a major health crisis amid the aging process also illustrated how their family system was overwhelmed with challenges and their current crisis (Borden, 1992; Clark, 2001).

In addition to helping clients to address their challenges and attitudes toward change, active listening can reveal information that practitioners can use to bridge cultural

differences with clients. The practitioner assigned to the Evans family could have mentioned her family's experience with a similar natural disaster and how the members coped with their forced relocation and crisis. That discussion might have allowed her to bridge cultural differences between her and the Evans family (related to their ages, ethnicity, religion, and location) by identifying this similarity in their life experiences.

Acknowledging families' stories also means using their labels for such stories. The Evans family, for example, characterized their loss experience as "how our faith brought us through some bad times." Such labels can reveal additional information about clients' culture, such as the Evans family's strong religious faith and practices. Having them talk about how they coped in previous crises is an integral part of crisis intervention, whereas having them tell a story about past successful coping experiences based on their faith integrates narrative approaches with that intervention process.

Helping clients to define their challenges through their narratives. A significant aspect of narrative approaches is the importance of clients' rights to define their own challenges and, through sharing their narratives, to name their own reality (Kelley, 2002). Social workers can ensure that client descriptions of challenges and the effects on their lives remain privileged. This role requires adopting a "not knowing" approach to the narrative and to counseling in general, one in which the client is the expert and the understanding and interpretations that develop are a result of dialogue between client and helper. Supporting clients' rights to define their challenges involves encouraging them to give their narratives a title that reflects their view of those challenges and themselves, if they have not already done so. Social workers can also ask clients about factors that led them to suppress previously unshared narratives as well as how sharing such narratives helps in clients' current definitions or redefinitions of their challenges.

For example, a 35-year-old Latina mother and her two sons moved to another state to escape her husband's violence against them. Fourteen-year-old Michael was adjusting well to his new environment, but 10-year-old Ricardo had not made new friends at school and was isolated. The practitioner assigned to Ricardo's school usually visited the parents of all new students. When he

visited Ms. Montario and she shared her concern about Ricardo not having friends, the practitioner agreed to meet with Ricardo. As a part of his effort to build rapport with Ricardo, the practitioner asked him to draw a picture of the playground and students during recess and then to tell him a story about the picture. The drawing showed Ricardo standing alone on the playground with his back against one wall, a little distant from the other students. When asked to give the picture a title, Ricardo called it, "Ricardo, the boy with the 'Kick Me' sign on his back" and explained he did not play with the other students (his current life challenge). His picture narrative included Scott, a boy Ricardo called popular who sometimes said "hi" to

him, a potential ally and environmental resource that Ricardo had not yet recognized.

Engaging in a collaborative search for meaning. In practice, the two previous narrative strategies encourage social workers first to provide a space where clients can share their stories about issues and challenges of significance to them. Then, through active participation, dialogue, and, in the case of Ricardo, an art-based narrative strategy, practitioners can help clients to interpret the meaning of their stories. By relying

on skills such as active listening and deconstruction questions, practitioners can introduce new perspectives that facilitate clients' understanding of their stories and expand their sometimes restrictive meanings (Combs & Freedman, 1990, p. 57). Helping clients to reconstruct meanings can assist them in moving forward, in exploring new meanings and interpretations. Social workers can challenge clients to identify and acknowledge other possible exception narratives that they can eventually perceive as more empowering and that balance the problem-saturated meanings they may have interpreted from their more self-limiting narratives.

In the previous example, the school practitioner asked Ricardo if he had ever been in a new situation in which he had figured out what to do. When Ricardo said he had been in a new school the year before and it had not been so bad, the practitioner asked him to tell a story about that time. Ricardo's story involved a cousin who had decided to be his pal in the new school and then showed him how to get along with other students. The practitioner used this exception narrative to create a friendship game by having Ricardo write down specific steps his cousin used to help

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him make friends. Ricardo agreed to use one or more of those steps each day beginning with Scott, the popular peer in his picture narrative. He then reported those experiences to the practitioner during their sessions, which involved a combined task-centered and narrative approach.

