IN-HOME FAMILY THERAPY WITH AFRICAN AMERICAN FAMILIES: NEW APPROACH POSSIBLIITES

By

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ABSTRACT

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There has been little attention given to the need for minority families to have in-home family therapy. It is been an approach that can be especially helpful to African American families in particular. Yet, there is little information on home based family therapy with African Americans in mind. There are a number of articles or short book chapters on how to work with African Americans, however, few touch on the importance of working in the home environment to get the most productivity out of this population of families. This critical analysis addresses the key issues for therapists working with African American families in a home base setting. " Home based" and "in home" will be used to relate to the same approach to treatment. It looks at the strengths and weakness of home based therapy with African Americans, and looks at the major issues which

plague this oftentimes oppressed and impoverished family system. Lastly, this critical analysis presents a proposal for further development of a treatment approach for this population of families. It will include interventions and techniques designed to help a population of families that in the past has been ignored.

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Chapter I

Introduction

Family therapy is a growing field that seeks to promote family mental health through effective interpersonal functioning. Family therapy has evolved into a profession with numerous theories and techniques. Innovators like Virginia Satir, Murray Bowen, Carl Whitaker, John Bell, the Palo Alto group and many others have developed theories and techniques that have helped therapy evolve into the theories and techniques being used with families today.

In-home family therapy is growing in acceptance across the country as a way to effectively meet the needs of families in our society. In-home family therapy provides therapists a unique opportunity to observe many dimensions of the family system. It includes family members who would not otherwise come to traditional family therapy, but who have an enormous impact on therapeutic effectiveness with the family.

Traditional and in-home family therapies are distinctly different. A clinician typically does one or the other. Therapists continually need to be open to whether, as a therapist, it would be more effective to meet the client at their home rather than in the office setting. This move to use both concepts of therapy is new, but it could be the way in which family therapy starts to move to try to satisfy clients and the HMOs concurrently. No matter whether who is included in therapy, either the entire family system or individuals, it is important that the family therapy theorist look at the family system as a functioning system that comes together to function as a whole unit.
Each of these forms of therapy has been shown to be effective with Anglo-Saxon western culture perspective. However, there is a large population of African American families

for which traditional family therapy may be less functional. This paper will compare traditional family therapy with in-home family therapy when working with the African American culture. It will examine distinct possibilities in working with African American families in a home-based setting.

The review of literature will glance at the concepts of traditional and in-home family therapy and their effectiveness as separate approaches to working with African American families. This paper will also put together these two approaches to therapy as an unaccustomed eclectic approach to therapy with African American families.

Chapter II

Methodology

This critical analysis paper looks at the previous research done on African Americans in a home-based setting. Most research focuses on how effective therapy is with African American families. The literature discusses how to work with the African American culture. It also states the characteristics of African American families and establishes key elements that therapists need to take into consideration when working with this population. The literature describes existing applicable treatment modalities that are present in the African American community to find how effective they are. Since there is extensive research on the effectiveness of therapy with African American families, it is possible to extrapolate from what is known in order to come up with other possibilities for working with this population. There needs to be further research done on this new approach to support the hypothesis that a new way of doing therapy with African American families can be just as effective as the old ones.

Chapter III

Review of the Literature

Traditional Family Therapy

According to Nichols and Schwartz (1998), "although family therapy was born as recently as about 1956, the field has a long history"(p.13). This is a field that has evolved over the years and continues to show evolution as the clients and their needs change. It is important to use the word "evolved" rather than born due to various reasons. One reason being its long history and another being "the revolutionary advances made possible by the clinical application of cybernetics and systems theory. Along with these there have been many other concepts held dear by family therapists were borrowed from other fields" (Nichols & Schwartz, 1998). Another reason presented by Nichols and Schwartz was that "the term evolution is more appropriate, [because] it reminds us that while some things are adaptive at the time they emerge, when the environment changes they may no longer be functional" (p.13).

The concept of commitment is one the therapist constantly has to address when it comes to a family participating in therapy. Traditional therapy allows the therapist to see the level to which a family is committed to their overall growth in a clear pattern. Traditional family therapy continues to evolve when it comes to working with families and what is most effective for them. Back when family therapy started clinicians looked at the family system as a whole unit working together to function in the efforts toward being healthy. When clinicians speak of traditional family therapy they discussed a concept that takes place in the therapist's office. The therapist meets with clients once the family sets up the appointments. Traditional family therapy promotes the overall

commitment of the family to therapy so they can make positive change in their functioning. The issue of whether or not they are committed to therapy is clearly identified through their attendance to therapy. Their willingness to actively participate in therapy can be another clear indication of the person(s) commitment to therapy.

Health Maintenance Organizations (HMO) currently are influencing how therapists are practicing traditional therapy, since HMOs have become stricter by requiring shorter time frames to complete therapy and has set limits on what they will pay for. Traditional therapy has made it easier to work with the HMOs. With shorter time frames available to therapists and clients, it is becoming increasingly more important to structure therapy to meet the needs of the client as well as the HMOs. Traditional therapy gives the therapist the ability to look at the process of therapy and set it up in a manner that meets the needs of the HMOs and the clients.

When family therapy is set up to happen in the traditional office setting, the dynamics are more comfortable for the therapist to control situations by having the ability to structure and manipulate therapy. Traditional therapy gives the therapist the ability to provide a more controlled environment. The therapist is also able to limit the amount of sessions for payment by the HMOs. When therapy is in a traditional setting, gas mileage reimbursement does not become an issue especially for the HMOs who pay for those reimbursements. However, payment for family work and community inclusion by the therapist does become a problem for HMOs that only recognize individual therapy. Unfortunately, the expansion of diverse populations serviced by therapists in the traditional setting is lacking tremendously for various reasons. Traditional therapy puts up barriers that make it difficult for diverse populations to gain benefits from therapy.

