

# The Center for Family, Community, & Social Justice, Inc.

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## Family Consultations with Adolescents in the Post-Modern Capitalist Era - Practicing “outside the box” of the “Mental Health System”

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A seventh grade boy from one of the Middle Schools in Camden, NJ, made the following comment right after the destruction of the twin towers in New York. “I feel safe here,” he said. It was an amazing statement because most people were shocked and scared. “You’re not afraid?” he was asked. “No,” he said. “I’m not afraid because if the terrorists fly over Camden, they’ll think they have done it already.” ([www.poetofpoverty.com](http://www.poetofpoverty.com))

Similar statements could be made about many of the neighborhoods and schools in which the teams of the Center for Family, Community, and Social Justice, Inc. work with students and families. The learning context of the students is characterized by overcrowded and outdated schools that appear like prisons with security guards everywhere on school grounds. In some high schools up to 2/3 of students entering 9<sup>th</sup> grade do not graduate. The students and their families live in inner city areas of New Jersey set apart from the rest of the state (one of the richest in the nation) by a paucity of job opportunities, insufficient and dilapidated housing, poor transportation, no health insurance coverage and few support services essential for multi-stressed families such as grocery stores, banking facilities, safe playgrounds, day care, drugstores, police presence, health care, social services. Increasing levels of violence, easy availability of drugs, powerful street gangs, and high rates of pregnancies, alcoholism, hunger, depression, anxiety, school drop-out and criminalization make the students’ and families’ daily life tough, challenging, and sometimes outright dangerous. Against great odds economically disadvantaged families (most from ethnic “minority” groups) have to marshal the resources to guide and support their teens’ development. Adolescents have to gather the personal strengths and educational qualifications to grow up to become adults able to lead productive and fulfilling lives. Growing up in contexts of violence, desire, and deprivation, of illusionary promises and surprising resilience young people and the network of adults supporting them struggle daily not to lose hope, to preserve dignity and self-respect, to overcome racist oppression and illegality, to nurture relationships and to remain committed to learning and education as the ways out of the destructive cycle of deprivation, despair, and dependence on public assistance.

## ICSPP and the life of the Others in the inner cities

While the protest against the use and the excesses of psychiatric medications, especially for young people, remains essential for ICSPP, I think ICSPP's core point can be significantly strengthened by examples of therapeutic work that use language and practice models that constitute real life alternatives to the dominant medical paradigm and that achieve results. We should be able to point to such alternative models wherever we have the opportunity to engage in a public or private discourse with psychiatrists or, in general, with "mental health providers". Among such alternatives, the "Family Empowerment Program" (FEP), a model conceived and implemented by the Center, constitutes one example. It is specifically, although not exclusively, geared toward family consultations with adolescents who live in urban or rural areas of economic deprivation and racial oppression. These teens and their families deserve particular attention because they strive to function outside the middle-class world with which most of us are familiar and they show great resilience and strengths.

As I will sketch out, just barely, some of the fundamental assumptions and epistemological principles underlying the FEP model a second point will emerge. In its reflections ICSPP would do well to adopt (not exclusively, but as part of its diversity of views) a rigorously relational and context oriented Epistemology as a fundamental alternative to the individual epistemological paradigm that has dominated Western discourse since the times of classic philosophy. In the history of medicine, this latter "classic realism" paradigm served to construct impressive technological and pharmaceutical advances. It is woefully inadequate, though, for serving as a framework for conceptualizing relational processes between people in general and "doctors" and "patients" in particular. In the average medical and "psychotherapeutic" practice this paradigm frequently comes dangerously close to being the basis for "objectifying", manipulating, "treating" others called patients with the (arrogant) assumption that we, the (privileged) experts, are able to comprehend them, to diagnose and assess their ills, and to provide the right cure for them. At the heart of our debate with bio-psychiatry lies the inability or failure of the "classic realism" paradigm to conceptually come to terms with our relationship to other people (or clients, perhaps better called "guests") as Others who may not be like us, whose mystery we may never fathom, with whom we find ourselves in a relationship that we cannot control or manipulate, and from whom we have to be willing to learn so that we may understand.