Social workers can also support clients in exploring how their narratives have been self-limiting or liberating and in what ways their interpretations of meaning have affected their lives. In working with adults, these questions can be asked in a straightforward supportive manner. With children, practitioners may need to use more graphic methods such as Ricardo's picture narrative or structured narratives (Freeman, 1992; Leukefeld et al., 2002). For example, the school practitioner validated the initial cautiousness Ricardo expressed in his picture narrative by saying it was natural to stand with his back against the wall at first until he could determine who to trust. The practitioner assumed Ricardo had a wait-and-see attitude based on how the client had drawn and talked about his picture (his meaning). The practitioner then asked Ricardo to look how far away he was standing from other students in his picture and to talk about how standing there too long might keep him from making friends, from working on his friendship game.

Increasing the client's awareness of relationships of power and domination. Social workers can help clients become aware of relationships of power that encompass societal, cultural, familial, or political arenas and cause certain stories to remain silenced and neglected. Increasing their awareness allows clients to restore or restory their experiences, promoting *conscientization* (Freedman & Combs, 1996), or an understanding of the oppressive effects of other people's privileged knowledge and the devaluation of their own local knowledge or lived experiences (Laird, 1995). Practitioners may need to ask clients who in the story is benefiting from the status quo, who has power and who is without power in the story, whose goals are being compromised or hindered and whose are being achieved in the process, and what are the effects of different types of oppression on various people within the story or family unit. Practitioners can encourage families to explore and address any external conditions or systems that may contribute to the oppression of family members and that may be ignored because of the members' self-blame.

In the previous example, Ricardo's mother shared a story with the school practitioner during a later meeting about fleeing from her husband one night when he tried to kill her and their sons. She had tried to tell the story of her husband's ongoing physical abuse to his relatives before she left the state. Her in-laws not only refused to listen, but they labeled her as the problem, increasing her self-blame and shame. They believed she should be a more dutiful and submissive Latina wife. Their responses reinforced her husband's power and domination over her. Moreover, she had not been able to obtain an order of

protection against him in the small hometown where his family was well known. So she had suppressed her story about the violence until she reluctantly shared it with the school practitioner. When the practitioner asked how denying the truth of her stories benefited her in-laws, Ms. Montario acknowledged that their denial and the legal system's failure to issue a protection order helped them to keep her silenced and isolated (powerless). She realized that blaming her allowed them to maintain their image as a good family and a safe community.

Helping clients to externalize their challenges and issues. First proposed by White and Epston (1990), externalization reminds us that challenges and people are separate entities. Externalizing challenges helps people to view themselves in ways that are less confined by the problem story and allows them to focus attention on lived experiences that do not involve their challenges or that are exceptions to those challenges. For instance, practitioners can ask, "What would this story be like if the problem was resolved?" This and other externalization questions can facilitate clients in creating alternative stories by reframing their self-limiting stories or by giving those stories new and less restrictive endings.

The practitioner asked Ms. Montario what narrative ending was possible now that she had left her husband and moved to another state (in contrast to the narrative ending about her husband's past attempt to kill the family). This question elicited an alternative narrative ending about how she, Rita Montario, the main character, ends up going into a vocational training program to become a medical assistant and taking a parenting class to improve her role as a mother. Another externalization question, "What would have to be different for this new ending to occur?," surfaced two changes the client had accomplished. First, she had let go of, or buried, potential barriers in her old non-nurturing family-marital environment. This buried-barriers metaphor indicated that she no longer perceived such barriers as a threat to her new life. Second, these externalization questions revealed supports she had established in her current environment that had helped to empower her. Those supports included the education system (the school and its staff) and the informal neighborhood-community system (a Latino family resource center).

Helping clients recount personal stories of competence and strengths. In general, clients seeking family therapy are focused on their challenges, inabilities, and skill gaps. Professionals have traditionally reinforced this focus, although often inadvertently. Instead, practitioners can elicit and explore clients' personal accounts of struggles and stories of survival that may identify multiple sources of strengths. The search for existing exception narratives about strengths and competence is difficult because often clients do not believe they have strengths or narratives about being competent. It may be easier for clients to first share a story about a cultural coach or role model who was

able to overcome similar obstacles (Lewis, 2000; Norman, 2000). Then speculating about the meaning of the other person's story can help social workers to elicit clients' own exception stories. In addition, asking whether there was a time when the problem was less noticeable or stressful, when the problem was less difficult to cope with, or when the client handled it differently can be useful, followed by a suggestion to "tell me a story about that time."