Those individuals who are economically able to go to a therapist's office tend to be the ones who a therapist sees in a traditional setting. Individuals who are economically able to afford access to traditional therapy are ones that carry the proper health insurance coverage or have the means to pay for therapy themselves.

Traditional therapy also attracts those individuals who have the means to get to therapy, either by public transportation and/or privately owned transportation. Unfortunately, traditional therapy does not tend to be available to those individuals or families who do not have the means to afford or access services. Transportation can be one of biggest reasons why families' -- especially poor families -- are unable to get to therapy. While the literature usually does not address the physical aspects that keep families from making it to "traditional" family therapy, it is important to examine the physical barriers that keep clients from participating in therapy. For example, lack of reliable transportation, financial barriers, and child care to name a few. These physical barriers are major reasons why in-home family therapy has a better chance of working for some families.

Family therapy does not always look at the "nuclear" family system. There are many other individuals within the extend system who give tremendous feedback and influence the functioning of the current system. Yet, traditional family therapy does not consistently ask other individuals who are outside of the "nuclear" family construct to be present in therapy. The word "nuclear" family refers to the traditional Anglo-Saxon view of what is included in a nuclear family system, a father, mother, and children (within the same household). Unfortunately, the opportunity to interact with those helpful individuals

who are not apart of the "nuclear" family system is lost unless it is a request of the therapist or the family.

Traditional theorists like Murray Bowen suggest that one individual in the family needs to be present, then take what they have learned to the rest of the family system. According to Shlomo Ariel in his book Culturally Competent Family Therapy: A General Model (1999), Bowen's theory is based on traditions characteristic of the Western dominant culture. Ariel (1999) suggests that therapy is based on the ideal of the well functioning family from White, Anglo-Saxon, Protestant values. Others like Carl Whitaker, according to Ariel (1999) throw the family into confusion and create a shock effect that is supposed to shake rigid patterns. Ariel (1999) suggests that traditional theories like Narrative Family therapy better supports families of color in therapy. Traditional family therapy has made its foundation with family therapists of yesterday and today. It is something that all therapists have been traditionally trained to do. Most of the existing graduate programs teach some type of traditional therapy. Lambert and Bergin (1994) state that "psychotherapies in general have positive effects—but have also…raised numerous other issues".

Effectiveness of traditional therapy

Even though traditional therapy is not regarded as the way of the future, it remains the foundation for therapists to build from and expand their therapeutic skills. In–home therapy can be more challenging at times to work through for a therapist, along with giving the therapist an advantage. Due to the lack of a formal structural setting, in-home therapy is not designed for the therapist to have control and feel comfortable. This may cause difficulties for a therapist trained in the traditional setting. This is only

touched on in the literature and has a limiting effect on the abilities of the therapist to be effective in that type of environment. This is an aspect of traditional therapy that new and upcoming therapists tend to find discomforting. The concept of a formal setting and the comfort level of the therapist could possibly have an effect on whether the therapist would be able to join with an African American family who is culturally resistant to traditional therapy.

How effective is traditional family therapy? Does it help families and individuals confront their problems? There are numerous research studies to support the effectiveness of traditional family therapy. Not until the early 1990's did therapists begin to examine the benefits of in-home family therapy. The effectiveness of traditional therapy with families was the only concept considered. Pinsof, Wynne, and Hambright (1996) (cited in Nichols & Schwartz, 1998), concluded that " family therapy treatment groups fare on average, significantly better than no-treatment controls" (pg. 505) They found there was no evidence that families were harmed in anyway when they undergo conjoint treatment. Nichols & Schwartz (1998) cite other studies that support the effectiveness of family therapy. A meta-study by Shadish and associates (1995) combined seventy-one studies in which family therapy compared to no-treatment group. The family treatment groups fared substantially greater than those reported in pharmaceutical, medical, and surgical studies. Their study also found that for twenty-three studies in which family therapy was compared with individual therapy there ware no substantial differences.

Over the years there have been many studies conducted showing how effective family therapy is, however there has been a decline in documenting family therapy's

effectiveness. Research has proven families who participate in family therapy show progress when it comes to the issues for which they come to therapy. Through research and experience clinicians have concluded that "different approaches work for different reasons, with different kinds of families, and for different individual or family problems" (Nichols & Schwartz, 1998, pg. 505) .

In-Home Family Therapy

In-home Family Therapy is a growing and expanding approach which is increasingly supported by private agencies and states. It is taking a lead in what works therapeutically with families today. This is especially evident in the literature and studies which show how effective this concept can be for low-income and families of color. Christensen cited Balgopal et al., (1988), Wood et al., (1988), & Gordon et al., (1988) in her 1995 article that claims researchers have shown that home based family therapy can be a primary tool for gathering information and making assessment. In-home therapy allows for the therapist to see the family's problems as they occur. Home-based services can be a less resistant avenue to confront family patterns. The book Family-Based Services, (FBS) (1994) states that when involving the family as a partner in the decision-making and goal-setting process and using the family's existing resources enhances the family members' sense of control over their own lives. The result is that family members feel an increased sense of competency in conducting their lives and can create a safe and nurturing environment for the children while maintaining the unique cultural and ethnic characteristics of their family unit.

