In this chapter, we build on the concepts and processes presented in Chapter 4, which discusses anti-oppressive practice with individuals, to explore working with families. The core elements are the same: the process we follow from engagement to celebration, our attention to power, and a participatory approach to practice. This chapter assists with the transition of working with one person to working with more than one participant at a time.

The concept of family means different things to different people, and kinship is constructed in a variety of different ways. Social workers encounter diverse family forms, such as blended families, foster families, adoptive families, single-parent families, multi-generational families, multicultural and multilingual families, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) families, common law families, traditional nuclear families, immigrant families, undocumented families, polyamorous families, and polygamous and polyandrous families, to name just a few. An inclusive perspective on the concept of family also embraces couples who have no children. Oftentimes pets and close friends are included in the definitions of family. Diversity within the category of family, instead of being a threat to families, actually honors families, providing them with depth, character and richness (Shulman, 2009).

The nature of who and what constitutes a family shifts and changes. A married couple may be divorced, a single parent's child may be sent to foster care and extended family is constantly changing with new members being added and old members dying. Family can be seen as "a complex network of persons, held together by empathy and obligations, with different relational structures in different life-cycle phases" (Constable & Lee, 2004, p. 1). Given the fluidity of membership in some families, it is important to ask each member of the family who they each consider to be a part of their family.

Exploration of an individual's and a family's support network, a key step in working with families, is based on various definitions of family. It is also critical to acknowledge that definitions of family have significant implications—for example, in deciding who can receive agency services and who can obtain “benefits” meant for family members.
Take a few moments to reflect on the concept of family. What is your definition of family? Has your definition of family changed over time? If so, how has it changed? Who are the members of your family? How has your family composition changed over time (for example, separation of parents, new partnerships, death, births, extended family entering or leaving)?

FAMILIES IN CONTEXT

Every family has at least two members. Thus, we need to acknowledge at least two individual family member’s personal struggles, intersecting identities, needs, and strengths. We need to recognize how each individual takes on certain roles and communication patterns and relational tasks within the family.

It is also important to engage with and tune-in to the family as a whole. The obvious factor is family dynamics and the relationships among members. It is also critical to acknowledge the richness of family history and the influence of multiple generations of family members. This history, or the lack of historical context in some cases, influences and shapes each participant’s perception of their family and their role within it.

Anti-oppressive work with families requires social workers to recognize and understand not only these internal family forces, but also the external forces that deeply affect family well-being. External social, economic, political, and environmental factors play a significant role in the well-being of families. Regardless of their composition, socioeconomic status, racial and cultural identification, or stage of development, families are influenced and shaped by their social and physical environment (Hodges, Burwell, & Ortega, 1998). Cultural stereotypes, discrimination, environmental injustice, racism, poverty, violence, and other forms of oppression all negatively affect families. The struggle to survive during social and economic crises can have an impact on relationships, physical and mental health status, and self-worth (Lundy, 2004).

In their work with families, AOP social workers generally focus on these four areas of difficulties related to a family’s basic needs and rights:

- Communication: How do family members communicate with each other? How do they discuss differences and express anger, affection, joy, and sadness? How are decisions made?
- Links to and place in society: How are family members connected to other people, institutions, and material resources? What are their social and economic positions in society, their social class, ethnic background, and experiences of discrimination?
- Rules: What are the expectations of behavior, or the rules, within a family? Who makes them? Who enforces them? What happens when a member acts outside of the expectations? Which rules enforce inequality within the family?
Building on these four areas, we can use a social justice lens to examine issues of power, privilege, and oppression at the individual, social/cultural, and institutional levels.

**VISUAL REPRESENTATION OF FAMILY RELATIONSHIPS AND STRUGGLES**

To learn more about a family, we certainly engage in dialogue with individual family members and the family as a whole. However, a variety of visual methods have been developed to represent participants’ selves, family relationships, family structure and dynamics, social support networks, circumstances, major life events, and other presenting issues within a family. Some of these visual tools are described in the following sections.

These tools are often used during the “assessment,” or teaching and learning phase to assist family members in communicating and sharing information with social workers about their lives. Gathering information collaboratively can nurture the family’s relationships. Doing these visual representations also gives the participant and the family an active role in the assessment. These participatory activities encourage the development of a participant’s and a family’s motivations to work with the social worker to create change. Also, being actively involved in creating these visuals may enable participants and their families to feel like they are actually “doing something,” thus restoring confidence in their ability to take a degree of control over their own lives (Parker & Bradley, 2010). These activities can also evoke powerful emotions within those completing them, leading to discussion about important issues that social workers may not have recognized nor had the opportunity to explore if the participant or family hadn’t undertaken the activity.

**Genograms**

A genogram, like a family tree, is a visual display of the family and its structure at a particular point in time (Parker & Bradley, 2010). Genograms tend to be more specific and detailed than family trees, often displaying two or more generations of a family. Genograms include information about the sex or gender, race, ethnicity, and mental health issues of family members. Genograms can include not only biologically and legally related family members, but also anyone who has been important in the individual’s life, including friends, lovers, partners, and pets.

Genograms are used in many different ways: to engage and assess individuals and families, to reframe and detoxify family issues, to highlight life transitions, to unblock a dysfunctional family system, to clarify family patterns, to connect individuals and families to their history, and to help participants revisualize their future (McGoldrick, Gerson, Petry, & Gil, 2008). Genograms can also be used to emphasize existing and potential resources and strengths of family members. Thus, a genogram is a tool that contributes to the concept of
looking at the person in the context of their environment. Genograms are also used to gather and organize information about repetition across generations. They can be drawn to focus on specific traits, characteristics, and behaviors that wind through generations of the participant’s family. They can map intergenerational family patterns, relationships, and life transitions. For example, genograms often trace immigration patterns, health issues (such as cancer or diabetes), births, deaths, partnerships, longevity of marital relationships, family separations, geographical mobility, citizenship status, job type, and drug use or alcoholism.

The history that is described in a genogram is unique for each individual or family, and there is no “right” or “wrong” way to create one. Encouraging the participant and their family to use their creativity through this medium of representation can be powerful and healing, opening up spaces for shifting perspectives and envisioning new possibilities.

A set of standard symbols is used to communicate social data in genograms (see Image 5.1). Males are usually depicted through squares and females are depicted through circles. In the center of each circle and square, the following information is recorded: birth date, age, occupation, and name of person. Death in the family is represented with an “x” through the circle or square. A couple is connected by a straight line. Separation is noted with one slash across the line, two slashes in the case of divorce. Children are placed below their parents according to age (with the oldest first). Dates for births, marriages, separations, and deaths can be added.

Image 5.2 is an example of a genogram using the basic symbols. (It is based on the story of Jasmine presented in Story 3 of Chapter 3.)
Social workers can encourage participants and family members to go beyond just using the basic symbols, however, and use various creative means to represent their family lineage. A few examples of this type of genogram are featured in Image 5.3.

When working with young children or families, social workers can encourage the creation of family play genograms. Family members choose from an array of miniature people, animals, and other small objects to represent the family. Children, youth, and adults often find this miniaturized world an engaging way to express their inner experience: the thoughts, emotions, and fantasies about themselves and their family members (McGoldrick et al., 2008). This exercise can bring out interesting information about family members' views of one another and their history and relationships, as well as emotions about those who are deceased. A discussion about the symbols used by the creator of the family play genogram activates their creativity, fantasy, and imagination.

In family play genograms, the figures can even be moved around to set up scenarios, such as coveted future relationships with family members. This activity allows for forming
Image 5.3  Creative Genograms

By Liliana Jimenez

By Christie Barboza

By Irving Mendleson
new narratives and for re-storying one’s history. Family members have greater flexibility in imagining possibilities for change, while acknowledging that the content of their history exists, but may or may not inform their present circumstances (McGoldrick et al., 2008).

Using family play has the potential to enliven the encounter with our participants, incorporating humor, play, and new insights about family patterns and significant life events. The examples in Image 5.4 were created by a 5-year-old girl and a 3-year-old boy using toys that they each selected to represent their family members.

**Ecomaps**

An ecomap (ecological map) is visual tool used to situate and document individual and family relationships within a social context. Ecomaps identify the family members and wider
social networks, community resources, agencies, and institutions that the individual or family has contact with. This visual tool explores how an individual or family is connected, delineating energy flow, resource flow, and the nature of relationships. Ecomaps can help an individual or family see their isolation or lack of support network or, on the other hand, all of the supports that are available to them.

The symbols of the genogram are used in an eco-map to depict the immediate family members. The nature of the relationship between family members and their various systems is depicted through lines and arrows. Some of the systems act as inputs, some as outputs, and in some cases individuals and systems have a two-way interaction. Some of these interactions require more energy, and they are often depicted as stressful relationships. The standard lines and arrows that are used to communicate interactional and relational data in ecomaps are shown in Image 5.5. An example of an ecomap is shown in Image 5.6.

Social workers can encourage participants and family members to go beyond the basic symbols to represent family and social networks. Participants can use various creative means to represent their connections and can also combine the genogram and ecomap. Image 5.7 presents two examples of this type of more creative ecomap.

### Image 5.5 Ecomap Symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="female.png" alt="Female Symbol" /></td>
<td>Female</td>
</tr>
<tr>
<td><img src="male.png" alt="Male Symbol" /></td>
<td>Male</td>
</tr>
<tr>
<td><img src="strong.png" alt="Strong Relationship" /></td>
<td>Strong Relationship</td>
</tr>
<tr>
<td><img src="tenuous.png" alt="Tenuous or Weak Relationship" /></td>
<td>Tenuous or Weak Relationship</td>
</tr>
<tr>
<td><img src="stressful.png" alt="Stressful Relationship" /></td>
<td>Stressful Relationship</td>
</tr>
<tr>
<td><img src="flow.png" alt="Flow of Energy or Resources" /></td>
<td>Flow of Energy or Resources</td>
</tr>
</tbody>
</table>
Social Network Maps

Like the ecomap, a social network map collects information about the person’s social network (the interconnected systems wherein participants and families interact), the support provided, and the nature of the relationships (Tracy & Whittaker, 1990). While the ecomap illustrates relationships outside of the family unit, it does not represent the function of these relationships; however, the social network map does. It provides aids in assessing social support in the lives of participants and their families. Generally, the social network map gathers information on members of the person’s network in seven areas:

- those living in the household;
- other family members and relatives;
- friends;
- colleagues from work or school;
- people from recreational, social & religious groups/organizations;
- neighbors;
- community members; and
- other social agencies (Lundy, 2011, p. 161).