This combined narrative- and solution-focused strategy was used with a 24-year-old African American man, Roland, who was feeling hopeless about being in substance abuse rehabilitation for the third time. He was assigned by his life skills group counselor to interview a recovering African American community leader about his own strengths in overcoming recovery challenges. The community leader had been selected from a list of three recovering individuals identified by Roland and his counselor. The counselor accompanied him to the interview but allowed Roland to conduct the interview alone after some practice sessions in the group. The counselor used the community leader's audiotaped narrative throughout treatment to explore strengths in the leader's efforts to address his challenges as well as similarities and differences in his and Roland's recovery process. For example, one notable challenge occurred when the community leader encountered racial barriers to his employment. He reframed those barriers as opportunities to sharpen his coping and problem solving skills (a strength). The practitioner asked Roland to identify a similar instance in which he was able to cope with discrimination successfully and hence to demonstrate his strengths.

Affirming clients' privilege to author their lives and co-construct alternative narratives. Practitioners can affirm clients or encourage their relatives to do so by helping them to reauthor their lives or to develop alternative meanings and interpretations of their narratives. Such interpretations provide clients with new options for problem solving and healing (White & Epston, 1990). For instance, Roland from the previous example lived with his mother and other relatives. In a family counseling session with his mother, Roland was asked to share a story about one of his life challenges, so he shared a narrative about how he spent the night before he entered rehab. He decided to sit on the steps of a church all night to hide from his "drug buddies," who he believed would discourage him from entering rehab. Roland described his behavior as "copping out" or not standing up for himself. When the practitioner asked his mother about her reaction to Roland's story, she provided an alternative interpretation of it. She said Roland's behavior indicated he was getting stronger in his commitment to recovery, because he had not allowed his peers to sabotage him as he had in the past. Roland said it was the first time his mother had stood up for him in years, which made him feel more hopeful about his recovery.

Another aspect of this affirmation strategy involves co-constructing alternative narratives with clients about other people's experiences. The previous discussion about Roland's use of a community leader's narrative is an example of how practitioners can accomplish the co-construction and affirmation process. The steps include not only identifying other people's stories that have meaning to clients' lives and listening actively to those stories but also developing life lessons based on an analysis of the co-constructed narratives. In addition, an important step for Roland and other clients involves the practitioner's affirmation of their efforts to transform their self-images. That step can be accomplished by asking solution-focused questions such as, "How are you different as a result of this session?" or "How have your perceptions or feelings about yourself changed?" Those questions helped Roland use what he learned from his co-constructed narrative about his cultural coach to enhance his self-image and cultural esteem.

A variation of this co-construction strategy is to ask a member of a family or group session to share a narrative about one of the individuals included on his or her genogram, ecomap, or timeline that is relevant to the topic under discussion. If the members have difficulty identifying a relevant narrative, they can be given a homework assignment to interview someone who can share such a narrative with them. When the narrative is shared in a later family or group session, the members can be asked to speculate on what the co-constructed narrative means to the main character in the story and then what the narrative means to the members' lives. They can also be asked to give one of their own narratives an alternative ending based on what they learned from the co-constructed narrative. Ensuing discussions can focus on what the members need to do first for their preferred endings to occur and how those efforts can help them to accomplish their treatment goals.

Sharing practitioner stories. In an effort to be perceived as a person rather than as an expert, social workers may need to use their own stories or the stories of other clients, which have been disguised for confidentiality purposes, to address issues and concerns raised by clients. The use of cultural stories, parables, myths and metaphors, and other narrative forms from the therapist's personal and professional experiences can elicit clients' own forgotten stories of healing and empowerment. The practitioner can ask clients for their reactions to such stories, which can provide an objective arena for them to analyze similar issues and situations in their own lives from a safe distance and to later generalize the lessons learned to their situations (Crawley & Freeman, 1993).

In our first example, a young biracial practitioner was working on discharge planning with an elderly White couple from a rural area. The discussion indicated that the practitioner could have bridged client-helper cultural differences by mentioning her family's experience with a similar loss, which was caused by an earthquake. In contrast to

that strategy, however, a full retelling of that narrative might have had an even greater impact on the work. By sharing her family's full narrative, the practitioner could clarify her understanding and valuing of the clients' narrative. Asking the clients about their reactions to her narrative also could help them disclose the meaning they inferred from their narrative and some of their challenges related to the losses. Moreover, this practitioner story strategy could become a catalyst for helping the clients to begin their mourning process in earnest.