There are quite a few authors that focus on in-home family therapy with poor families. Aponte (1994) talks about the importance of getting on the same level as the

client and guiding them to a solution that starts to resolve their reasons for coming into therapy. Literature by Dr. Nancy Boyd Franklin and Dr. Monica McGoldrick stress the importance of knowing and understanding where a family is coming from by knowing their culture and heritage. In-home therapy allows therapists to see and experience the cultural and societal differences that make these families unique. It also allows therapists to take a "one down" position allowing the family to educate them on their culture and experiences. The ' one down" position refers to the therapists' position in therapy as a an active follower to assist the family into positive change. The therapist is able to be on the client's level, and have a better understanding of the issues concerning the family. Once the family becomes educators and experts of their culture and family experiences, hopefully they would also address issues affecting the family.

When a therapist comes into their home for therapy it becomes easier to meet the family where they physically live. Transportation has become a major barrier for poor families, especially African American families. Most of this population relies on public transportation to get around. However, when the therapist's office is far away from their home it requires that they must take a number of different buses to get to therapy. The desire to go to therapy decreases. Dr. Nancy Boyd-Franklin (1989) talks about how for the African American culture going in for treatment/ therapy is a new concept that needs to be nurtured by the therapist. When a therapist adds the barrier of transportation the possibly of losing the family in therapy is greater. When a therapist is able to go to the family's home these barriers are reduced and the family may be closer to accepting and participating in family therapy.

Effectiveness of in-home family therapy

In-home family therapy has proven through studies and the literature that it can be an effective and preferred method of working with families of color. Boyd-Franklin & Bry (2000) cited several studies that support how effective home-based services can be in helping especially low-income families of color, especially studies done by the Yale Child Welfare Research program and the Perry Preschool Project. The Yale Child Welfare Project studied impoverished Black, Hispanic, and White mothers who were pregnant with their first child. They studied the women for 30 months providing home-bed intervention consisting of regular pediatric care, home visitors, optional day care, and regular developmental examinations for their children. This study found an increase in the women's protective parental warmth, parental monitoring of schoolwork, and parental help seeking and collaboration with children's teachers *for at least 10 years*, compared to a matched nonintervention group (Seitz, 1990; Seitz, Rosenbaum, & Apfel 1985 cited in Boyd-Franklin & Bry 2000). According to Seitz, the Yale program supports the assumptions that" by working with each family for a sufficient length of time, particular problems most in need of attention could be determined and dealt with---and, in turn, if parents' own lives could be improved, their children would also benefit" (Boyd-Franklin & Bry 2000).

The Perry Preschool project also looked at how home-based intervention would improve outcomes of impoverished families. This study was a "longitudinal study that provided low-income Midwestern Black parents with 1-2 years of high quality early education for their 3- and 4-year olds, arranged frequent 30 minute home visits from the children's teachers for discussion of the children's education, and set up parent groups

that met monthly to exchange views and support for child rearing" (Pg. 194). The study concluded that providing home-based intervention creates an increase in the parents' participation in the children's schooling. The parents also felt more comfortable collaborating with the school officials to improve their children's education (Boyd-Franklin & Bry 2000).

According to Boyd-Franklin & Bry (2000) there have been numerous studies that support the effectiveness of multisystemic (extended family) therapy. Borduin et.al. (1995) measured which family variables changed as their multisystemic family therapy reduced adolescent problems in high risk, lower-income, midwestern Black and White juvenile offenders. The research found an increase in "family cohesion and adaptability, increased parents' support for their adolescents and for each other, decreased conflict and hostility, and decreased parental psychiatric symptoms (e.g. depression)" (pg. 199). Another study conducted by Schmidt, Liddle, and Dakof (1996) measured the improvement of parenting while families were in multidimensional family therapy for adolescent drug use and behavior problems (Liddle, Dakof, & Diamond 1991). Boyd-Franklin & Bry (2000) concluded that these studies "show that reaching out to families proactively can reduce both risky parenting practices and subsequent behavior problems among high –risk adolescents" (pg. 199). They also concluded that not only is in-home family therapy effective, but it also saves money.

A study conducted by Henggeler, Melton, and Smith (1992) looked at the amount of money saved by a family participating in multisystemic family therapy. They looked a randomly assigned group of juvenile offenders in Simpsonville, North Carolina. They reported that multisystemic family therapy reduced arrests and incarceration days. They

calculated that over a 2-year period, multisystemic family therapy, in comparison with usual services, reduced incarceration by 74.4 days per client. At $100 a day for institutionalization, $7,440 per client was saved by providing this form of therapy. (Boyd-Franklin 2000).

Multisystemic therapy is another term used when defining home based services. It includes therapies that use various systems (e.g. schools, counties, etc.) with the family to improve the functioning of the various family members. "Wrap-Around Services" is a similar, increasingly popular approach.

However, "traditional" therapy is how therapists are primarily trained to work with families. The therapeutic modalities currently used in the profession of Marriage and Family Therapy can be used with some African American families. However, Dr. Nancy Boyd-Franklin (1989) supports the concept of Bowen's Multigenerational as very effective with African American families. Multigenerational Therapy is a theoretical concept developed by Murray Bowen that includes extended family members in therapy. It could be seen as the birth of in-home family therapy in that it includes other generations in therapy more regularly. On the other hand, Shlomo Ariel (1999) does not support most of the current traditional modalities as effective when working with people of color and their families. He declares that Bowen's theory is universally unacceptable because they are based on the characteristics of Western culture. (Ariel, 1999) As things change and the need for other families to receive therapy increases, the concept for in-home services has also increased. There seems to be an interest in in-home family therapy, as displayed by more recent literature. Yet, there still remains a need for "traditional" training of therapist to include the concepts of working with families within

their home environment. The literature is not detailed in what aspects of in-home therapy are important with people of color, other than recent publications from Dr. Nancy Boyd-Franklin and others on the subject. The literature does talk about how in-home therapy works best with families of color, whereas 'traditional" therapy works best with dominant families, who are traditionally middle to upper class family systems. As noted, this is supported by previous research on these therapeutic modalities.