See Image 5.8 for an example of a social network map.
Image 5.7  Creative Ecomaps

By Christiane Garcia

By Marisol Huerta
The complexities revealed in a participant’s social network map are not always easy to decipher. The following questions can be used for translating the information presented in social network maps into the participant’s and family members’ goals:

- Who is/could be in the network?
- What are the strengths and resources of the social network (generally and specifically)?
- Are there gaps in areas of needed support? What are they?
- Is there a balanced exchange of support? Reciprocity? Is anyone overburdened? What changes could promote balance/reciprocity?
- Which network members are particularly responsive, effective, and dependable? Are there enough individuals meeting these criteria?
- Which network members are critical/demanding in a stress-producing, unproductive way?
- What are the barriers to using social support services? (Strom-Gottfried, 1999, p. 135)
Holiday and Special Events
- Most important are family birthdays
- Have always celebrated emancipation day & independence day in August

Values About Education and Work
- Parents were strong supporters of school and work—very proud of my school accomplishments
- Aunt Ruby a great female role model as a doctor in Jamaica
- Three women in family have gone to college

Language Spoken
- All family members: English

Connection With Cultural Institutions
- Used to play with ska punk musicians at jam night
- Volunteered for Jamaican Festival past 2 years

Health Beliefs
- Typically use western medicine though have tried various herbal and naturopathic remedies

FAMILY
- Jasmine
- Ana
- Janessa
- Anthony

Reason for Relocating
- Jasmine: school

Legal Status
- Jasmine: student visa
- Ana & Janessa: U.S. citizens
- Anthony: U.S. citizen

Spiritual Beliefs
- Jasmine: agnostic
- Anthony: nonpracticing Catholic
- Jasmine’s maternal family: Protestant
- Do not intend to raise Janessa & Ana with religion

Oppression and Discrimination
- Growing up—school was hard as a girl—especially because of my interest in guitar and architecture which were considered atypical
- Because I engaged in atypical gender activities, I was sometimes ostracized and bullied
- Feel I have to work harder now in college to prove self as woman in male-dominated field

Impact of Crisis and Significant Events
- Death of father early this year has been really hard on mother and brothers
- Could only be home from school for 2 weeks when he died
- Anthony's escalating abuse making it hard to concentrate at school
- Adam coming out—stressful as I fear for his well-being
Culturagrams

A culturagram combines elements of the genogram and the ecomap, but instead of focusing on relationships between people and systems, it visually depicts various aspects of someone's culture and interactions. A culturagram is a graphical representation showing the various aspects of a social culture and its effects on individual family members (see Image 5.9, which continues the story of Jasmine presented in Story 3 of Chapter 3). These interactions are portrayed in the same manner as in the ecomap. The cultural elements that could influence the individual or family include the following:

- Reasons for immigration;
- Time in the country;
- Legal or undocumented status;
- Age of family members at the time of immigration;
- Language spoken at home and in the community;
- Connection with cultural institutions;
- Health beliefs;
- Spiritual beliefs and practices;
- Holidays and special events;
- Impact of crisis and significant events;
- Values held about family, education, and work; and
- Economic transactions (remittances to country of origin). (Parker & Bradley, 2010, pp. 53–54)

Lifeline Maps

A lifeline map (also referred to as a Life Road Map or a Life-Flow Diagram) is used with participants to chronologically record major life events. Lifeline maps can either be depicted on a horizontal line (Lundy, 2011) or vertically (Hennessey, 2011). Lifeline maps include major events that occur in someone's life and the route the person has taken to get to where they are today. Creating a lifeline map provides the participant and family members with a visual depiction of changes over time, as well as significant life events. Charting these key moments offers an opportunity to see life patterns and times of change, to identify the influences that have shaped who they are and the decisions they've made in life, to discuss coping strategies, and to record progress.

A lifeline map starts with the person's date of birth and covers important moments and events in life up until the current moment. Ages or dates of major events can be included as reference points. Image 5.10 is a simple example. Some lifeline maps document the same major events and list the corresponding emotions. Incorporating emotions into a lifeline map depicts both the social and emotional influences that shape an individual. This activity provides the participant with the opportunity to track the course of their life, their corresponding emotions, and major life events.
1989

Born
mother: Alisha age 18
father: Vincent age 20

get pet dog Sammy

sister Charlotte born
died at 5 days old

Mom became depressed
Aunt Sophie comes to live with us

brother Benjamin born

Benjamin sick in hospital for 3 weeks

brother Adam born

met best friend Julia

graduated primary school

started playing guitar

graduated lower school

began playing in our band

started dating Aaron

moved to Queens

started dating Anthony

started community college

broke up with Aaron

started sixth form

took CAPE and passed!

graduated upper sixth form

Aunt Sophie died

made Dean’s list at school

Anthony’s work hours cut

Adam came out

daughter Janessa born

started BA program

daughter Ana born

father died

Anthony physically abused me

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**Flow Diagrams**

A flow diagram serves the same purpose as a lifeline map, but it charts movement (see Image 5.11). Participants are asked to complete a box for every place where they have lived and moved to, including dates and length of time spent at each place (Parker & Bradley, 2010). A flow diagram can be helpful for depicting family composition at various stages in life, assisting the participants to reflect on family or individual transitions.

![Image 5.11 Example of a Flow Diagram](image)

**Road Maps**

Similarly, a life road map is a pictorial representation of the major events and occurrences in the life of the participant or family. Initially, life road maps were developed for use with
children in care settings, but they are currently used with adults and older people as well (Parker & Bradley, 2010). A road map can validate the perceptions of the participant, who decides on the events to include, and can demonstrate respect for their active participation in displaying their experiences.

The road map activity begins with the participant or family members drawing a “road” with a number of bends and turns, then writing brief comments about events in their life at each twist and turn in the road (Parker & Bradley, 2010). As the events are written on the road, the social worker has the opportunity to learn more about how the participant or various family members construct their world, how they perceive it working (or not) and how they themselves interact with it. Image 5.12 is an example of a road map.

Consider the various and diverse ways that a social worker, participants, and their families can visually engage in and collaboratively depict information about the family’s history, family dynamics, environmental influences, current circumstances, experiences, and goals in life. What are the contributions of each of these visual methods for learning and sharing? What are some of the challenges or limitations of each of these visual methods for learning and sharing? How might you change or add to each creative method presented here?

**Image 5.12 Example of a Life Road Map**

- Sister Charlotte died at 5 days old
- Brother Benjamin born
- Met best friend Julia
- Brother Adam born
- Graduated lower school
- Started dating Aaron
- Benjamin sick in hospital
BASIC PRINCIPLES IN WORKING WITH FAMILIES

Similar to our work with individuals, there are key principles that guide our anti-oppressive work with families. They include addressing issues of power within the context of family, acknowledging structural barriers that contribute to family challenges, highlighting family strengths, and working toward family empowerment. These principles are discussed in detail in the following sections.

Addressing Issues of Power

Different family members exert different amounts and forms of power in relation to one another, based on their roles and identities. Issues of power as they relate to each family member’s social locations are also important to examine within the family. But, many social workers face challenges in raising the issue of power and privilege among family members. Oftentimes social workers struggle with addressing issues of power between family members while maintaining the investment and accountability of those family members who hold power and privilege, but do not want to give it up.

There are three basic strategies for raising issues of power within families (Parker, 2004):

- **Structuring the sessions for consciousness-raising:** may include intentionally asking questions that reveal the distribution of privilege and power in family relationships with one another. For example, a social worker might ask how much money each person in the family makes, something that is usually not done in traditional social work approaches. Introducing the concept of money as a form of power brings issues of power and privilege into the conversation. It also provides an opportunity to explore decision making, responsibilities, and structure with the family.
- **Boldly naming power issues:** should be attempted by a social worker only once a strong relationship has been built with the family. The social worker overtly identifies any “power-over” behaviors or problematic power issues observed when working with a family.
- **Indirectly raising power issues:** can be achieved through listening to families and gently asking probing questions in order to move toward an explanation of the connections between presenting issues and power.

Acknowledging Structural Barriers

Traditional ways of engaging with families focus on deficit, with participant families often labeled as pathological, disorganized, or dysfunctional (Hodges, Burwell, & Ortega, 1998). When family members internalize these pathologies, they feel even more powerless over
their environment. Mainstream methods of “intervention” with families are informed by the belief that if the family system changes, then all significant problems can be addressed and resolved.

This assumption is challenged by AOP social workers. Accounting for structural issues related to poverty, unemployment, inadequate housing, environmental issues, crime, violence, and a lack of accessible services and available resources is important to marginalized families (Volser, 1990). Social workers should make connections between families and existing social, political, economic, and environmental structures. It is critical to look beyond the family dynamics in order to understand and address the structural conditions that impact family well-being.

**Highlighting Strengths of Families**

Family strengths are sources of resilience within unequal social structures and should be discussed with participants. These are the basic principles for strengths-based approaches to working with families:

- Listen to their story;
- Acknowledge their pain;
- Look for and highlight their strengths;
- Ask questions about survival, supports, positive moments in their lives;
- Ask questions about interests, dreams, goals, aspirations, and family pride;
- Link strengths to family member’s goals and dreams;
- Link family resources to achieve goals and dreams;
- Find opportunities for family members to be teachers; and
- Acknowledge that they are experts in their own lives (Benard, 2006, p. 214)

In our work with families, we enter into a relationship with all of the family members who are looking for resources in order to support their change, growth, and positive development. We must keep in mind that strengths come in an incredibly wide variety of forms and interpretations.

**Working Toward Family Empowerment**

Empowerment approaches to working with families build on the strengths-based perspective, which accepts families in all their forms and structures, but move beyond it. AOP social workers help families gain access to their power. Families and family members already have personal and collective power; we assist in removing the oppressive barriers that prevent families from accessing their own power (Wise, 2005).
Here are seven principles for working with families from an empowerment approach (Wise, 2005):

- **Build on strengths and resources, and diminish oppressive factors.** The greatest untapped resource for strengthening families is the knowledge, wisdom, and lived experiences of each family and its members. These strengths need to be identified by the family itself. The social worker can facilitate the process through dialogue and various visual methods (such as the genogram, ecomap, and so on). After the family reviews existing and potential resources, family members can begin to mobilize formal and informal resources. The social worker can assist with strategizing ways to reduce oppressive factors in their life. Oppressive factors include poverty, violence, addictions, prejudice, and so on. The social worker and the family respond to oppression at personal, interpersonal, and social/community levels. For example, family members must face their oppressors within the family, holding other members accountable for their behavior.