Applying Narrative and Family Systems Strategies in a Mental Health Setting

Background Information

The following vignette demonstrates the use of narrative and family systems approaches by a mental health family practitioner across several sessions to address a family's normal developmental transition as new parents. Although prevention is an important aspect of all social work practice, this vignette illustrates how the practitioner used prevention opportunities in this situation. It illustrates also the practitioner's attention to cultural issues related to locality (rural and urban areas), gender, ethnicity, national origin, and age or generational differences. Examples of specific cultural and familial narratives shared by the clients in this situation are included in the discussion.

The vignette involves a White couple, 30-year-old Mike and 29-year-old Sally, who lived in a midwestern urban area. Mike was a schoolteacher and Sally was anticipating returning to her job as a legal assistant in a few weeks. Her gynecologist referred Sally to a mental health center. The couple had agreed to the referral to address concerns about their transition as new parents and Sally's depression. At the time of the referral, it was 6 months after the birth of Mike and Sally's first child, Abby. Sally had been experiencing what at first seemed to be postpartum depression. The fact that her symptoms continued for such an extended period of time, however, and that physically she appeared to be in good health prompted her physician to suggest that Sally seek counseling.

Initial contacts: a postmodern–interpretive approach. The couple was asked to come for the first interview together after an intake contact revealed that Sally's depression was affecting their communication and the marital relationship. During the first session, both Sally and Mike expressed happiness about their marriage and how much Abby filled their lives. Mike shared his confusion over his wife's crying spells and sadness, because he knew how excited Sally was about becoming a mother. When asked whether Mike's perception was correct, Sally acknowledged that it was. She said that even though she loved Mike and the baby, at times she felt terribly sad, a feeling she could not contain or resolve. It puzzled her because she believed she had everything she always

wanted. Sally was also concerned about the effect her behavior could have on Abby. For instance, Sally's sadness kept her from attending to Abby's needs at times. Sally's behavior was placing stress on her relationship with Mike, although, according to Sally, he had been very patient and understanding about those problems.

The goal of the first two sessions was to explore briefly the role of their family histories and current factors on the couple's coping (Laird, 1995) with their new parental roles. From a postmodern or interpretive approach to practice, this exploration involves the therapist providing space where clients and helper can exchange information and cooperate in the process of developing an understanding, meaning, and interpretation of the clients' situation. In this sense, the family practitioner collaborates with clients in their definition of their challenges, making certain that their multiple perspectives are considered, which can help in constructing new meanings (Hall & Huenefeld, 2002).

The first session was used to assess whether Abby's needs were being met adequately and whether she was in need of protection within the context of the couple's presenting concerns. The assessment revealed that, between the couple and Mike's family, Abby was being well cared for. During the second session with Mike and Sally, it became clear that other problems were being experienced in addition to the normal difficulties associated with the arrival of a newborn. Family genograms, completed on each of Mike and Sally's families of origin, revealed that Mike and Sally were negotiating their new parental roles with the natural mistakes and struggles encountered by most new parents. They were concerned, however, about the distant guarded relationship between Sally and her mother and a pattern in Mike's family of male detachment from their infants. To help the couple address these issues, which were affecting their current situation, and to prevent future challenges in those areas, the practitioner used several of the narrative strategies discussed in a previous section combined with family systems interventions.

Listening to and acknowledging existing family theme stories. Sally indicated that what was once a very close relationship with her mother had changed when Sally was a teenager. This changed relationship still bothered her, especially now that Abby could benefit from having a grandmother around. When asked to talk about her relationship with her mother, Sally offered the following narrative:

My father and mother divorced when I was 3. As divorces go, it was a good one. My mother and father have remained friends, and he has stayed involved with both my brother and me through the years. My mother and I had a very close relationship until I started high school. Growing up, I remember doing things with my mother like reading, sewing, gardening. My brother would also come along for some activities sometimes, but he had other activities that kept him

busy. When I started high school, I became involved in varsity sports and extracurricular activities and had little time to do much with my mother. I think this was hard for my mother, although she never said anything. During that time, my mother got a job, and after that we both became so busy that we grew further apart. At first, I was not happy with my mother's absence, but I considered that my reaction might be selfish, since I had little time to spend with her, and she seemed to enjoy her job. I have always felt that my mother became more and more distant after she started working. The transition from home to college was easy; for all practical purposes, I was used to being on my own. Through the years since then, my relationship with my mother has been distant and even indifferent at times. She attended our wedding and visited us after Abby was born, but I still miss the closeness I once felt between us. I think her job means a lot to her and that she gets most of her gratification from her job.