Traditional African American Families

The Strengths of African American Families. Dr. Boyd-Franklin's book Black Families in Therapy: A Multisystem Approach, talks about understanding the black family in order to best help them understand and accept therapy. She stresses how important it is to know what the dynamics of the family are in order to assure families of one's commitment to helping them. There are clearly dynamics in every family system. African American families pose very strong family dynamics which can make traditional therapy very difficult. This includes dynamics like extensive kinship bonds, "healthy cultural paranoia"(Boyd-Franklin 2000), the "invisible" black male figure (Franklin 1993), spirituality, economics, and parentified children. Dr. Boyd-Franklin stress that until these dynamics are addressed and accepted by the therapist as helping tools, the therapy is not as effective for the family.

Dr. Boyd-Franklin has written many books and articles on how therapists can work with black families in particular. However, most of her writing talks about Black families that she has experienced in traditional therapy. She attempts to make traditional therapy effective by addressing the dynamics of the African American family that

therapists should be addressing, as noted above. This is reflected in McGoldrick's (1996) revision of her book Ethnicity and Family Therapy. In it, Boyd-Franklin and Hines address these dynamics in the chapter assigned to African Americans. It is an educational resource for therapists. Unfortunately, these dynamics are not fully being addressed in a manner that is effective for traditional therapy. In-home therapy addressed these dynamics in a more effective manner. In-home family therapy makes it possible for therapist to address these dynamics on a family's own turf. This also makes the family more willing to address issues plaguing their family functioning.

Dr. Boyd-Franklin has now begun to write about the importance of going into the home to work with the whole family system when it comes to the African American family. Her latest book addresses the issues of in-home services being effective with families of color. She suggests that it allows for the therapist to view what actually happens within the family dynamics.

It is also valuable to get key family members to work on the issues that they feel need to be address and get their perspective on how the family can and will improve in the future. This is supported in Dr. Monica McGoldrick's Re-Visioning Family Therapy: Race, Culture, and Gender in Clinical Practice, (1999). This book addresses the significance of working with the person of power within the African American family. This dynamic can be addressed more easily when therapist is in the family's home environment. In order to work with the person in power, Dr. Nancy Boyd-Franklin (1989) stresses the importance of getting that person into therapy. She suggests using a number of different techniques to get them there including calling them up and/or going to the car when they pick up the rest of the family. Unless therapists are consistent in

their pursuit of those individuals to come into therapy, they will probably not come. This puts more of the responsibility on the therapist to “sell” therapy to the family.

The person with the power in the African American family is often not the one requesting therapy for the family. However, if that person is not accounted for in family therapy they will likely sabotage the work being made by the family. In-home therapy makes it easier for therapists to reach the powerful person within the family system because they are entering their home environment. The therapist would also have the opportunity to assess that individual’s influence on the family. However, that does not mean that the individual will be active in therapy just because the therapist is now in the home. There still needs to be consistent pursuit on the part of the therapist to reassure those individuals that they are not there to take control from them. All of these concepts are what makes in-home therapy an effective means to get a family to work on issues that may be blocking their ability to work together in a healthy framework.

African American families in general are not familiar with therapy. Going to someone outside of the family system or the religious system is a new idea. Therapists need to look at how hard it is for these families to come into an office setting to take part in something they may feel very uncomfortable about doing in the first place. Hines & Boyd-Franklin (1996) talk about how the African American culture as a whole has been raised to have many extended non-family members be a part of the family system to help work out problems/issues. Hines & Boyd-Franklin (1996) and Boyd-Franklin (1989) suggest that when the African American family is asked or ordered to participate it may bring on what the Marriage and Family profession would classify as "resistance". Boyd-Franklin (1989) states that there are two possible reasons for this "resistance" one being"

(1) the negative history that many black families have with the welfare system and other social institutions and agencies; and (2) the fear of exposing secrets or myths or particularly toxic unresolved family issues"(pg. 20). Aponte (1994) talks about the importance of empathizing with the family's orientation. The African American family has a lot of reasons not to trust the system and those who are tied to it in anyway. Grier and Cobbs (1968), (cited in Boyd-Franklin (1989)) coin this response as " healthy cultural paranoia". "Healthy cultural paranoia" means that African Americans are cautious about the dominant culture and its system due to past interactions. Protecting themselves from the system is something that African American families have learned to adapt to, by having strong support systems that intertwine with non-family members and religious leaders.