## The Center for Family, Community, and Social Justice, Inc.

The Center is a not-for-profit educational institution. The primary mission of the Center is to train mental health and human services professionals to support and facilitate the development of children, adolescents and adults within their families and communities. The Center provides training, psychotherapy, counseling, case management, consultation and research from a perspective which emphasizes the social, economic and cultural realities of people's lives. With a focus on social justice in mental health and human service delivery, our mission is to strengthen resources within families, individuals and

communities. The Center's approach is ecosystemic. We seek to understand and support people within their bio-psycho-social context. Exploration and intervention highlight understanding human struggles and challenges with consideration of the specific importance of socio-economic class, ethnic culture, gender, sexual orientation, and religion for each individual.

### Social Justice as part of the mission statement of the Center

The families, couples, and individuals we encounter in our work at the Center face personal and interpersonal issues that arise not just from their biological, psychological, and social development or from their individual choices or family dynamics. The people our teams are working with are exposed to many stressors that have multiple roots in our society's structural injustices, such as economic exploitation and disparity of wealth, rigid walls between social classes, racism, gender role bias, or homophobia, to name but a few.

The separation of (biological or psychic) inside and (social) outside is an artificial construct intended to make us overlook the power of unjust societal and economic structures that contribute to emotional pain. Injustices inherent in our society's history and structure and experienced in persistent daily doses are significant factors in human suffering, psychic pain, and physical illness. Context sensitive therapy cannot ignore social injustice.

Social justice, then, in our Center's name indicates the persistent struggle for

- equal human and civil rights before the law;
- fair economic, educational, and social opportunities as the foundation of liberty;
- dignity and respect for all cultural and racial groups;
- elimination of societal prejudices regarding gender, sexual orientation, and any form of "disability";
- equal access to health care and social support;
- ongoing critique of the language used in the dominant discourse about health and emotional well being.

### **Social Justice and Public Service Systems**

We see psychotherapy as a collaborative relationship governed by compassion and relational justice between the partners of the counseling process.

Compassion alone leads to a paternalistic attitude on the part of the helping professional and the social service systems, in general. Compassion, therefore, tends to perpetuate the very societal conditions that contribute to suffering and psychic pain.

Relational justice in the therapeutic process or social justice in the community surrounding the counseling process needs to be balanced by compassion lest it degenerates into ideology or cruelty.

Often relational justice and compassion need to be restored as integral part of the healing process within a couple or family relationship. Healing occurs when justice and

compassion are present and experienced in a person's life, in her or his relationships, and in the societal contexts of people.

Social Justice, then, as guiding principle in the psychotherapeutic context indicates

- we strive toward compassionate justice in our counseling relationships with fellow human beings;
- we contribute to just and compassionate structures surrounding individuals and families as the therapeutic process frees people up to become empowered to act in solidarity with others in their community, locally and globally.

In concordance with the Center's mission everybody, i.e. administration, faculty, teams, and representatives of the families served, participated in a two day anti-racism training. The Center understands itself as an anti-racism organization.

### The Family Empowerment Program (FEP)

FEP is a case management and counseling model designed originally (1992) to support and treat youth at risk for substance abuse by engaging the youth and their families in the counseling process. The Center employs most of the FEP teams and its nationally and internationally known faculty supervises and trains all FEP staff. The Family Empowerment Program staff, at each site, consists of two-person teams of a Family Systems Specialist (FSS) and a Community Resource Specialist (CRS). The teams receive extensive weekly supervision by faculty members of the Center and meet monthly for a full day of training. Often, there are additional telephone exchanges between supervisors and teams to respond to urgent situations with students or families. At this point, the scope of the model has expanded conceptually and in terms of the number of sites. FEP teams offer services in over 20 middle and high schools within the State of New Jersey. Since many young people can only be reached within the context of their school, it makes sense that the FEP teams operate out of offices located within the school and are part of the larger NJ School Based Youth Services Program (offering medical services, individual and group counseling, employment support, after-school programs, additional educational support). The program is funded by the Division of Prevention and Community Partnerships in the NJ State Department of Children and Families (DCF).