After hearing this story, Mike indicated he had always felt that Sally needed her mother more than she would admit. He thought Sally hoped that having a baby would help bring her closer to her mother. Instead, Abby's birth highlighted the long-term distance and lack of intimacy that had developed in Sally's relationship with her mother.

Helping clients to define their challenges through narratives and engage in a collaborative search for meaning. Sally had never shared this theme story about women's relationships in her family until the counseling session. It developed out of her interpretation of family situations she had encountered through the years. Although her interpretations are important, it is the role of the family practitioner to help Sally and other clients explore alternative interpretations that can help them to create new meanings (Dimaggio et al., 2003). The following sessions focused on exploring such new interpretations. The social worker asked questions, kept the focus, and facilitated the discussions. This search for alternative interpretations and new meanings creates a therapeutic relationship that centers on dialogue, openness to multiple perspectives, and collaboration and mutual understanding.

This feeling of openness in their sessions allowed Sally to begin to see her mother in a different light. The strategy of bringing coherence to her story involved using additional deconstructive questions to further explore Sally's interpretations of the narrative. For example, she was asked whether her mother was more fulfilled through her job or through her relationship with Sally. What other factors also could explain her changed relationship with Sally through the years? When asked about her reaction to this process, Sally said the opportunity to entertain possibly different reasons for her mother's behavior was liberating.

Listening to and acknowledging coconstructed alternative stories. Sally became intrigued and determined to

search for information that could help her understand and know more about her mother. Her opportunity came between their third and fourth sessions at the mental health center, when Sally's grandfather died and she attended his funeral in the family's small rural hometown. Conversations between Sally and her uncle, the family historian, opened up a new world of understanding for her, including a co-constructed alternative narrative about her mother, which the uncle told to Sally. Social workers can help clients to co-construct similar alternative narratives by using the in-session or homework tasks described previously. Sally elicited the following narrative on her own initiative, however, and then shared it in the next counseling session:

My mother grew up on a farm with her mother, father, and five older brothers. The family emigrated from Sweden when my mother was an infant. My grandfather worked hard, which he learned as a young boy in his large Swedish family, and his sons were always busy helping him. That left my mother, who spent most of her time with my grandmother. Because they lived on a farm far from other families, my mother and grandmother grew very close. They communicated a lot, although the men in the family didn't talk so much. Other than school my mother spent most of her time with her mother. My grandmother loved to make quilts and to display them at shows. She involved my mother from an early age. My mother was always by her side, working together on quilts or showing them at the State Fair. Even when she was an adolescent and preferred to go out with her friends, my mother would stay with grandmother. She would never turn my grandmother down because she felt my grandmother worked so hard and deserved to have company while she did something that gave her pleasure and pride.

After mother graduated from high school, grandmother took her to the city to apply for a job, because the small town closest to the farm didn't have any job opportunities. My mother was able to get a job and stayed in the city. During the first couple of months, my mother would always go back to the farm every chance that she had. However, after a while she made new friends and began to spend more time with them in the city. My grandmother then started going to the city and showing up at work unannounced to have lunch with my mother. If my mother had plans, she was expected to cancel them. One day when my grandmother came into town my mother told her she couldn't have lunch because she had other plans. My grandmother told my mother that she felt rejected and left. My grandmother never went to visit my mother for lunch in the city again, and their relationship changed after that day. They were never as close as they had been.

Sally stated that after hearing this story she gained a new understanding of her mother. The family practitioner asked Sally and Mike if they could see any parallels (in meaning) between Sally's relationship with her mother and the one between her mother and grandmother. Sally said her mother had gone from a close relationship with the grandmother to almost no contact at all, which Mike then said was similar to Sally's relationship with her mother. When the social worker asked them about the consequences of those changing relationships, Sally acknowledged that unfinished issues between her grandmother and mother may have influenced how Sally's and her mother's relationship developed and changed.