The literature supports the concept that the African American family has enormous flexibility that makes it possible for other individuals who are non-blood relatives to become a crucial part of the family system. In order for the therapist to gain the trust of the African American family, Hines & Boyd-Franklin (1996) suggest that the therapist explore and select carefully which "significant others" to include in family therapy. This is something that can be explored through the use of genograms. Since it is important for a family to be willing to include those members who are not blood relatives in therapy, the literature suggests that therapists take an active role in finding those individuals. One way of identifying individuals the immediate family considers key is to use a genogram to map the family system

Traditionally, clinicians looked at the man in the family as having the power and authority of the family. However, in the African American family there may or may not

even be a male figure present to represent that role. Historically, the literature supports that there is an absence of Black men in the family system (Tatum, Moseley, et.al 1985; McCollum 1997; Franklin 1993). Dr. A.J Franklin (1993) suggests that it is society's views and expectations of the Black man that block him from feeling comfortable in his role within the family system. He states that this type of disrespect given to the Black man fuels his discouragement with himself. Franklin (1993) affirms, "Therapist…must learn how to draw on…[Black men's] main sources of strength…to help their clients fight the alienation that public invisibility produces (p.36). He adds, "It is important to empower them [Black men], to help them clarify their goals and clear away the obstacles to achieving them." (p.37). Pindehudes (1982) suggests " African American fathers, regardless of income, are likely to demand and receive recognition as head of the household with their identity tied to their ability to provide for their families" (cited in McCollum 1997). Even though African American fathers in society are seen as "invisible" members in the family, the role of African American men within the family system can be extremely powerful. The literature supports that the diminished role of father in the African American family is something which therapists tend to take for granted and assume the role of society by making the father/male role as an "invisible" variable within the African American family (Boyd-Franklin, 1989; Hines & Boyd-Franklin 1996; Franklin 1993). Often fathers, grandfathers, uncles, stepfathers, and boyfriends play an important role, but are excluded by therapist (Tatum, Moseley, and et. al 1995). Since the literature supports therapists getting to know the kinship lines within the African American families structure, one needs to wonder why neither in-home or traditional therapies do much to address the concern around the "invisible" man. They

tend to often ignore the male figure within both environments. Traditional family tends to have a difficult time getting the male to come into therapy, and typically has the woman initiate therapy all together. On the other hand, in-home family therapy tends to ignore the power that the male has within the home, based the societal "invisibility" to even be there. This is traditionally the case when the male figures is a boyfriend, an uncle, or grandfather in the family. "Men, in general, are less responsive to treatment than women and therapists overlook them. Black men bring with them much suspicion…feeling defensiveness about how the therapist may judge them in the fathering role. Given this reality, it is important that the therapist make a special effort to engage Black men directly in the treatment process" (Boyd-Franklin, 1989). Boyd-Franklin (1989) affirms, " It would be a serious error for a therapist to assume that because a Black father is not a living in the home that is he not involved with his children."

Another powerful role within the African American family system is the role of grandmother. She exhibits an extreme amount of power and authority within the family system. Her role can also be one of the most complex and problematic for the therapist (Boyd-Franklin1989). The literature defines her role as a " mother and primary caretaker of her grandchildren"; she also represents a major source of strength and security for many Black children. This can result in role confusion within the African American family system between the children, grandmother and mother. Not having the grandmother involved in therapy is something a therapist would be making a serious error to ignore. The literature supports that the grandmother can also provide economic support to the family, especially when there are teenage mothers involved (Tatum &

Moseley, et. al, 1993). Since the grandmother is traditionally the one that has the authority to say how things run in the home, it is especially important to included her "wisdom" of the family in therapy. To exclude the grandmother from therapy would set the family system up for failure and slow progress. The literature is in agreement that excluding the grandmother from therapy with the African American family can be a huge error in judgment (Hines & Boyd-Franklin, 1996; Tatum & Moseley et. al, 1993).

Another member of the African American family who exhibits power within the system is the parental child. He or she is typically the oldest child in the African American family system. This child is generally put into this role by the parent's work or because there are many children in the family home to care for. To become a parental child is not the child's choice, unfortunately, it happens due to circumstances of the family functioning (Hines & Boyd-Franklin, 1996). A therapeutic goal, according to Minuchin (1974), is that "The parental child has to be returned to the sibling subgroup, though he [or she] maintains his [or her] position of leadership and junior executive power" (cited in Boyd-Franklin, 1989). This is necessary for the family to survive under the economic strains they are experiencing. This may or may not be an easy task for the therapist and the parent to get back from the children.

Spirituality: There is another "non-blood" relative that African American families tend to include into the family structure: the church, religious leaders, and /or their own spirituality. Dr. Nancy Boyd-Franklin (2000) stresses the importance of community involvement as tool in the in-home therapy process. She states the "community entry and involvement are particularly important when clinicians are working in a minority community". Additional literature note the strong influence that Black churches have

played in the history of the African American culture. Many of the cultures' leaders have been ministers in the church or some part of the church family. Many meetings, grass root ideas, and movements have started inside of the Black church. Historically, African Americans found their strength from the church family. Hines & Boyd-Franklin (1996) discusses how the African American family finds a complete support system that brings along available activities and groups for the family to interact and use to meet their needs. According to Hines & Boyd-Franklin (1996), it also brings "a network of people who are available to a family in times of crisis". No matter who is included in therapy, either the entire family system or individuals, it was important that the therapist look at the family system as a functioning system that comes together to function as a whole unit (pg.74). This is an important aspect of coping for the African American family according to the literature. This is also an important way for the therapist to join the family. The Black church brings a network that can have one or more key persons to which the family trusts within the network of the church. These persons tend to be there for the family in the present as well as in the future. Hines & Boyd-Franklin (1996) stress "religious involvement and the extent to which a strong spiritual base is central to the resilience demonstrated by individuals when even the therapist is overcome with a sense of hopelessness and/or powerlessness". (Pg. 75) Boyd-Franklin & Hafer Bry (2000) give a full chapter in their book Reaching Out in Family Therapy to the benefits to including and aligning with the community, which the family surrounds themselves and roots their belief system in. Hines & Boyd-Franklin (1996) quotes Larsen (1976) [suggestions] that the therapist works within the confines of a family's belief system…. He adds that there is a tendency among clients to "spiritualize" to cope with the issues which face them at

that present time." (pg. 75). The literature supports the therapist using the spiritual concept of the African American culture in their techniques to therapy. All of the literature stresses the disservice that therapists do for themselves and the family by ignoring the spiritual aspect of the culture.