- **Promote multicultural respect.** Within each family, there are individual differences associated with each family member's various identities. They might include race, socioeconomic status, ethnicity, age, gender, spiritual beliefs, sexual orientation, citizenship status, language, ability, and developmental stage. Thus, practice with families requires attention to intersectionality and multicultural awareness. Family stories of survival and coping, as well as narratives of ancestors and the family history of transitions, crises, rituals and celebrations help to bring family members’ multiple identities to the forefront. The social worker assists the family in examining how privilege and oppression operate on and within their family based on intersecting identities. The family works together to identify stereotypes and confront barriers associated with their diverse intersecting identities.

- **Recognize needs at three levels of empowerment.** Families know what they need at the personal, interpersonal, and community level in order to better respond to the events and challenges that they face. Social workers help families identify and create solutions that are directly linked to the concerns they express. We provide on-going support to families by providing information about what is happening, increasing their skills for coping with the situation, and providing support from others who have faced similar experiences.

- **Provide the resources so families can empower themselves.** By identifying and mobilizing resources, we help facilitate action by the family's members. Social workers seek to maintain balance in helping by promoting participation and collaboration (accompanying the process) and not doing the actual work for the family.

- **Help families realize that support is needed from each other, from other families, and from the community.** Oftentimes, the most empowering efforts are those that reconnect one family member to another or connect families with other families in similar situations. These other families can demonstrate the possibility of surviving their
experiences and can share information and coping skills. They can also serve as a source of inspiration and solidarity building to create community change where needed. In general, working to create supports for families within the community contributes to sustainable change, growth, and support. Extended family networks, kinship networks, and religious institutions can also be sources of support for families.

- **Establish and maintain a “power with” relationship.** Social workers come to the practice setting with various types of power: power from their expertise, power from their interpersonal skills, and power related to the resources they can access through their role. Families come to the practice setting with the same types of power as well. It is crucial to share power and partnership with families. “Power with” entails mutually teaching and learning, and maintaining a collaborative and participatory approach to identify challenges, mobilize resources, generate plans, and carry out actions.

- **Use cooperative roles that support and assist family members.** Many roles have been identified for social workers to assume when engaging with families from an empowerment approach; they are similar to the roles we take when working with individuals. Some of these roles are listed in Image 5.13; note the prefix “co” in front of many of them, which identifies them as shared with the family and highlights their cooperative and mutual nature. Multiple roles are necessary, as each role adds creativity and responsiveness to the family.

Consider your experiences at your social service agency or internship. What roles have you had the opportunity to embody as a social worker? What were some of the challenges that you encountered within these roles?

---

**Image 5.13  Example of Social Worker Roles in AOP Practice With Families**

<table>
<thead>
<tr>
<th>Role</th>
<th>Implementation</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-learner</td>
<td>Continuously learn from families about their lived experiences and their knowledge, skills, and strengths</td>
<td>To foster a sense of control, agency, and self-determination in family members</td>
</tr>
<tr>
<td>Co-teacher</td>
<td>Incorporate education (e.g., awareness of family power dynamics) into the work; assume that people are already capable or have the capacity to become capable as the experts in their lives</td>
<td>To foster a sense of control, agency, and self-determination in family members</td>
</tr>
<tr>
<td>Empathetic listener</td>
<td>Use active and reflective listening skills; convey positive regard, warmth, and respect</td>
<td>To develop a trusting relationship with family members</td>
</tr>
<tr>
<td>Role</td>
<td>Implementation</td>
<td>Goal</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Co-consultant</td>
<td>Collaboratively provide knowledge and share experiences; provide information and perspective in response to the family’s request</td>
<td>To help a family’s support networks to be better informed and better able to support the family</td>
</tr>
<tr>
<td>Co-investigator</td>
<td>Invite families to participate in seeking information about community resources; assist them in accessing these resources, particularly the resources that are needed immediately</td>
<td>To strengthen the working relationship with the family by adding valuable interpersonal time</td>
</tr>
<tr>
<td>Co-creator</td>
<td>Create opportunities for the family to become skilled at obtaining resources and support by acting as an “empowerer,” not a “rescuer”; point out that family members help to create the family unit as well as themselves as individuals within the family</td>
<td>To promote family members’ ability to see themselves as active agents responsible for change</td>
</tr>
<tr>
<td>Co-activator</td>
<td>Promote a sense of cooperation and joint responsibility for meeting family needs; promote partnerships with support personnel and connections with other families and individuals</td>
<td>To help families find new or alternative supports and resources and bring family members together</td>
</tr>
<tr>
<td>Mediator</td>
<td>Promote cooperation and collaboration within the family; negotiate tensions if negative experiences have occurred</td>
<td>To support mutually reinforcing interactions among family members and among families and systems and the environment</td>
</tr>
</tbody>
</table>

*Source:* Adapted from Dunst, Trivette, and Deal, 1998; Wise, 2005.

**CHALLENGES OF AOP WORK WITH INDIVIDUALS AND FAMILIES**

There are various challenges that emerge when working with individuals and families from an anti-oppressive lens. For instance, it is important to bridge micro and macro practice by maintaining a focus on larger social contexts that can perpetuate oppression at various levels. We also need to be aware of the pathologizing nature of mental health assessments and how they influence individuals and families. When engaging in micro practice, the implications of professionalization and credentialing should be examined, particularly with regards...
to power and privilege. In addition, it is crucial that we maintain an emphasis on self-care and community care in the work that we do. These challenges are further discussed in the subsequent sections.

**Bridging the Micro and the Macro**

One persistent challenge in working with individuals and families from an anti-oppressive approach is integrating both a micro and a macro focus. Individual and family processes are inextricably linked to a larger social context, so working with individuals and families must incorporate social systems of accountability and empowerment that move beyond a single person or family (Almeida, Dolan-Del Vecchio, & Parker, 2007). Individual and family patterns of inequality are often unacknowledged, or if acknowledged, they remain unchallenged. It is the role of AOP social workers to connect individuals and families to one another and to help build critical consciousness, awareness, and solidarity which propels action for change. An anti-oppressive approach to working with individuals and families involves personal and collective liberation in order to heal.

Although the social work profession has focused on individual healing, that approach does little to change oppressive systems and structures. We need to provide spaces for family members to come together to address issues of power, privilege, and oppression at the individual, social, and institutional level. We also need to bring them together with other individuals and families in similar circumstances and with shared identities or affiliations. Creating these types of coalitions can alter the boundaries and power dynamics that preserve the status quo of family life (Almeida et al., 2007). Bringing people together with a community of conscientious listeners and responders allows individuals to deconstruct and reconstruct their personal stories and locate themselves within a social and political context.

As social workers, we must challenge ourselves and find ways to expand our work from singular units to collectives. Communal education on the social structures that enmesh participants has the potential to produce social change that benefits the participants and their families.

**Depathologizing Mental Health Assessment**

Historically, the social work profession has followed the path of other helping professions, such as psychology and psychiatry, by incorporating more sophisticated and complicated assessment designs that focus on pathology. A symbol of this trend is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a diagnostic manual produced by the American Psychiatric Association for use by trained professionals to diagnose psychiatric conditions and psychopathology.

Although social workers have a long history of recognizing and acknowledging their service user’s strengths, an emphasis on pathology, problems, and dysfunction is now deeply
embedded in the culture of social work (Birkenmaier, Berg-Weger, & Dewees, 2011). In addition, through efforts to perceive, analyze, and explain behavior, social workers have borrowed notions of linear causality and positivism (i.e., the reliance on empirical evidence) from traditional science and medicine (Rodwell, 1987). Many social workers still follow a medical model where the social worker is seen as the “expert” who diagnoses the participant and prescribes a solution or treatment that the participant is expected to follow. This traditional, control-oriented way of delivering social services assumes social workers use their professional judgment and expertise to “manage” client information, assessments, planning, and intervention decisions.

Many social workers specifically criticize use of the DSM as an assessment tool, asserting that the process of diagnosing perpetuates dichotomous, “either-or” thinking. The nuances of meaning are lost because the DSM is so restrictive in how it categorizes experiences (Berlin, 1990). Others point to the DSM as dehumanizing participants and ignoring their strengths and resiliency. Some have gone so far as to characterize the diagnosis industry as a form of violence against those most marginalized and oppressed. This type of categorization often affects people of color—perpetuating another form of systemic oppression by the mental health system.

By defining people with labels and diagnoses that perpetuate the shortcomings of individuals, the use of mental health assessments depoliticizes social problems (Baines, 2007). Anti-oppressive social workers argue that what is labeled as “clinical depression” cannot be fully addressed without taking into account poverty, sexism, racism, social alienation, and other oppressive forces experienced by many individuals who are given this label. In fact, oppression is a primary contributor to individual distress (Pritchard, 2006). Within the social work community there is support for moving away from using illness-based models and mental health diagnoses of individuals and moving toward incorporating an analysis of social/cultural and structural/institutional oppression in our understanding of human behavior. Social workers can be trained to deconstruct psychopathology and examine mental health disorders within a social, political, and economic context (Pritchard, 2006). Using an anti-oppressive approach to social work practice entails conceptualizing individual problems through a lens of oppression (considering the effects of racism, sexism, ageism, classism, ableism, heterosexism, and so forth) while examining individual problems within social, political, and economic contexts. However, social workers are facing an uphill battle, because society benefits from pathologizing behavior in order to maintain the status quo, support corporate profits, and promote and expand capitalism.

Nevertheless, it is critical that we remain skeptical of mental health diagnoses, while trying to use these labels in strategic and critical ways. If we do use medical or psychiatric diagnoses to describe a set of problems or symptoms, we need to be aware of how labels oppress and marginalize people. One practical suggestion when using a mental health diagnosis is to counsel the participant about how to use their mental health diagnosis strategically to improve their lives and to obtain access to needed resources (Baines, 2007).
Challenging Professionalization and Credentialing

While many social workers pursue a practice license after receiving a master’s in social work (MSW) degree, social workers working from an anti-oppressive practice approach often critique the implications of obtaining licensure, also known as credentialing. Mainstream social work “identifies with professionalism, career advancement and workplace authority rather than with clients, oppressed communities and agendas for social justice” (Baines, 2007, p. 4). Where and to whom our commitments reside is a valid concern. Licensure can be considered a form of “gate-keeping,” designed to exclude people with important cultural expertise and life experiences from participating in program and policy decisions.

In an edition of the grassroots, online publication, the Social Work Activist Reader, the process of credentialing is explicitly linked with white privilege and white supremacy: Credentialing supports “the idea that white people of European descent unconsciously hold that deep down we are really better and smarter than other groups . . . the ones who define the rules, the terms, the labels, the treatment, the problems and the remedies” (Golden, 2001, p. 4). The key question is whether or not “our profession’s commitment to credentials hurt our ability to expand our range of services.” The process of licensure among social workers thus brings up issues of power and knowledge.