Affirming clients privilege to reauthor or reframe their narratives and their lives. This alternative family narrative about women's difficulties growing up and staying connected with each other was a major breakthrough in Sally's efforts to address her relationship with her mother. The practitioner used active listening to affirm Sally's right to reauthor and reframe the above alternative narrative. For instance, the practitioner asked Sally in what ways the narrative her uncle shared about her mother's intergenerational family was liberating or self-limiting for her. When Sally acknowledged how that experience contributed to her growth, it caused her to reconnect with her mother and to eventually establish a relationship that was more satisfying to both of them. Reauthoring allowed Sally to change the meaning of her own mother-daughter narrative, based on her interpretations of her mother and grandmother's narrative. That outcome reflected her new understanding of her mother's behavior. Sally realized her mother did what she thought was best for Sally, by letting go of their relationship so Sally could focus on her high school years with friends and later on her married life.

Reauthoring also led to a reframed narrative, which focused on Sally's mother's guilt about their distant relationship, in contrast to Sally's initial interpretation that her mother was indifferent about it. Anticipating that one day she would be in the way of Sally's new life, her mother may have decided to prepare herself by finding a substitute for their relationship, which had been so important to her in the past. Perhaps her job filled some of the void, but it may not ever have been sufficient. The improved relationship with her mother helped to decrease Sally's depression and provided added meaning and motivation for fulfilling her new parental role more effectively.

Helping clients to share other family stories and to externalize their challenges. As Mike and Sally discussed their reauthoring process involving Sally's multigenerational story and their genograms, the family practitioner encouraged them to explore how that narrative might have affected the struggles they were experiencing during the current transition. They acknowledged that this process and their genograms had revealed similarities and

differences in how they viewed their parenting roles, the ways they could be supportive of one another in those roles, barriers to their effective parenting, and, in terms of prevention, how to maintain space for their individual and collective needs.

Regarding Mike's needs, his genogram revealed that men in his family were distant from their children as infants. There were many humorous family stories about the men's excuses for remaining distant. Mike shared some of those family narratives during their sessions, highlighting his conflicts about remaining loyal to male roles in his family of origin while attempting to collaborate in the care of his and Sally's new baby. Those stories provided opportunities for the practitioner to normalize his conflicts. She related those conflicts to differences in the members' generational, gender, cultural, and familial socialization experiences (Dorr, 2001; Laird, 1989; McGill, 1992).

As an example, when Mike told his father about his plan to be in the delivery room during his baby's birth, his father shared a detailed narrative about hunting with his cousin and being caught in an early winter snowstorm while Mike was being born. After listening actively to his family narrative, the practitioner used deconstruction and other solution-focused questions to help Mike define and externalize the problem reflected in his narrative (e.g., "What family rule did the narrative suggest would be violated if Mike was in the delivery room when his child was born?"). Another question, "How would this story be different if the problem didn't exist?", helped Mike to reframe the narrative, from an unbreakable gender rule for male family members to a natural generational difference in how he and his father perceived their male roles. Mike commented that this narrative was a reminder of the steps he should continue to take in the future to prevent a distant relationship from developing between him and his infant daughter and wife.

Implications for Family Practice and the Social Work Profession

The previous example and others in this article illustrate some of the ways in which narrative strategies and other approaches are used in collaboration with clients in family practice. One implication of this discussion is the importance of acknowledging how people's family and cultural narratives can affect their ability to manage current developmental transitions and ongoing difficulties (Borden, 1992; McGill, 1992). Hence, family practitioners should be alert to how the clients described in this article, including couples such as Mike and Sally, may bring complementary or conflicting intergenerational or cultural stories from their respective families. Such stories can support as well as impede clients' growth and self-healing. Another implication is that clients' narratives offer them opportunities to understand themselves more fully

regarding their history, values, beliefs, and attitudes and how they make sense of the world around them. This process can be empowering because it emphasizes that clients are experts on their lives and stories (Chadiha et al., 2002; Gilbert & Beidler, 2001; Lewis, 2000).