Needs of African American Families. Nancy Boyd Franklin (2000) discusses the idea that for ethnic groups there is reluctance to attend office sessions. However, once the therapist has established trust it becomes easier for the family to participate in therapy in any setting. The therapist being in a family's home gives the family a possible sense of security and safety that is not possible for them to gain in the therapist's office. Wood (1988), cited in Christensen (1995), suggests that because the therapist is willing to work in their home, the family may believe that the therapist is truly interested in them and their problems. The therapist must then become comfortable with being in that family's home. However, most therapists would get families of different ethnic groups, especially African American families, to participate in therapy if the families were able to understand that the therapist was willing to come to their "turf." "Never underestimate the value of a pleasant personality; personal warmth will help put family members at ease", according to Boyd-Franklin & Bry (2000).

The African American culture has put a strong importance on family and kinship. McGoldrick (1996) says:

> People of African decent place great importance on the family. In Africa, close-knit families and kinship groups were the foundations of the larger social structure of the tribe and the nation. Although slavery severed families by scattering their members it could not destroy their desire to reconstitute themselves. In fact, slavery made regeneration of the family a necessity. Living with the constant threat of separation and loss through the sale of family member by a white master, the family sustained itself by placing high value on each member, no matter how distant the blood relationship may be. (p. 59)

When a therapist is able to keep this in mind there is an easier acceptance of additional family members that are apart of the issues that an African American family may present. It is important for the therapist to come into therapy in a family's home and have the first session be a time in which the therapist is sitting down in a friendly manner and getting to know all the family members present and find out who is in the family.

Therapists must look at family dynamics as the key to know what are the roles and function of the family. However, African American families have such complexfamilial detail and combinations that it is very difficult to play out scenarios within "traditional" therapy. As a culture, African American families use the strength of the family system to function and get over barriers that they face as individuals (Boyd-Franklin, 1989; Hines & Boyd-Franklin, 1996). McCollum (1997) quoted Obudho (1983),

> The strength of the African American family is tied to the ways in which its members perform, based on the needs within the family itself. In accordance with these needs, the family develops its own personality, which revolves around several aspects of socialization including family communication, role development, and family structure. In addition, many families of African descent hold on to behaviors originating in their African past (pg. 219).

The therapist needs to remember why and how the unknown "extra" members within the African American family come forth. McCollum (1997) states that therapists must "[understand] the development of the African American family [which] requires an understanding of other factors that make up the personality of the family system." (pg. 221)

When a therapist asks an African American family to participate in traditional therapy they are missing key individuals who would play vital roles in the functioning of therapy and this family. They may be additional caretakers of the children, financial providers of the home, and/or the confidante of the family system. In traditional therapy therapists would also miss out on the connections with individuals who could work along side of the therapist. Unfortunately, traditional therapy does not allow for therapists to have access to these individuals consistently.

When a therapist comes into the home of an African American family they are able to see what McCollum (1997) cites Hill (1972) as the "flexibility of family roles… and is considered a strength that promotes family stability. This ability to be flexible allows a therapist to join with an African American family where trust is truly established.

Chapter IV

Synthesis

New ideas for therapy

As pointed out, there are advantages to both traditional and in-home therapies. Instead of doing either-or, clinicians can look at how both approaches can be effective with African American families and other families of color. This population would be ideal for a through study, because of the extensive research already conducted, and more home-based services are being conducted with this population. Of course, there are also a number of barriers for both traditional and in-home therapy approaches. However, these barriers can be address within the concepts of using both approach settings to promote effective therapy with African American families and the apprehension they culturally hold with therapy in general.

Some of the challenges that exist for traditional therapy and the African American clientele:

1. Trust and "healthy cultural paranoia".

Traditionally, the African American culture was not accepting of therapy in general. As a culture, they tend to believe that it is not necessary, because family business stays in the family and/or that they are "crazy". They also tend have a fears around telling their "business" to someone outside of the family. Historically, it was not safe for African American families to tell the dominant culture anything about their family system for fears that the family would be split up and/or destroyed. This fear tends to still be present for many African American families. When African American families participate in

traditional therapy these fears and preconceptions can surface for the family and cause a barrier in the therapeutic process.

2. Spirituality

Spirituality is an important aspect of the African American culture. It stems back to the early days of slavery, when all slaves had to get them through was to rely on their spirituality. Spirituality was used to as a joining force for all slaves and as a comfort through the hard times. Spirituality remains to be a unifying force for the African American today. Traditional therapy tends not to address the importance or utilize the significance of the family's spirituality to enhance the therapeutic process.

3. Flexibility of role/Kinship networks

The African American family has tremendous kinship networks which extend further than a typical traditional therapy office setting could allow. Traditional therapy does not allow for therapists to utilize those individuals within the network to enhance the therapeutic process.

4. Physical barriers such as transportation and childcare.

Traditional therapy asks that the African American family to come into the office, however, they may not have reliable transportation to make it to therapy. Another issue may be the lack of reliable child care since many traditional therapies work best when young children are not included in the office setting to add to distractions. Another issue can be the economic barriers that cause a low-income African American family not to be able to come to traditional therapy.

All these barriers can be eliminated when a therapist does in-home family therapy with African American families. Addressing these barriers could increase the trust and joining between the therapist and the family.