Take a few moments to think about credentialing/licensure in the field of social work. What are its benefits? What are the limitations? How do you address issues of power, privilege, and oppression as they relate to credentialing? How might our profession’s commitment to credentials hurt our ability to expand our range of services?

Taking Care of Ourselves and Our Communities

In a field where we are continually caring for and caring with others, oftentimes we don’t take enough time to care for ourselves. Self-reflection is critical for self-care. Through self-reflection, we are more critically aware of our own responses, biases, and limits to what we are able to do. We can also find our own systems of support, as we do with our participants. Social workers can form and attend support groups or collectives with friends, peers, or coworkers. Supervisors are also an important resource for support. Living a healthy lifestyle through adequate sleep, nutritious food, and exercise also helps us care for ourselves.

As important as self-care is, many assert that “caring” needs to move beyond the self and incorporate others. Among social justice workers, advocates, activists, and organizers, there is a movement to reframe self-care to include the concept of community care. There is a move toward shifting the conversation from the individual to the collective, from independent to interdependent. As one social worker stated:
Too often self-care in our organizational cultures gets translated to our individual responsibility to leave work early, go home alone, go take a bath, go to the gym, eat some food, and go to sleep. So we do all of that “self-care” just to return to organizational cultures where we reproduce the same systems that we are trying to break; where we are continually reminded of our own trauma, or exposed and absorb secondary PTSD, and where we then feel guilty or punished for leaving work early the night before to take a bubble bath. Self-care, as it is framed now, leaves us in danger of being isolated in our struggle and our healing. Isolation of yet another person, another injustice, is a notch in the belt of oppression. A liberatory care practice is one in which we move beyond self-care into caring for each other. (Padamsee, 2011, p. 1)

Revisioning self-care as community care acknowledges that we can find care and healing with others, in unison, instead of in isolation.

What do you do to take care of yourself? What internal and external signs indicate to you that you need to care for yourself? How do you envision expanding self-care to incorporate community care?

THE HONOR OF OUR WORK

Throughout this textbook thus far, we’ve discussed the importance of dismantling our own power and privilege associated with our dominant identities in society and our roles as social workers. We aim to shift the concept of privilege to acknowledge and reflect on the advantage we have as social workers to engage in social justice work.

Our role as a social worker offers us access, privilege, and the honor to be part of profound events that happen in participants’ lives. Through this position, we have the opportunity to enter and participate in the oftentimes private and sacred affairs of our participants. We are in a place where we can share in-depth human experiences, witness a wide range of emotion, and be present when people are at a crossroads in their lives, searching for direction and meaning. In these cases, we are given a sacred gift: the stories of people’s lives and their lived experiences that we carry within us.

We also have the opportunity to be connected to others, to observe people’s strengths, and to identify people as resources for each other and for society at large. Being connected to other people offers us a greater sense of connectedness to our environment and to our global community (LeCroy, 2012). Our role as social workers provides us with the opportunity to enter into multilayered relationships with others that are emotional, personal, and intimate, as well as political. Through our connections and connectedness with others, we have the chance to witness participants move from resistance to action, and toward individual and collective change. We have the privilege of participating in the creation of caring communities.
We can help individuals and families in need, while bringing people together to address more humane living conditions, as well as to address injustices. We are able to witness growth, transformation, and the hope for liberation. We also have the opportunity to engage in philosophical and spiritual conversations, and reflect on the meaning of life with our participants through the work that we do. The uncertainty that comes with doing social work opens up spaces for love, hope, and possibility.

Take a moment to think about social justice work. What meanings does social work hold for you? Why do you want to engage in social work? Taking into account your current internship placement, as well as your past experiences, what do you honor about the work that you do?

STORIES FROM THE FIELD: ANTI-OPPRESSIVE PRACTICE WITH FAMILIES

1 Disrupting Power, Privilege, and Oppression in Clinical Practice, by Lynn Parker p. 214
   This story illustrates the ways in which we can raise, challenge, and disrupt issues of power, privilege, and oppression in our work with families. Lynn Parker poses powerful and important questions that we can use to guide our work with families in order to address issues of inequality. She suggests three interventions to help participants to begin to consider that their dilemmas may have a basis in power relations.

2 The Fall of the Gender Wall: Breaking Down the Gender Classification System in Social Work, by Allison Sinclair p. 219
   In this story, Allison Sinclair begins by describing her negative experiences of growing up in our society that enforce the gender binary and rigid gender classifications. Allison locates her own experiences of oppression related to gender identity as they parallel with one of her clients, 13-year-old Jacks. She meets Jacks at a children's residential treatment facility and later decides to adopt Jacks as a member of her family. As Allison describes Jacks's journey, we observe oppression at the individual, social, and structural level, as well as Jacks's resistance to this oppression.

3 Solidarity in Case Management, by Whitney Stark p. 222
   This story presents a critique of medical model and the issue of shaming, specifically discussing work with survivors of sexual assault in the living program, in case management, and through a workshop. Whitney locates herself in her work, presents her intersecting identities, and describes how her theoretical perspectives inform her critique of the medicalization of social services. She shares stories about the way she has practiced solidarity with survivors of sexual assault.
4 In This for the Long Haul: Self-Care Within Social Justice Advocacy, by Owen Daniel-McCarter, Gabriel Arkles, and Anya Mukarji-Connolly  p. 226

This story is written in a dialogue format. Owen, Gabriel, and Anya, who work with LGBTQQ youth, discuss how they balance staying true to their liberatory goals while taking care of themselves in the process. They also articulate some of the challenges they face when social and economic structures do not support the process of self-care.

5 Checking Ourselves and Checking Each Other: Strategies for Self-Care, by Heidi Grove and Juston Cooper  p. 228

This story discusses the collective efforts by social work colleagues engaged in outreach to disconnected youth in the context of a social service agency. Through their strong connection and years of working together, Heidi Grove and Juston Cooper discuss various strategies they engage in to keep one another “in check” and aware of the emotional labor involved in working with disconnected youth. They also discuss how they apply these strategies with their participants.

6 From Surviving to Thriving, From Self-care to Vicarious Resilience, by Crystal Tenty  p. 231

This story is framed within the context of an advocate’s perspective of responding to crisis and providing support to people who have experienced a lot of trauma throughout their lives. Crystal Tenty articulates the difficulties of this kind of work and describes the concept of vicarious resilience, as a form of self-care. Vicarious resilience is the process of observing and even being a part of a survivor’s healing process and their personal transformation from surviving to thriving. Crystal provides a story to illustrate how she witnessed and participated in the transformation of a survivor, as this survivor shared her story at City Hall in order to influence policy makers and effect change.
Many theorists acknowledge that families are inextricably embedded within their larger sociopolitical contexts. Feminists, social constructionists, critical psychologists, postcolonial scholars, and others argue that therapy is political whether the therapist knows it or not. Yet practice methods rarely address how clinical social workers should deal with the interconnecting issues of power, privilege and oppression.

Why this omission? The subjects of power, privilege and oppression (who has it, who does not, and under what circumstances) are often the “dirty little secrets” of family and broader social life. These are the issues we collude to deny, because raising the issues is upsetting. When raised, the status quo, both within relationships and in society generally, is often upset. And, despite our training, social workers too often avoid raising these issues in therapy, championing instead a respect for maintaining therapeutic neutrality. As a result, disparities in privilege and power for the most part remain unchallenged and therefore uninterrupted. Neutrality serves and affirms the status quo.

While power, privilege and oppression may be the last issues that family members (and the rest of us) want to address, they are of central importance to social justice and therefore to social work practice. If the subjects of power and privilege are not on the table, they are invisible, absent, and therefore nonnegotiable. They will not become part of the conversation, and as such are not subject for change.

Raising the issues, then, is the problem: how to raise the issues and not lose the clients—particularly those with more power and privilege who are not so eager to give them up; how to make visible what has been invisible; what has been comfortable, less comfortable; what has been absent, present. The manner by which issues of power and privilege are broached in practice becomes the central challenge. Does the social worker wait for clients to recognize, and then raise, power as an issue? Does the social worker challenge power issues as s/he recognizes them? Is it appropriate for the therapist to educate families about potential power issues? And, with which clients does s/he raise power issues? Does s/he broach them with all clients, or only with those who indicate they are interested—who say they wish for more equity in their relationships?

I suggest three interventions to help clients to begin to consider that their dilemmas may have a basis in power relations: information gathering beyond the usual, cultural genograms, and social education. These interventions are uniquely designed to help broach issues for scrutiny that are outside of the family members’ awareness and comfort zone. Raising difficult issues for scrutiny is, of course, not unique to social work practice. What is unique is the focus: issues of power and privilege.
Information gathering beyond the usual: A first session with a family may be structured so that initial assessment questions raise issues of power and privilege for discussion and analysis. Examples include asking how partners negotiate financial decision-making, childcare, and household responsibilities (who manages and arranges it, or has cut back on work to enable them to do it). Discussing the specifics of these and other arrangements, along with other typical first session questions, helps partners begin to move beyond what is likely a denial of power disparities in their relationship.

Examples of information finding questions include, “How do you manage child and home care? How did you come to this arrangement? And, how much money do each of you earn?” When there are disparities in income, “How does the fact that you earn 3 times more money than your partner affect the decision making in your relationship?” Often the partner who earns more will say, “It doesn’t affect it at all.” But, the partner who earns less will tell you the many ways it affects them.

This line of inquiry introduces family members to the notion that all domestic arrangements are important to and reflect the power structure of the family’s relationships. It also opens opportunities to examine the consequences (pros and cons) of current arrangements. Power inequities may be revealed, for example, as couples consider how one partner consistently accommodates to the other’s desires or moods, or the repercussions of the way financial, household, and family care responsibilities are allocated. It can also be revealed in who has the privilege of naming (for example, “How did you decide whose last name the family members would carry?”).

Cultural genograms: Therapists can help family members examine legacies of power and privilege in a social and political context through the use of three-generation family genograms. Issues that may be difficult to consider in the present seem less charged when once removed—via the past or future.

Clients are encouraged to consider the origins of troublesome patterns in their respective families of origin. For example, “Who were your role models for how to be a man, a woman, or in an intimate relationship? How were housework, income earning and childcare handled? How were disputes expressed and resolved? How was affection displayed?”

Clients may also be asked about their hopes are for their children as they grow up and find partners. Gay and lesbian partners can be asked about their role models for a close relationship as well as the effects of heterosexism and homophobia on their expressions of intimacy, relationships with in-laws, the work world, community, family members, and each other.