A third implication is that when clients are viewed as experts on their own situations and narratives, family practitioners can function as coaches and facilitators. Social construction perspectives emphasize the importance of people's expertise or local knowledge for their self-healing, which supports this movement of helpers out of the expert role. Finally, a fourth implication is that narratives offer opportunities for clients to explore new interpretations and realities and to cooperate in the development or cocreation of new meanings based on social construction and interpretive approaches (Laird, 1993). Providing these narrative opportunities is a common goal of family therapy and social work practice alike, so that individuals and families can grow to their greatest potential.

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This Issue, In Brief

Pregnant With Possibility:

The Paradoxes of "Help" as Anti-Oppression and Discipline With a Young Single Mother

Merlinda Weinberg

The mission for social workers can often be complex and contradictory. As a professional group, social service workers are responsible to more than one person, such as a mother and child, whose interests and needs may be opposing. Practitioners can be caught between an ethic that "informs social work as a vehicle of social justice" and a "bureaucratic regime in which workers are responsible for social regulation and the discipline of others." The author illustrates the complexities of both accommodation and resistance to disciplinary practices with a case vignette of the relationship between a self-identified "activist" social worker and her client, a young single mother with a myriad of traditionally perceived at-risk factors. Alternate perceptions of normalcy, nurturance as power, and activism through solidarity, as examples, were used by the worker to edge towards more liberatory practice, even while she accepted her positioning as judge of the client's mothering ability and of the allocation of resources. This article demonstrates that, even for workers committed to anti-oppressive practice, help is often an unavoidable mix of disciplinary and emancipatory activities.

Revisiting Unplanned Termination: Clinicians' Perceptions of Termination From Adolescent Mental Health Treatment

Diane M. Mirabito

Not surprisingly, an adolescent's termination from mental health treatment is most often unplanned, unannounced and independently decided upon by the adolescent. The process of unplanned termination, or treatment dropout, as experienced and described by clinicians in this article, appeared multifaceted, multidetermined, and resulting from a complicated interplay of the client, clinician, and clinic. Factors included in this interplay were normative aspects of adolescent development, the ways clinicians conducted treatment, and organizational aspects of the agency context. Despite the many reasons why unplanned termination occurs, the author feels clinicians need to take a greater proactive role in orchestrating the termination process with adolescents. Recommendations for practice include: reconceptualization of termination; consideration of racial, ethnic, and cultural differences between clients and clinicians; development of collaborative contracts between clients and clinicians; use of diverse, time-limited treatment strategies; parental involvement and use of family interventions; and development of an organizational culture to support treatment review and closure.

Cognitive and Environmental Interventions for Gay Males: Addressing Stigma and Its Consequences

Michael C. LaSala

When working with gay clients, many clinicians fail to address their clients' internalized homophobia and stigma. Without assessing this factor, the client will more than likely develop a devalued self image that can lead to poor mental health and inability to maintain long-term relationships. The article discusses the issue of stigma through three case studies of outpatient mental health clients. Cognitive therapy has shown to be effective in helping clients diminish their stigma-related feelings of depression and anxiety. Clinicians must also consider the social environment of the client, which may require the therapist to assess and orchestrate interventions with family, school or work settings. Whatever approach is used, the worker needs to build strong therapeutic relationships with stigmatized clients and also attend to the environmental sources of stigma.

Nontraditional and Unorthodox Interventions in Social Work: Ethical and Legal Implications

Frederic G. Reamer

How does a clinical social worker decide to use experimental interventions that experienced, reasonable, and prudent colleagues can disagree on whether those techniques are unethical, negligent, or effective? Some peers will promote the use of an unorthodox treatment that others argue have the potential to traumatize clients and exacerbate a wide range underlying problems. In these cases, practitioners can best protect their clients and themselves by following eight key elements of the procedural standard of care. These steps will assist in deciding the merits and appropriateness of engaging in nontraditional or controversial techniques and include qualified actions such as consulting colleagues, obtaining proper informed consent, and reviewing relevant ethical standards, regulations and laws, and field literature. One of the steps—obtaining proper supervision—assumes that practitioners may have to make a special effort to find a knowledgeable supervisor with substantive expertise of the method in question. Simply put, don't just rely on a supervisor who is conveniently available. Providing a comprehensive overview of current standards and risk-management concepts, this article can help guide social workers' judgments about the use of clinical innovations.