The objectives of the Family Empowerment Program (FEP) can be summarized as follows:

- to make effective counseling and case management available to adolescents and their families within the school setting;
- to counteract successfully the multiple risk factors inherent in the youth's contexts and to prevent substance abuse, school dropout, criminalization, illness, violence and recurrent despair; and

- to assist adolescents in maximizing their strengths and opportunities for more effective functioning in all areas of their lives, particularly regarding their school careers and their hopes for a future after high school graduation.

The FEP team at each school site, in cooperation with the family and after an initial assessment, plans and implements the clinical process involving the student and the family. At each step the team is guided by the family's expressed goals and expectations, by respect for the family and the family's sense of well-being as well as by any need for concrete social services. Each team is charged by the DCF to provide ongoing counseling support services during the school year for at least 60 students and their families throughout the middle and high school years. For most teams the actual numbers are higher.

#### The FEP model's innovative characteristics:

The Family Empowerment Program (FEP) has become a model for intervention with adolescents in inner city and rural areas and is distinguished by a number of unique and innovative aspects.

- Academic failure and school drop-out, substance abuse, criminalization, depression, violent acting out, behavior problems, and "mental illness" are conceptualized as resulting from the convergence of a complex set of factors involving the adolescent (including the teenager's bio-physiological make-up and individual development), the peer group (including gang involvement), the multi-generational family system, and relevant contexts such as the school system, the neighborhood community, and society at large.
- Beginning counseling the FEP team creates a new context consisting of the adolescent, the family, the school, the community, and the peer group that aims at providing a consistent structure for the youngster and the family throughout the school years. The emphasis of the FEP model on collaboration is the basis for partnerships with community agencies including the school, the lead agency from the community, and other formal and informal institutions. This collaboration is geared toward developing effective coherent partnerships that are specifically aimed at addressing all risk factors that hinder the student's progress toward graduation.
- This newly established relational network is linked with community resources, i.e. institutional systems (school, religious congregations, hospitals, courts, social welfare agencies, the state's youth protective services, crisis centers, employment resources) and informal groups and individuals from the neighborhood (sports groups, family next door, peers, store managers providing employment) in order to strengthen the adolescent and the family. Some FEP teams regularly collaborate with the courts to create alternatives to incarceration. NJ drug courts

- now allow students who broke the law to continue their education at school while they receive family and context oriented treatment from the local FEP team.
- The collaboration of a “Community Resource Specialist” (CRS) with a “Family Systems Specialist” (FSS) makes the community orientation of this model real and credible. Students and families are profoundly impacted by the character of the inner city neighborhoods surrounding the schools. Availability or paucity of jobs, the quality of housing, ethnic composition, sense of safety, presence or absence of social and medical services, degree of vitality of religious congregations, presence and strength of local gangs – all these factors co-determine the emotional life, the behavior and the health of the students and their families. The CRS represents the responsibility of the FEP team to consider the social environment of each family and to assess available assets in the community, but also the chronic stresses the student and the family are experiencing.
  - The FEP model, therefore, is strengths focused (or “asset-based”), i.e. the team seeks to highlight and expand the existing strong features of a student’s family rather than searching for individual or collective pathologies in the family. And the model is resource oriented, i.e. the family is linked to the formal and informal resources available in the different contexts, i.e. in school, community, and peer group, rather than continuing the middle class pretense that the adolescent or the family is living in a social vacuum.
  - The Family Empowerment Program model enhances the teams’ sensitivity and competency in the counselor-client relationship, particularly regarding socio-economic class, culture and “race”, gender, religion, immigrant status, and other important social factors in the students’ and the families’ lives. The model emphasizes the collaborative nature of the clinical process, i.e. the student and the members of his/her family are joined in a mutually respectful and cooperative process around the issues that prompted the student’s or the family’s request for assistance. The family is the subject in the counseling process and will only own the assistance from the FEP team if the family members’ expertise about their lives is privileged and they can have leadership positions in the cooperative venture.
  - The integration of the FEP team into the larger School Based Youth Services enables the FEP team to draw on the resources of this group, to serve as a catalyst for context oriented thinking and practice among the colleagues, and to collaborate with teachers, guidance counselors, and administrators in each school. Navigating the complex school systems and being part of the overall school context while providing specific, sometimes critical support and assistance services to the students and their families remains an important challenge for the FEP teams. Especially families who are overwhelmed by the sheer size of the school, are mistrustful based on harmful experiences with school personnel, or do not dare to get involved in school activities because of language difficulties or

immigration problems need the practical and relational assistance from the FEP teams.