Moving back and forward in time—from patterns in previous generations to hopes and wishes for future generations (children)—allows partners to be less defensive. It also provides openings to consider the impact of multigenerational patterns, roles, and norms regarding gender, race, sexual identity and orientation, and immigration status. Patterns of domestic violence, mental illness, and substance abuse are easily tracked. Once introduced, the gathered information allows the therapist to connect family members’ pressing concerns with issues of privilege and power, and establishes a respect for inquiry that sets the tone for therapy.
Social education: Critical consciousness is a goal of social education, as clients learn to re-appraise their own private concerns against the backdrop of social and political realities in the broader world. An expanded awareness is critical to meaningful change in family dynamics. Accordingly, clients may be encouraged to read a particular book, watch a popular film or documentary, or get involved in community projects relevant to their own issues as a way of helping them to connect broader social issues to the issues they have brought to therapy.

For instance, a conversation with a middle-age, socially conservative Latina couple struggling with their Americanized teenage daughter might be augmented by showing film clips from the movie *Real Women Have Curves*. The couple would then be asked to connect themes in the film with their own situation. For example, they might be asked to reflect on the depiction of Latinas in film, the relationship between the mother and her daughter, and the meaning of desire and being desired for women of different body types and skin colors. Films can be powerful tools for raising important issues, such as domestic violence (for example, *Sleeping With the Enemy; Straight Out of Brooklyn*; and *Once Were Warriors*), familial and societal oppression of gays (*Torch Song Trilogy*), the impact of colonization (*Dirty Pretty Thing*), immigration (*A Day Without Mexicans*), and intersecting social positions (*Quinceanera*).

Another socio-educational tool that is used to raise awareness is the power and control wheel (for examples see: Almeida, Dolan-Del Vecchio & Parker, 2008—or the Duluth Model). The wheel helps clients and therapists locate the social and political aspects of personal experience within family life (such as economic abuse; male privilege; physical, sexual, and emotional abuse; isolation; and intimidation), and within society (such as racism, ageism, colonization, heterosexism, and homophobia). The power and control wheel might assist a family to recognize, for example, how one partner’s undocumented citizenship status creates uneven power in the relationship. Incorporating socio-education into the therapeutic process helps clients (and therapists) see that clinical practice is context bound, inseparable from societal dynamics of dominance and subordination. Below I provide a case example of how these issues might be raised in the context of a couples counseling session.

Case Example: Stephen and Megan, a heterosexual German couple in their mid-thirties, initiated counseling with me because they were experiencing, what they called, “constant arguing and conflict.” Stephen complained that Megan was “always angry.” Megan was upset that “Stephen’s work always comes first. Our children and I come second or third. Steven seems to have no time or much desire for me or our children.”

Stephen is a liberal, small town minister, revered by his parishioners and the larger community. Megan is a midwife employed by a local family medical clinic. When I asked each about how they had come to these career choices, Megan said her career choice complied with her parents’ traditional gender imperative: If wives “have to work it should be ‘women’s work’ since women are more care-giving.” Although she “loves her work,” for Megan, work is not the central passion that Stephen’s is for him, a passion he refers to as a “spiritual calling.”

Both express having embraced the notion that, although it is all right for a wife to work, often necessary, the husband’s work is primary. It is his work that requires support and accommodation from family members. Megan worries that her “double-shift” complaints seem petty
and unimportant next to the “significant” issues Stephen faces. Yet, she is increasingly angry and dissatisfied with his lack of involvement with her and at home.

In the initial information gathering, I asked them to describe their broader societal, church, and family socialization concerning “appropriate” gender roles. Both became aware of strong social messages (at the time it felt to them more like truths) concerning the role of a minister’s wife. A “good” minister’s wife plays the organ or sings in the choir on Sundays, teaches Sunday school, and arranges potluck dinners. She is at church each Sunday in one of the front pews with well-behaved children listening attentively to her husband’s sermon.

Megan, however, expressed that she did not want to have to go to church on Sundays, nor did she want to be expected to carry out any of the other “unpaid” minister’s wife roles. As they discussed these expectations and their ramifications, I suggested, “Imagine what it might look like were your roles reversed. For example, what if Stephen was expected to be involved weekly in a subordinate, unpaid role at Megan’s place of work?” Both Megan and Stephen were struck that when reversed, the expectation seemed strange. Indeed, Stephen was not expected to come to Megan’s place of work. Such reversals often help to illuminate behavioral expectations that do not appear as reasonable when the gender roles are reversed.

Church members grumbled about Megan’s lack of attendance on Sundays, and felt sympathy toward Stephen for having a “feminist” wife. Thus, her predicament required careful unpacking. That her feelings could be legitimate was an idea foreign to them both. As Stephen came to understand that if reversed, the expectation would appear silly, he became willing to support Megan’s independence—her freedom to choose how she wanted to spend Sundays and what church functions she wanted to attend. He also started to do some “consciousness-raising” with church members regarding Megan’s role and, more broadly, women’s roles.

I then gave them a homework exercise where I asked each to list the responsibilities they carried daily for home and people-care. When they compared their lists, Stephen was able to acknowledge that the current arrangement was unfair to Megan. I encouraged both of them to notice other behaviors that could be limiting them. For example, I asked Stephen, “What are the consequences of the long hours you put in at work to your relationship with Megan and your family life?” Further discussion revealed that they both assumed it would be Stephen who would take on extra work (for example, weddings, and speaking engagements) to bring in additional income. Neither had considered downsizing their expenses so that both could be more available for family life.

They also learned to make requests of each other. Megan expressed her need for Steven to be more proactive concerning family and relationship issues and responsibilities. Steven requested that when he was assuming a domestic responsibility, she allow him take it—that she would not be micro-managing him in the background.

Steven finally was able to concede that the choice to flee from child and house care was available only to him. Megan had no such “choice.” He agreed to my suggestion that he request coaching from a good friend of his, a single father, to improve his domestic abilities. It was important here that Steven take responsibility for improving his domestic skills, versus asking Megan to help him. Also, connecting more intimately with other men takes some of the “emotional burden” off of the female partner to meet all of her male partner’s emotional needs and allows them to become more equal in their emotional relationship.
The issues presented by Megan and Steven required a redistribution of power in the relationship. Previously, both partners, though philosophically “liberal,” had quite traditional gender ideologies. Both regarded Steven’s job and time as more important than Megan’s. Moreover, church members who held traditional expectations for their minister and “his wife” reinforced these ideologies. As Steven and Megan became aware of the constraints of their socially mandated roles, they were more willing to enact change. Because they considered themselves “social liberals,” they began to take on educator roles with members of their community, with Steven becoming something of a model and spokesperson for “liberated husbands.” Admittedly, there was acclaim afforded him in this role, thus making it more attractive to him. Nonetheless, a change occurred.

In retrospect, I wonder whether power issues were addressed or simply dressed in new clothing. Megan likely still carries the brunt of the domestic responsibilities. Although Megan joined a women’s group and had the women’s support to keep examining her place in the relationship, there was no corresponding social support to ensure that Steven remained accountable. This outcome is not unusual. Often newly found awareness and behavior are celebrated in the short run. However, without the benefit of social support, it is difficult to keep partners accountable in the long run, especially the partner whose position offers more power and privilege.

How can social workers address power issues in clinical practice? First they must be aware themselves of the salient issues; therapists must engage in their own consciousness raising. Then, somehow they must get the issues on the table where they can be examined. This is the heart of the work. In a sense, the strategies I mention here serve as a bridge across which power issues can be brought into therapeutic conversation with family members. As mentioned at the outset, raising these issues is not easy, and resistance to the acknowledgment of their existence can be great. It is definitely easier (on clients and on therapists) to leave the subject of power out of the therapeutic conversation.

Consequently, those of us for whom social justice and equity are central must take a deep breath and be willing to address these issues—especially when it is difficult. We must face our own and others’ discomfort and get the issues on the table where clients can then make more conscious decisions about their arrangements. Skills are needed both in perceiving potential power arenas and in surfacing those issues in the awareness of family members. A little (or lot) of courage is important too.

1. How does Lynn suggest raising the issues of power, privilege and oppression within families while not alienating family members?
2. What are the strengths of the three interventions that Lynn proposes?
3. What stood out for you in the case example?
4. How might you use these three interventions with the participants and their families at your agency?
Gender—the word conjures up feelings of fear and shame, inferiority and confusion, even anger and self-loathing for anyone who does not fit into the gender binary. I remember how much my own experiences growing up, trying to fit into one box or another, were such a destructive and negative force in my life. Girls or Boys, Men or Women: That was the template, the socially constructed categories of gender that we did not get to choose from, but that rather, were pre-determined for us. In one essay addressing gender classification, the author wrote:

A doctor decided, based on what was showing of your external genitals, that you would be one gender or another. You never had a say in one of the most irreversible of all pronouncements—and according to this world as it stands today, you never will have a say. (Bornstein, 2000, p. 221).

No matter how I felt about my body; no matter what questions I had regarding my own sexuality and gender; no matter how much resistance I exhibited to the prescribed gender I was given at birth, which shined through in a multitude of ways, society still defined me as female and then punished me for not displaying socially acceptable female traits.

I remember all the attempts to break out of that box growing up—begging to be on the baseball team, not the softball team; mirroring my actions based on how my older brother behaved; participating in every activity defined by society as what boys and men do; refusing to learn to cook because that was pre-determined and socially constructed by society to be the responsibility of a woman; refusing to wear pink or dresses and instead wrestling, skateboarding and playing in the dirt. So many choices I made were directly related to my desired expression of gender growing up and the intensity and ferocity of the backlash I lived with every day because of that expression, I lived believing, had enough power to break me.

Why would my actions in regard to gender be so important? Why was gender so sensitive when so many other areas within the larger systems of our society are interlaced with discriminatory and oppressive ideas, tactics, rhetoric, policies and movements? Because the systemic silence, that systemic shame surrounding gender imprisonment, comes with a grave cost. The silence argues that what you believe, how you understand yourself, how you identify and how you want to express yourself in regards to gender, is entirely wrong—that you, as a human being, are inherently inappropriate. I cannot, as a social worker, think of many tactics more destructive than those which perpetuate messages that dehumanize an entire group of people.

We can break down the gender wall if we stand together. We can speak, let them hear our voices, recognize our own privilege and how it colors our own lens, use our privilege to help others,
de-construct, challenge the status quo, stand next to our clients, acknowledge this matters—and then we advocate, and advocate and advocate. We take action—we capture our agency and we ignite agency within others to reject this form of systemic oppression. This is what I have learned and this is how I fight, every day, in my social work practice, to break down that gender wall.