Narrative and Culturally Based Approaches in Practice With Families

Edith M. Freeman & Graciela Couchonnal

Social workers in family practice can benefit from a perspective that recognizes the centrality of narratives in people's lives. Narrative approaches are relevant to social work practice with families because they emphasize meaning and are part of core practice elements that are helpful to

clients from diverse backgrounds. Using vignettes, the authors were able to show the many benefits of the narrative approach including social workers' ability to gather additional information about clients, and to help their clients define challenges and interpret the meaning of their stories. If social workers provide an opportunity for clients—whether they are families or individuals—to use narratives, it would enable growth, understanding, and a better overall therapeutic approach.

The Epistemology of Cultural Competence

Charmaine C. Williams

This article supports the importance of cultural competence when working with clients of ethnically or racially diverse backgrounds. Through a detailed vignette of a Japanese immigrant, the readers learn about cultural competence and the paradigms used when working with a diversity of clients. The paradigms discussed are based on postpositivism, constructivism, critical theory, and postmodernism. These paradigms can be potential tools for developing a better understanding of what constitutes effective multicultural practice and what contributes to cultural impasses. As no master theory exists in social work when working with cultural competency, the author suggests working across multiple paradigms to find ways to engage with clients.

A Multilevel Approach to Cultural Competence: A Study of the Community Response to Underserved Domestic Violence Victims

Loretta Pyles & Kyung Mee Kim

Cultural competence—once perceived as an individual skill—is now addressed at the interpersonal, agency and systems level. By moving toward a holistic approach to cultural competency, a service agency would set an overall standard for every social worker and provider. Specifically, this article studies the level of cultural competence and its relevancy when working with domestic violence and battered women. The findings show battered women's advocates have the highest levels of individual cultural competence as the women often come from different races, levels of disabilities, economic status and both urban and rural areas. The authors promote incorporating community organizing and community practice strategies with individual cultural competence creating a multilevel system which would lead to policy and program changes that are conducive to diversity issues.

Hmong Immigrants' Perceptions of Family Secrets and Recipients of Disclosure

Zha Blong Xiong, Arunya Tuicomepee, Laura LaBlanc, & Julie Rainey

Reluctant disclosure of family issues is a problem social workers face daily. All families have issues of disclosure when dealing with unplanned pregnancies, illegitimate

children, adultery, debts, violent acts, mental illness, and chronic illness. This article focuses on Hmong immigrant families and the cultural barriers that exist when working with these clients. Most often, with little more than a translation, Hmong immigrants receive mainstream treatment from social workers with no background of the Hmong culture and their immigration. How does the social worker deal with the disclosure of adultery when it is acceptable for a man to take more than one wife in the Hmong culture? This study educates the worker on how to work within the Hmong cultural beliefs and the potential deleterious consequences of these family problems if not dealt with.

Therapist Self-Disclosure From a Gay Male Perspective

Brent A. Satterly

Little research or literature exists on Therapist Self-Disclosure (TSD) by practitioners who are gay. What if the client asks if you're gay or uses terminology offensive to you? Everyday therapists are put in situations where disclosing their sexual orientation would have a serious affect on the client-therapist relationship—a relationship of critical importance in the healing process. This study looks at the decision-making skills of gay male therapists dealing with both straight and gay clients. The results of the study show three dominant themes: identity creation, pre-client contact identity management, and client contact identity management. Each theme shows the affect of TSD on the client and therapist and the process in which to disclose. The author agrees that more research needs to be done to develop skills and guidelines to help the therapists manage the TSD process.

Factors Associated With Perceived Parenting Competence Among Special Needs Adoptive Mothers

Angella Y. Eanes & Anne C. Fletcher

Special needs adoptive children often have experienced factors that put them at higher risk for poor adjustment and well-being, and the experience of parenting them is likely to cause lower feelings of psychological well-being, self-esteem, and competence. This article examines the association between parental stress and types of children's behavioral disorders (e.g. attention problems or internalizing behaviors). With *attention problems*, findings suggest something uniformly stressful about parenting affected children. As mothers' psychological and physical resources dwindle from things like constant monitoring and vigilance, stress increases and they might perceive themselves as being less capable of successful parenting. For children with *internalizing behaviors*, mothers' feelings of competence were instead moderated by levels of parenting stress. In other words, a buffer may already be in place for mothers who felt less stress associated with this type of behavior. Examples of a buffer might be an existing well-defined perception of the role