On the other hand, some barriers still exist for in-home family therapy and African American families:

1. Lack of structure within the home environment.

The component of structure is the therapist ability to maintain control of how therapy sessions go. The therapist may better establish structure within the office setting when they are able to set up rules that keep the environment safe for all of those who participate in therapy. When a therapist is in a person's home environment the ability to control how safe the atmosphere will be is not in the hands of the therapist.

2. Insecurity of the therapist.

Traditionally in-home therapy is not taught in the educational facilities. There are a few programs that teach home-based therapy, however, no programs have the resources to teach all therapy modalities. Something is always set aside. They may not include any type of curriculum on home based services. For many therapists, in-home family therapy is a new concept. How a therapist works in a person's home is very different from the office. In-home therapy brings a lack of control that the therapist may have in an office setting.

3. "Cultural paranoia" for the therapist.

When a therapist is a culture or ethnicity different from the client family's, "culture paranoia" comes into effect. When a culturally inexperienced therapist goes into a cultural environment different from there own there may be a fear of unknown or

unfamiliar situation. This may be especially present when a European American therapist enters the home of an African American family. When the therapist is of the dominant/Caucasian culture and lacks exposure to African Americans, there can be a fear regarding what that therapist represents for the African American family.

4. Numerous distractions within the home environment.

When a therapist does in-home family therapy the increased occurrence of distractions are tremendous. Unlike traditional therapy, which allows for the therapist to control the situation from distractions, in a family's home there can be many distractions from the phone, doorbell, and/ or outside family members or friends' desire to involve themselves in the therapy session.

These barriers are better addressed in a traditional therapy setting. They can be adjusted to make the environment more comfortable for all involved. Many of the barriers that exist for in-home therapy tend to be centered on the therapist and their comfort level, but also be ones that prevent the family from moving toward progress in therapy. The therapist's "cultural resistance" does the family a disservice. Yet, ironically -- because therapists still retain power in the larger treatment system -- it may be the family that is ultimately labeled as reserved and resistant to therapy in general. Yet, they may have very good reason to be resistant and reserved in therapy. The therapist's comfort level, skill and empathy (or lack of it) all have significant effects on the client. "Patients of less effective therapists felt less understood by their therapists than did patients of more effective therapists" (Lambert and Bergin 1994)

By using a combination of both traditional and in-home therapies the family may show quicker progress in therapy. Since therapy should challenge the current status of

the family situation, it can be hard for individuals to feel comfortable discussing those issues if they feel their voice is not being heard. The home setting may have too many distractions that lead to confusion for the therapist and the other family members. Those issues that the family and the therapist feel may be too sensitive to be discussed in the home setting could be given the opportunity to be discussed and addressed in an environment which promotes confidentiality and safety. Even though traditionally the African American kinship network has been extensive, the level to which the individual person holds power and trust within the family varies greatly. This can strengthen the therapeutic process for the therapist and the family, and model boundaries for the entire family system. It is not believed that traditional therapy needs to exclude key family members, on the contrary, those members should be invited to the traditional setting in order to strengthen their role within the family system. If only one or two people need transportation, this may become less of a barrier to traditional therapy, especially if they are adults. The idea of an agency providing transportation or offices closer to the families in question should also be considered.

Another reason a combination of both approaches could be effective is in the level of commitment of the family to strengthen their family system to a higher level of healthy functioning. It is becoming common for therapists to go into the homes of people to meet them where they are at. Unfortunately, when they leave an hour or two later the family returns to the previous functioning level. Growth does not maintain within the family system when they do not step out to meet their own needs halfway. This does not have to do with their participation in therapy, but addresses their commitment to change. A combination of traditional and in-home therapy as a therapeutic process helps the

therapist evaluate the family's desire for change within their system. Those individuals that show up for the appointment may be displaying a desire for change to occur and those that no show or cancel the appointment regularly demonstrate a lower desire for change to occur. This is something that the therapist should address with the family. This may be what the family needs, to challenge where their commitment level is at. What is behind their inconsistent attendance to the office setting? They have the home appointments but there may be other factors that are not easily addressed in the home. Some of these issues may be sexual abuse, physical abuse, and/or addictions. One can be lead to believe that these topics can and should be addressed in in-home therapy, but sometimes there is a need to discuss these issues outside of that environment, especially when the family is using the distractions within the home as a barrier to addressing issues.

Another reason for the combination of traditional and in-home therapies in working with African American families is that as therapists, therapy can be a long process. While "meeting the client where they are at" both therapeutically and physically is very valid, there is also a need to look at how long-term in-home therapy may not be helping families become more socially functional. Black families traditionally raise their children to go out and fight for what they want because no one is going to hand it to them. This tradition has extended from the early slaves through the civil rights activists to present society. When President Roosevelt developed the welfare system the idea was that the government would provide for as long as a family needed. However, the system is changing and so is society. No longer is society willing to assist families for the long term. Even private agencies that gave out free food, clothing and services are now

putting limits on the number of times a person or family can go to them for services. Unfortunately, some families have learned that if they yell loud enough or have the biggest crisis then someone will come to help. Therapy needs to encourage clients to be more proactive and seek the service before things get too bad and/or the court system gets involved. One could be lead to believe that by having a combination of traditional and in-home therapy as part of a therapist's orientation it could reassure African American families that they need not be afraid of traditional therapy if they may need it in the future.

It could be concluded that there is not a need to always have a combination of in-home and traditional therapy with all African American families, however, this is an excellent population to examine its effectiveness. It could be presumed by adding this combination to one's orientation as a therapist would eliminate the preconception that one is better than the other, and replace it with the idea that both can benefit families.