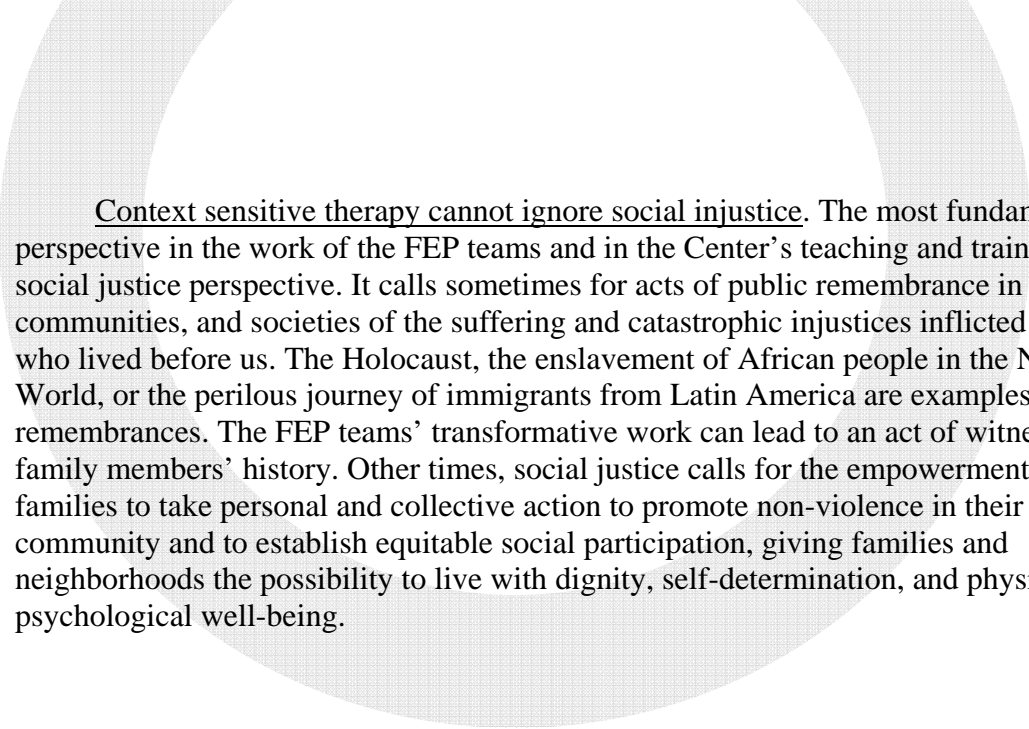
- The ethnic background of the FEP team members reflects, wherever possible, the cultural identities of the school's student population. During the selection of the teams particular attention is paid to the ethnic and cultural background of the team members so that there is as much as possible cultural congruence between the FEP teams and the majority of the school's population. Through weekly supervision and monthly training all teams are expected, of course, to become culturally competent in all aspects of their work with a family. A noteworthy and intended by-product of the FEP model is the education and training of a significant number of "minority" professionals in family systems therapy. Some of them have already moved up into positions of leadership in the social service field.
- Ongoing evaluation of the Family Empowerment Program, case histories, the demand for assistance from the students themselves, and large-scale outcome research of somewhat similar models (carried out by major academic research centers such as at the University of Miami) show the effectiveness of the FEP model in the prevention and containment of teenage substance abuse, school drop-out, criminalization, marginalization, and despair. Three aspects of the model contribute in particular to its success according to the research data: a) the involvement of the student's family in the counseling process; b) cultural sensitivity and competence of the counselors; and c) ongoing intensive supervision of the FEP teams.