One particularly powerful example that comes to mind involves my work with Jacks. When I met him, he was 13 years old, had just been admitted to a children’s residential treatment center for severely emotionally and behaviorally challenged children and was screaming at the top of his lungs—he let the whole world hear it, he made sure all of his treatment providers felt it, he made sure all of us could see it. Jacks was not going to quietly submit to gender imprisonment, no matter what he was told. His voice was ready to be heard; it had been ready since he was a little boy living in extreme poverty, subject to neglect and physical abuse by his birth family and his foster families. They could not accept the way in which he was different, and the power dynamics were all against him. But, he would be shamed into silence no longer and, little did I know, he would become one of my social justice heroes.

At 13, Jacks was determined by his family and his society, including most professionals he had encountered in various institutions and systems, that he did not fit; that he did not belong; that he did not conform as he “should.” Because he would not change, he was not considered worthy of being seen, heard and valued. He was considered irredeemable and worthy only of being contained in one institution or another until he reached the age of adulthood.

I felt an immediate connection with Jacks even though he tried to push everyone away. As I worked with him in residential treatment and as a member of his daily treatment team, I began to feel he would have success in a home that provided him the outlets and supports he was currently being denied. So my roommate and I applied to become his treatment foster care parents. After he completed residential treatment, he would live with us for one year and learn and practice how to not only function, but thrive in a family setting so that he could ultimately be placed long term in the community with another foster family.

And so it was—the three of us. And it worked. Although we implemented many strategies to help Jacks learn how to function in a family, we knew the most important strategy we needed to implement was acceptance, acknowledgment and love. We created an open environment where he began to talk about his sexual and gender identity exploration. We talked with him about the way society is organized; we let him know that he was not wrong and that many of the feelings of shame and embarrassment that he admitted to us were not indicative of his inherent flaws, but rather of society’s.

We also provided him an environment where he could explore his sexual and gender identity appropriate to his age level. He dressed up as a girl regularly and we provided him the tools he needed to do that. We all went shopping for a wig. We went shopping for nails and nail polish, a skirt and some make up.

And we continued to challenge the rest of his treatment team, who argued that Jacks’s desire to express his gender, was nothing more than attention seeking. Because they were blinded by their own privilege, because they were indoctrinated themselves by the system, they could only see the gender binary. Precisely because of that, they were rendered blind to Jacks.

Yet, we continued to challenge them. We advocated for him to be provided a therapist who specialized in working with LGBTQ youth. We advocated for him to be able to attend a weekly LGBTQ group in the community—one that we would pay for. We called his out of state
caseworker regularly to attempt to get his state, which was also his guardian, to take action. We brought our recommendations to every single member of his team—to the heads of each department, to his psychiatrist, and to the CEO and Director of Operations for the treatment center. Unfortunately, we were met with rejection on every level. Even the few who believed he did need that sort of support were either afraid to challenge the system or bullied by the system to conform.

However, the journey toward agency served him. He watched and learned. He began to recognize that the flaws were with the system and not him. He began to believe that he was inherently good and that the many hues of gender that he explored were beautiful pieces of him that should be celebrated—and were in our home. Jacks began to radiate inside and out. He attached to us and he began to love us as we did him. We were a family. His behavioral problems fluctuated, but his ability to attach, to love, blossomed.

Jacks is one of the most courageous adolescents I have ever had the privilege of knowing. What was so incredibly powerful for me was his rejection of society’s socially constructed categories and hierarchies. He would not go down without a fight. He would not be boxed in as a male when inside, he so desperately wanted to be a female. He would not be dictated an identity by institutions and systems that had not only failed him repeatedly, but had also deemed him unworthy of membership, dignity, equality and ultimately freedom to explore, to grow, to learn, to contribute, to be a productive, valued member of society. He identified as bi-sexual and wanted the people he interacted with to not only acknowledge that, but to respect him for it.

What I have learned as a social worker is that you must be ready to wear many different hats—and you must be ready to act—to capture your own agency at any given time for the people you serve. Jacks did well as part of our family and was able to express his gender however he felt was appropriate for his core identity—and he was celebrated for it. Although Jacks did move on and is still in the system, I still hear his voice every single day. He rings that social justice bell for me when I am tired, when I am not doing my best, when I am not clearly seeing my clients and working for them to the absolute best of my ability. To this day, Jacks calls me and tells me he loves me. To this day, I love Jacks with all of my heart. Although we no longer live together, Jacks will always be my social justice hero. His story will always be a critical reminder to me that a supportive family is one that helps you take your own privilege, ignite your own agency and seize your own capacity to act for what is socially just.

Dedicated with the utmost respect and love to all of the Jacks out there still fighting.

1. How does Allison suggest we “break down the gender wall”?

2. 13-year old Jacks is admitted to a children’s residential treatment center for severely emotionally and behaviorally challenged children. How do the social workers treat him and perceive his existence?

3. In what ways does Jacks resist oppression? How does his identity challenge mental health diagnosis?

4. As a foster parent, what strategies does Allison implement to nurture Jacks gender identity and gender expression individually, socially and structurally?

5. In what ways do each one of the three family members experience empowerment?
I’ve done the job of a social worker, as an outreach specialist and case manager for homeless young people, but I am not one. I am not trained in social work and I would not identify as a social worker. I come from a social justice background, a feminist, queer, and anti-oppression background, and I tried to take all the lessons I had learned, all the things I had been lovingly and/or angrily called-out about, all the models of thinking I had learned to see in social and political structures and bring it to the way I operated in a conflicting and weird position. I am a white, raised Jewish, middle class, queer, visibly able-bodied, cis woman (born and identifying as female) and feminist, committed to anti-oppression work and destabilizing the structures that allow me so much privilege and oppressive possibilities.

I try, but I am also always failing, trying to check myself and get checked, and working to learn to operate in the positions I can and conflicted over what roles I can occupy at differing times. It can be difficult, as many nonprofits are run with institutionally violent structural models. I was lucky and grateful to be able to work with a few organizations that were far from perfect, but acknowledged the need to work differently and were open to shifting practices toward horizontal understandings and leadership.

One of these organizations was a transitional living program for homeless young people in a mid-western city. I am pretty decent at doing this kind of work with young people. I like it when people are bitchy and straightforward like a lot of teenagers, and I am good at reading people and helping people reframe stuff. As a case manager, I was basically a professional lesbian processor— you know, playing to my strengths. Though they hired me for my queer, feminist, anti-oppression, social justice understandings, it took a while for me and my methods to be recognized as legitimate by my colleagues and supervisors. I had to have a lot of conversations about the way I did things and why, and there were a lot of skepticism and a lot of supervision meetings along the way.

Most of my colleagues, all the case managers in the other departments, had clinical educational backgrounds, acquired with social work degrees. The case management they offered was based on a therapeutic and medical model. Therapy can be great, it can be helpful for many reasons, and it can be practiced in critical ways. But, we also have to look at how its framework has been formed. It is not some objective methodology created in a vacuum. If you look at the roots of diagnosis, medical constructions, and research, much of it is based in eugenics. It’s basically founded in disgusting ways of testing, forced procedures, and imprisonment. The ways that a lot of that stuff has been played out, in the past and in the present, has been on the bodies of exactly the populations that social workers work with (brown, poor, queer, and so on). Psychoanalytic therapy has also been based in distinctly sexist and homophobic understandings.

These ways of thinking are not removed from the more enlightened models just because people with good intentions practice them. Many times good intentions only hide them better. But, social work is a radical practice. It is work that comes directly from and for social movements. A lot of this gets lost in this move to medicalization, where medical understandings, standards and
practices become protocol before anything else can take hold; a lot of structural violence gets re-enabled and perpetuated. I prefer the ways of understanding, organizing and solidarity that come from legacies of critical, intentional and creative activism. There is a movement and discussion about the medicalization of social services, and I have to say I don’t know much about the history and the politics of these transformations, but I do know what I experienced.

Consider the way I used the tool of solidarity with survivors of sexual assault while at the living program. I am a survivor too, as way too many people are. With the population of precariously housed young people, in particular, it is pretty safe to say that many of the clients, of any gender identity, were survivors as well. With medical models, especially when talking about sexual violence, incidents, people, and experiences become isolated because ‘appropriate’ responses are supposed to take place only in private spaces. The medical model prefers that survivors talk about their experience with sexual violence in one-on-one therapy sessions and not talk about their experiences in public or even just assume that the sexual violence is something that the survivor is, and consequently should be, ashamed of. Assigning ‘acceptable’ behavior is a big part of silencing people. If the appropriate way to handle what sexual violence does to people is to keep it in private, medicalized spaces, then understanding what allows things like this to even be possible is much more difficult, and so is figuring out what you can and want and need to do.

There was a young person, who hadn’t been my client, who was living in the program and sticks in my mind. When I came to work one day, I was told that this person had been behaving in some taboo ways that were inappropriate toward other clients. Things were “spilling over,” as the practitioners there liked to call it, and this person was sharing aspects of their experience with sexual violence with other folks in ways that were creating an unsafe living environment. I have problems with the idea of “spilling over” and the idea that sexual violence is not something that survivors can or should talk about in public spaces. Others are allowed to talk about it all the time, thinking it’s a great joke or something. But, at this time and in this case, in a space where there were a bunch of people in the midst of loads of trauma, I agreed that the ways in which this person’s trauma was manifesting in their behavior really was making the space unsafe for the other people living there.

That day, this person was down in the common space, but pretty isolated. They knew that there were problems with their behavior and it was probable that they would no longer be able to live in the program. Of course they were sad about leaving—they really wanted to live there—but they also understood that this decision made sense and accepted it. They told me that they had just started having new flashbacks, memories of sexual violence that they had never remembered before, and it was during those flashbacks that they were behaving inappropriately. The staff at the program were, of course, very concerned about the person’s PTSD and the general safety of the space. They had scheduled an emergency meeting with the person’s doctor and a few others and met to talk about if and how they could keep the person in the house. And these were important and helpful moves.

While in this conversation, the person told me that they felt the flashbacks were the cause of their complicated behavior. I said “Well, it happens.” They responded “I know, I know, sexual violence happens, and I need to . . .” I was struck. I couldn’t believe that this was how this person was interpreting my comment. This person had worked with so many social workers about this stuff, had talked with doctors and case managers and therapists for years. “No,” I said, “PTSD happens and flashbacks happen,” and I went on to talk with them about how it was OK and normal to sometimes act in ways you don’t understand and can’t control and how much it sucks
that because of perpetrators, this happens to us, as survivors. Our reaction to PTSD sometimes fucks with what we want and are trying to do—in this case, have stable housing.

The next day I made the person a card with a message about the beauty of survivors being able to build up scar tissue and, through solidarity with one another, to learn to adorn the aspects of themselves that are complicated and knotted, to eventually accept and use these parts in beautiful ways. The young person moved out of the program, but they came up to me months later and told me that I had saved their life and they kept this card. Apparently, nobody had taken that approach with them. The person had been blaming themselves, normalizing their sexual violence and having shame for not being able to deal with it in a “productive” way. Now, cycles of violence are real and it is very complicated when survivors and victims perpetuate violence on others; I don’t excuse or embrace that violence. But, it is also important to recognize these things are embedded and overlapping and that giving someone a pathologized PTSD diagnosis and attempting to contain any discussion about the sexual violence in private spaces can make parts of the person’s experience worse and healing impossible. This false desire to ‘contain’ is what makes it possible to “spill over”.

Of course, when these people are trying to fit their experiences, understandings, and rages into formats that aren’t necessarily relevant to them, that may not have even been designed to help someone like them, it makes sense that they might be driven a bit crazy. Using the wrong approach can make someone hate themselves because they cannot achieve what people around them, people they trust, people they don’t even know, what they themselves think is the medically sanctioned model of responding, healing and behaving. And these paradoxical standards are parts of structural oppression, which disempowers marginalized and violated groups through de-legitimized and isolating them. If someone is ashamed of something, if the ways they want and think to react are ‘inappropriate’ and they can’t talk about it, then how are they going to learn about it or to find a group to organize with? Connecting these things, not only with structurally how they happen (the person recognized that sexual violence is prevalent, and they were not alone in it), but how you can build up and feel recognition and possibilities in coalition and solidarity and allowing for and initiating different kinds of conversations can be really powerful. Frameworks developed in, by, and for survivor-specific activists have been worked on for a reason.

I don’t blame any of the clinicians I worked with for their methods, and I think that, in combination with other methods, they can be helpful as well. But, I am astounded that nobody else remembered to take the time to not shame, to actively work to counter shaming, in the situation of this young person. For me, and for so many people I know, learning to name and see how larger structures of privilege and violence work in my life was so important in coming to self-love, community-love and empowerment. Having allies and friends who could help me name things and do something about it, to have self-care and accountability and to not be shameful about things such as how structural violence operates upon and with me, has been what has helped me in... everything. In the ways that I have experienced violence and oppression and in recognizing and working to alter the ways I perpetuate it. I am committed to working like that for others, in professional and nonprofessional settings. It shocks me that my approach is so uncommon.

Another incident in the same place illustrates how the normalization of clinical models could inhibit transformative, healing and coalitional work with survivors of sexual assault. Three young people we were working with had a lot of stuff going on, namely recent incidents of sexual violence that were, ahem, “spilling over.” I’d been working there for about nine months, and my boss was getting to understand my strengths, where I was coming from and how that could benefit the agency. I was also trying to understand how to work from my models, but also within a more traditional kind
of social work world. My supervisor asked me to do a rape culture training with the young folks to see if a different approach would work. She and I had discussed the best way to conduct it, and agreed that it would be best if she was not present. Her being there would have changed the dynamic a lot. In a meeting with the other administrators, she mentioned that I would be conducting this training, and there was automatic opposition. People started asking, “Where is the therapeutic aspect of this? Can she handle that? She is not trained in that,” ignoring my work and recognition from previous activism, workshops and classes. Also people were saying, “What about the male perspective?” which doesn’t even make sense. My supervisor suggested a staff training and of course the response was “Oh, we don’t really need a rape culture training.” Then the clinical director asked my boss, “Are you going to be there?” When she explained that she would not, the clinical supervisor freaked a bit and insisted she herself would, as a clinician, be there to “contain this.”

Finally, my boss was able to talk them into it and I did the training with the three young women. It ended up being an amazing experience for all of us. These young women were able to interact in a space without the framing of shame or personal emotional trauma or whatever else. They went from talking about personal experience to talking about macro level experience and back. We talked about the conflicting feelings about and legalities of wanting to kill your perpetrator. We told stories and talked statistics. And in the end, they all thought it was one of their better workshops and that more people should do it.

It’s helpful to allow yourself to take that kind of shame out of your own body and ideas and identities and put it away someplace. There’s a lot of rhetoric sometimes about working with disadvantaged or marginalized groups that says reducing the shame gives them the excuse to not be accountable in their actions. As if situating experience in social understandings and systems is a way of being stupid or lazy. That doesn’t even make any sense, other than as another ideological way to discount critical consciousness amongst oppressed people, a critical consciousness often necessary for organizing. And it just seems like an obvious legacy of so many racist stereotypes like that of brown folks being lazy.

Is it coincidence that so often the experience of living through oppression, marginalization, or what someone deems deviance is considered shameful or not to be talked about? What is so scary about sexual violence and other types of assaults being talked about in public discourse? To act like we can do any sort of ally or advocacy work while keeping that sort of framework is not only ignorant, it’s rude. The only harm in situating these things differently and encouraging and allowing them to be discussed differently, that I can see, is the discomfort of taking a critical look at whatever amalgamation allows them to happen and be accepted. To take things out of this ridiculous, violent individualistic framing, to refuse that as valid, is a place to begin work on building a coalition. It changes the dynamic of personal versus public, and it changes what we are able to do when occupying the position of a social worker.

1. How might the medicalization of trauma perpetuate shaming?
2. How does this story illustrate the importance of depathologizing mental health assessments and the importance of bridging micro and macro practice?
3. What does Whitney say about the importance of solidarity among survivors of sexual assault?
4. How might the normalization of clinical models potentially inhibit transformative, healing, and coalitional work with survivors of sexual assault?
IN THIS FOR THE LONG HAUL: SELF-CARE WITHIN SOCIAL JUSTICE ADVOCACY

OWEN DANIEL-MCCARTER, GABRIEL ARKLES, AND ANYA MUKARJI-CONNOLLY

Gabriel: One question I keep coming back to is how we can stay true to our liberatory goals and take care of ourselves in the process. A lot of us at Sylvia Rivera Law Project (SRLP) have read Trauma Stewardship by Lauren Van Dernoot Lipsky; I highly recommend it. When I’m having a hard time I try to focus on really basic self-care—eating enough, sleeping enough, and exercising at least some. For me, tabletop role playing games (think Dungeons and Dragons) are also an amazing outlet. Connections with other people doing social justice work have helped me a lot, especially if I’m feeling isolated or hopeless. All of the energy and inspiration out there in the world remind me that I am anything but alone in doing this work and that together we are going to win.

How do you do it?

Owen: I find it extremely difficult to take care of myself while doing this work, especially because of the limitations to self-care brought on by capitalism: lack of health insurance, and lack of coverage for more holistic medicine like acupuncture, radical mental health care, massage, and spiritual work. That said, I have tried to do “trades” with folks who provide this type of care—an exchange for legal advice or other services for holistic health care. I’ve also learned to be intentional about taking baths, listening to music, reading books that are not about the criminal legal system, and surrounding myself with a loving queer family.

I think one of the hardest things for me is saying no to requests to advocate for folks to collaborate. I am constantly wishing that somehow there could be a few more hours in the day. Bordering at times on burnout, I have learned that it can be really helpful to be transparent with my clients about my capacity and where I am coming from so they understand why I may not be able to help them with a legal or other issue they are having. Sometimes this means explaining that we are an all-volunteer project and what our daily workloads looks like.

Anya: For me, working with youth meant that I needed to be very clear about my role and my capacity. In order to maintain clear boundaries, I didn’t share very much about my identity or background. In my experience, many of the youth I worked with had not had strong boundaries in their life. I came to realize that boundaries are a form of protection for youth and I tried to model that for them in my work.

I also think that all public-interest lawyers struggle with managing our work capacities with the high need for services in the communities we advocate for. The problems are so great that
there is always more work that can be done. Initially, I wanted to take on as many of my client's problems as possible. I had a difficult time saying no.

At Peter Cicchino Youth Project (PCYP), we decided our clients benefited from us limiting our direct service work. Taking on an issue or a problem that we had little time to work on wasn’t helping people. So we limited the cases we took and developed stronger expertise in the areas we focused on and created stronger referral networks for the cases we didn’t take.

**Gabriel:** At SRLP we have had similar struggles with workloads. We all believe deeply in the work that we do and feel its urgency. A lot of people are in terribly dangerous, unjust, and painful situations. It can be easy to say “yes” to new work even when we don’t have time to finish the work we’ve already taken on; to rush to put out fires while neglecting work that is less time-sensitive, but no less important in the long term; or to attend to the needs of a vocal client while overlooking potentially even more urgent needs of a less assertive client. In our co-supervision meetings at SRLP, we help each other address those dynamics and work to create accountability for one another.

We also came up with a number of ways to make caseloads more manageable than they once were—for example, by limiting the types of cases we take and the number we handle at once. We are wary of ranking some of our communities’ needs as more “urgent” than others or of focusing only on the “easy” cases. That said, we pay attention to the types of services that particularly large numbers of the most vulnerable members of our communities seek, that they are least likely to be able to find help with anywhere else, and that seem to have a plausible chance of leading to a positive outcome for the client (even if that outcome wouldn’t necessarily be identified as “victory” in a traditional legal sense). These types of decisions can be painful to make, but I think they are important to make sure we are following the priorities we believe in, keeping our work sustainable and our workplace just, and improving the quality of our work.

1. What are some of the challenges that Owen, Gabriel, and Anya face with self-care?
2. How does each one negotiate some of the tensions they experience between wanting to pursue their collective activist efforts while needing to engage in self-care?
3. How do you engage in self-care?
4. What are some of the struggles that you face with prioritizing self-care and how do you address them?
CHECKING OURSELVES AND CHECKING EACH OTHER: STRATEGIES FOR SELF-CARE

HEIDI GROVE AND JUSTON COOPER (JC)

Heidi: Our main strategy here at The Youth Connection (TYC) for taking care of ourselves is to debrief, which is what a lot of agencies do. But, I think that we debrief a little differently. It’s one thing to debrief and respond by “this happened and that happened and blah, blah,” when you are disseminating information. We actually take the time to say, “Ok that happened, but how are you feeling about that?”

JC: Anything that we do with the youth, we do with ourselves. We are really clear about when we are overwhelmed, overloaded, drained, or any of those things. The same way that you check the young people is the same way we check each other. “JC, how do you feel, what’s going on, do you need to take some downtime, do you need to check out, what do you need?” Same thing we do with the young person.

I think it is important to take care of ourselves. We hang out a lot with each other. We have a very tight group. That’s part of taking care of ourselves too—we built a core with each other so we rely on each other for support. We do little things and we make sure that we are ok. We authentically share. “I need some downtime; I need to check out a little bit.” That’s one way of taking care of each other.