#### Conceptual reflections:

Adopting a relational and context oriented Epistemology the Center in general and the FEP teams in particular approach their clinical work based on a number of underlying post-modern assumptions.

- Relatedness to others precedes cognition. We find ourselves always already in a relational connection with others. This experience logically precedes our attempts at cognitive comprehension of other people and the world around us. The experience of our intimate connectedness to others constitutes our most basic experience. The guiding paradigm in the work of the Center is not the outgoing conquering mind that subsumes the others under its own pre-conceived ideas, notions and assumptions. Rather, it is our own inner experience of finding ourselves already relationally involved with others before we are trying to understand or cognitively master them. It is this interconnectedness that supports the process of individuation, just as the individuation process furthers the intensity and depth of our connectedness with others.

- What we see depends on who we are as related beings and how we look. Our choice of perspective, i.e. scientific, empathic, artistic, investigative or therapeutic determines the kind of “reality” we can “see”. The “world” is a project constructed jointly in the minds of the observing participants in a complex reciprocal process. Our mind’s project of the “world” and of the people around us rests on the ongoing relational process in which the “observer” is part of the “observed” and as such profoundly defined by and defining the other. The other remains, however, while accessible within the complex relational process, at the same time forever beyond the comprehension of the observing partner, i.e. the other is not a comprehensible, quantifiable object.
- In their clinical work, the teams use, therefore, a Kaleidoscope of Seven “Lenses” or set of perspectives that help them look at and perceive the most relevant aspects of the young people’s and their families’ contexts:
  - 1) Socio-economic class (including immigration history);
  - (2) Culture, ethnicity, “race” (including racial oppression history);
  - (3) Gender and gender role definitions;
  - (4) Sexual orientation and relationship education;
  - (5) Religion, spirituality; membership in a religious congregation;
  - (6) Health and addiction (history and present status);
  - (7) Age; individual and family developmental life cycle stage.
- Based on these epistemological assumptions the FEP model emerges as an example of a rigorous application of relational family therapy toward multiple contexts. According to the choice of perspective the teams can focus on any one of the multiple layers of relational complexity, from the genetic, cellular, bio-physiological and psychological levels of an individual to any form of social interconnectedness, i.e. dyadic, family, societal relational networks. Since most human phenomena that we subsume under the heading “symptoms” manifest themselves on a social level, i.e. become apparent as parts of interactions and communications between people, it seems pragmatically plausible and most useful to look for and understand these phenomena on the interpersonal level first. The teams enter into a counseling relationship at the interpersonal level where they can hear the others.
- The FEP model functions for the most part outside the traditional “mental health system” (which operates according to a medical model of treatment based on the “classic realism” paradigm). The goals of the Family Empowerment Program are attained without DSM diagnoses, without psychiatric intervention or psychological tests, and without psychotropic medication. In emergencies and crises, the teams, FEP supervisors, school personnel and appropriate social services collaborate with the families to provide a safe and healing environment for students and their family members intended to avoid, if possible, the need for psychiatric hospitalization, psychotropic medication or state sponsored coercive interventions such as by youth protective services or police.



Context sensitive therapy cannot ignore social injustice. The most fundamental perspective in the work of the FEP teams and in the Center's teaching and training is the social justice perspective. It calls sometimes for acts of public remembrance in families, communities, and societies of the suffering and catastrophic injustices inflicted on people who lived before us. The Holocaust, the enslavement of African people in the New World, or the perilous journey of immigrants from Latin America are examples of such remembrances. The FEP teams' transformative work can lead to an act of witnessing of family members' history. Other times, social justice calls for the empowerment of families to take personal and collective action to promote non-violence in their community and to establish equitable social participation, giving families and neighborhoods the possibility to live with dignity, self-determination, and physical and psychological well-being.

For further reference, please, consult:

Wetzel, N.A. & Winawer, H. (2002). *School-Based Community Family Therapy for Adolescents at Risk*. In: Kaslow, F.W. (ed.) Comprehensive Handbook of Psychotherapy, Vol. III: Interpersonal, Humanistic, Existential Approaches to Psychotherapy. New York: John Wiley & Sons; pp. 205 - 230.