Heidi: And the other piece, too, is that we are very real with each other and when we say “I need downtime,” we say “I need downtime and this is why.” I am not going to lie that we don’t have breakdowns, because we do. We are all human beings, we acknowledge that. We literally had a five-hour screaming fest and at the end of it we were like, “are you done?” “I am done,” “yeah I am done” and we walked away just fine.

We use each other for self-care. We really feed on each other. When one of us is down, the rest of the team will spend some time kind of supporting that person and helping them get back on their feet.

JC: Our principles are consistent. We are who we are with young people, just how we are with each other. We don’t expect anything from them that we don’t expect from ourselves. We create a safe space with each other; we make sure that how we show up is OK. I mean, you can’t practice these things with young people and not practice them with each other, and we are adamant about that. Young people are the experts on themselves and no one from our staff is an expert on young people, they are experts on themselves. They know when someone is being real and not real to them. It’s similar to us. We know when we are really burnt out and trying to do work and...
not being there for our team. They will call us on it. They will call me really quick and they will say “yo man, what’s going on? You are not there right now and I need you awake.” The key piece of self-care is to check in and make sure that you are there. If I am checked out, I am being called out on the field. I will say “are you on the field or in the stands watching?” What that means is that you can be in the stands watching the game being played and criticizing it, what’s wrong and what’s right. Or you can be on the field playing with us, going for 100%. But, it is a check-in that we have: If I say I am in the stands, that means that I need to step out for a minute because I am not on the field playing. I think that helps us keep our energy and do the work and not get burned out, because people get burned out of what they do and not who they are. Anything that you do, it runs its course. But, who you are never changes it.

Heidi: When you surround yourself with people that are like that, it makes self-care almost seamless—where you have somebody standing next to you, side-by-side, not over you, not behind you, but side-by-side. “You are a little off today, why don’t you do something good for yourself?” Whatever that looks like. I mean, I am the only woman at my agency, and yes, I am the one who gets mani-pedis. But, my co-workers also know me really well and know that those are the things that make feel pampered. So when I am feeling I need that, they are the first to say, “why don’t to get a massage, why don’t you go to get a mani-pedi, why don’t you go to take a walk, why don’t you go to meditate,” those kinds of things, because they know me that well.

I am so lucky to find such an amazing team where we get each other. We’ve worked really hard to develop a relationship where we actually function really well and function nonverbally. When we are in a situation that’s uncomfortable, when we are in a situation that’s potentially dangerous, we don’t need to say anything to each other, we read each other.

JC: We are all committed to doing self-work. Even a doctor needs to go to a doctor. What we realize is that it’s important for us to do self-work in order to do this social justice work. As far as comfort and safety, we’ve done the uncomfortable stuff already. We’ve done the self-disclosure already. We also know that young people see it too—the beauty is the authenticity. The young person in my office is like, “hey JC, what’s going on? You don’t look good.” I am like, “I am not. I don’t feel good.” Young people respect that trust, that realness and authenticity.

It’s important to understand that you when you are doing the work, it is not about you. I think professionals who do the work for themselves end up burning out quickly. They end up stressing, their health deteriorates, and they end up making irrational decisions with clients. That can lead to the oppression of the client. That can lead to having power over.

When I first started doing some work with LGBTQ youth, I was frustrated because, as a heterosexual black man, I really could not connect with them. I knew what I had to do, so I listened and then I went to Heidi and said, “I am really struggling with the LGBTQ youth.” My initial response, my initial justification and rationale, was that it was not because they identified as LGBTQ, but because I didn’t know how to relate. And Heidi was able to able to engage in dialogue with me while I did the self-reflective work on myself. I had an uncle who identified as LGBTQ who died from AIDS. With that trauma, I had created a story about the LGBTQ community and what it does to people.
I didn’t know that there was a block in the work that I was doing. I knew that I was culturally competent. I knew that I was accepting. If I didn’t have my partner, if I didn’t have my teammate, Heidi, to do that work with, then I would continue getting burned out and unhealthy and not doing a service to the young people who identify as LGBTQ. When I had Heidi to do the work with, it was powerful and transformational for me. I was able to let go of the story I had made up.

Eventually, I worked in a class with a local agency that engaged LGBTQ youth. We created programs around the support of LGBTQ youth. It was interesting that I initially thought that I could not connect with them. So as social workers, we need to do work on ourselves, we’ve got to take care of ourselves, and we’ve got to be there for each other so we don’t have internal barriers preventing us from being effective.

1. How do Heidi and JC keep each other “in check” in order to prevent burn out and maintain awareness?

2. How does working as a team contribute to maintaining honesty and authenticity?
FROM SURVIVING TO THRIVING, FROM SELF-CARE TO VICARIOUS RESILIENCE

CRYSTAL TENTY

A huge part of my job as an advocate is responding to crisis and providing support to people who have often experienced a lot of trauma throughout their lives. You see their struggle. You witness their pain and suffering daily. You observe all the injustices within our systems—the structural oppression in our institutions and how that plays out in the lives of these survivors. This work is difficult sometimes. Rewarding—yes, sometimes. But, mostly it is difficult.

It’s nice to know you are there to help people in need, but sometimes it feels like you are simply putting Band-Aids on open wounds. The opportunities for vicarious trauma are all around, and it is easy to fall into a feeling of hopelessness. We all experience it. And self-care only goes so far. What I think is more effective than self-care, and more healing for us as providers, is the concept of vicarious resiliency. The process of observing and even being a part of a survivor's healing process and their personal transformation from surviving to thriving is what sustains me. That is my self-care.

I believe in the power of domestic violence and sexual assault survivors sharing their stories to influence policy-makers and effect change. This year I asked a survivor that I had been working with for over a year to go with me to City Hall and to give her testimony regarding potential budget cuts to domestic violence services offered at the Portland Police Bureau’s Family Services Division. She was nervous at first and asked me to help her develop some talking points. That was an amazing experience—to brainstorm talking points together, to help prepare her to speak with policy-makers.

This individual was someone who referred herself to our program a year before. She was in crisis after being sexually assaulted by her partner and not knowing what course of action to take. And here she was, a year later, addressing City Council members in a crowded room, sharing her story and demanding continued funding for vital life-saving services. I don’t even think she had ever attended a City Council meeting before, but I was impressed with how brave she was. And she was so articulate, too. After giving testimony, we left the room and one of the city council members ran out after us to shake her hand and thank her for sharing her story.

As domestic violence advocates we try not to set agendas for our participants. We want to support all survivors no matter where they are in their experience. We want them to know that whatever they choose on their path is ok. But, I can’t deny that my secret agenda for all my participants is to see them realize their true potential as human beings. To see them grow strong and heal.

1. How does Crystal define self-care for her and what does this entail?

2. In what ways does the transformation and empowerment of this participant play a role in understanding the concept of vicarious resilience?

3. According to Crystal, how is vicarious resilience a form of self-care?
DISCUSSION QUESTIONS

1. What feelings and thoughts came up for you in response to these stories?
2. Describe the common themes that emerge throughout these stories of AOP with families.
3. How do these stories demonstrate concepts presented in the chapter, such as working with diverse families, attending to issues of power, incorporating visual tools, engaging in self-care, and de-pathologizing individuals?
4. How do these stories speak to the possibilities and challenges of doing AOP work with families?
5. Consider your current internship or social work agency. How might you incorporate visual tools to represent families, family dynamics, and the lives of families over time?
6. Think about the various ways in which this chapter proposes that we bridge micro and macro practice. What are the strengths and limitations of these proposals?

ACTIVITIES

1. The purpose of this exercise is to prompt you to reflect on your own family and the internal and external forces that impact it (Lundy, 2011; Strom-Gottfried, 1999).

Internal Forces

a. **Power**: What was the power structure in your family? Who had the most influence? Were there different domains of influence for different people? How was the balance of power maintained? How did gender, age, culture, ability status and other markers of difference play a role in who held power?

b. **Decision-making**: How were decisions made in your family? Were the needs of all your family members considered or were there family members that participated in the decision-making by agreeing, submitting, or discounting their own needs? Was there a dominant figure or subgroup that made decisions with no room for negotiating or consideration of the needs of others? Was there a style of decision making in your family where no one's needs were considered and decisions were avoided? Was there a participatory decision making process where everyone's voice had equal value and all had an equal say? Who allied with whom?

c. **Expression of Feelings**: How were feelings expressed in your family? Was it safe to talk about feelings or was it taboo? What was the range of feelings expressed in your family?
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d. Communication: How did your family members communicate with one another? Was it effective? How were differences or disagreement discussed?

e. Strengths: What are the strengths of your family?

External Forces

f. Neighborhood resources: Did needed resources exist in your neighborhood (for example, day care, youth centers, after-school programs, health care, places of worship). If so, were these resources accessible, affordable, and appropriate?

g. Sense of community: How did you feel living in your neighborhood? What was your family’s relationship with the neighbors? Could neighbors be counted on for support? What kind of support? If not, why?

h. Home: What was your home like in terms of type of housing and housing space for your family members? Did your family own or rent their living space?

i. Work: What types of jobs did your parents hold while you were growing up? What hours did they work? Were these permanent or contract positions? What were the salaries and benefits?

2. To do a power analysis of the members of your family, start by making a list of all your family members over three generations (Wise, 2005).

a. Think about each person and that person’s interactions with each of the other family members. Indicate whether their relationships are “power with,” “power over” or “power under.” Note the relationships that you are a part of within your family and the power dynamics that exist. Observe any power relationships defined by age, gender, ethnicity, socio-economic status, ability status, language, spiritual beliefs, or developmental stage.

b. Based on these power dynamics in three generations of your family, identify strengths and resources that can be used when working with other families. Identify potential barriers that might emerge when working with other families.

3. Map out your family in a genogram. Make sure to present at least three generations of family members. Incorporate dates of birth, marriages, deaths, ages of family members, gender, race, mental health issues, and any other descriptive factors that are important to your family life.

4. Create an eco-map that identifies your family members and wider social networks, community resources, and agencies or social service institutions that you and members of your family have contact with.
5. Map out your major life experiences in the form of a lifeline. Make sure to also list your emotions corresponding to important moments in your life.

ADDITIONAL RESOURCES

Websites

The Icarus Project: Navigating the Space Between Brilliance and Madness
http://www.theicarusproject.net/

Films

_A sentence apart_ (2012). T. Rigby
_Family matters: Surviving the bipolar journey_ (2010). M. M. Frymire
_My family, Mi familía_ (1995). G. Nava
_New Year baby_ (2006). S. Socheata Poeuv
_Red without blue_ (2007). B. Sebold & B. Sills
_Revolving door_ (2006). M. Braverman
_Saving face_ (2004). A. Wu
_Stages_ (2009). Meerkat Media Collective & J. A. Sterrenberg
_The wedding banquet_ (1993). A. Lee

Books