Chapter V

Summary

The marriage and family therapy profession stresses the importance of joining with the family and building trust. However, when working with families from a different cultural background than the therapist one must look at the barriers that prevent the family from joining with the therapist. This may be true for a culturally similar therapist as well given that s/he may be perceived as being trained and employed by the dominant European American system.

The literature talks about the importance of the African American family being affirmed and respected for their cultural differences in society. By using those differences as strengths in therapy to build a therapeutic relationship with African American families, the therapist is able to join with the family. In the past, cultural differences were not looked at as an aid for therapy to work with different populations of people. However, in recent years there as been a number of clinicians that have looked at those cultural differences and said that these populations can also benefit from therapy if one knows how to work with them within their world. Clinically, therapists are not taught about what therapeutic approach works best what cultural populations. They are taught theories and left to determine for themselves what works best. Also, therapists are not taught about how research has shown that in-home family therapy is more effective with families of color, particularly African American families, than traditional therapy. As often noted above, there are numerous reasons why in-home therapy works better with African American families. One reason, may be that it allows the family to have a sense of safety and comfort within their own setting to reduce the “healthy cultural paranoia”

which exists for them when it comes to therapy. Another reason being something as reducing simple transportation difficulties. One could propose that culturally competent clinicians should combine traditional and in-home family therapy and look at the family as a flexible system that comes together in complex ways to function as a whole unit.

Bibliography

Aponte, Harry (1994). Bread and Spirit: Therapy with the New Poor: Diversity of race, culture and values. New York; Norton Publications.

Atkinson, D. R., Morten, G., & Wing Sue, D. (1993). The African American Client Counseling American Minorities: A cross-cultural perspective (4th ed.). Madison Wisconsin: Brown & Benchmark Publishers.

Ariel, Shlomo. (1999). Culturally Competent Family Therapy: A General Model. Westport, Connecticut: Praeger Publishers.

Bean, R., & Crane, D. R. (1996). Marriage and family therapy rese3arch with ethnic minorities: Current status. The American Journal of Family Therapy, 24, (1) Spring, 3-7.

Berg, Insoo Kim. (1994). Family Based Services: A solution-focused approach. New York, New York: Norton.

Boyd-Franklin Ph.D., Nancy. (1989). Black Families in Therapy: A Multisystems Approach. New York, New York: Guilford Press.

--- & Bry, Brenna Hafer. (2000). Reaching Out in Family Therapy: Home-Based, School, and Community Interventions. New York, New York: The Guilford Press.

--- & Hines, Paulette Moore. (1996). African Americans Families. In Dr. Monica McGoldrick, Joseph Giordano, & John f. Pearce (Eds.), Ethnicity and Family Therapy (2nd ed., pp.66-84). New York, New York: Guilford Publications, Inc.

Christensen, Lisa L. (1995). Therapists' perspectives on home-based family therapy. The American Journal of Family Therapy, 23, (4) Winter, 306-314.

Franklin, Anderson J. (1993). The invisibility syndrome. Networker, July-August, 33-39.

Horton, H. D., Allen, B. L. Race, family structure and rural poverty: An assessment of population and structural change. Journal of Comparative Family Studies, 29, (2) 397-406.

Johnson, L. N., Sandberg, J. G., & Miller, R. B. (1999) Research practices of marriage and family therapists. The American Journal of Family Therapy, 27, 239-249.

Johnson, L. N., Ketring, S. A, Frey, S., Robertson K. (1999, October). Race, Income, and Outcome in Home-Based Family Therapy. Poster session presented at the annual national conference of the American Association of Marriage and Family Therapy, Chicago, IL.

Grier, W., & Cobbs, P. (1968). Black Rage New York: Basic Books. In Dr. Nacy Boy-Franklin. Black Families in therapy : A multisystems approach. (1989). New York, New York: The Guilford Press.

Kemp, R. & Van Acker, J. (1997). Therapist-parent Interaction Patterns in Home-Based Treatments: Exploring family therapy process. Family Process, Inc., 36, September, 281-295.

Lambert, Micheal J., & Bergin, Allen E. (1994). The Effectiveness of Psychotherapy. In Allen E. Bergin, & Sol L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change (4th ed.). (pp.143-189). Toronto, Canada: John Wiley & Sons, Inc.

McCollum, Vivian J. Carroll. (1997). Evolution of the African American family personality: Considerations for family therapy. Journal of Multicultural Counseling and Development, 25, (3) July 219-229.

McGoldrick, Dr. Monica. (Ed.). (1998). Re-Visioning Family Therapy: Race, culture, and gender, in clinical practice. New York, New York: Guilford Publications, Inc.

Minuchin, S., Fishman, H. C. (1981). Family Therapy Techniques. Cambridge, Massachusetts: Harvard University Press.

Nichols, M. P, & Schwartz R. C. (1998). Family therapy enters the twenty-first century. Family Therapy: Concepts and Methods (4th ed., pp.315-354). Boston: Allyn and Bacon.

Northey, Jr., W. F., Primer, V., & Christensen, L. (1997). Promoting justice in the Delivery of Services to Juvenile Delinquents: The ecosystemic natural wrap-around model. Child and Adolescent Social Work Journal, 14, (1) February, 5-22.

Richeport-Haley, Madeleine. (1998). Ethnicity in family therapy: a comparison of brief strategic therapy and culture-focused therapy. The American Journal of Family Therapy, 26, 77-90.

Salem, D.A., Zimmerman, M. A., & Nortaro, P.C. (1998). Effects of Family structure, Family Process, and Father Involvement on Psychosocial outcomes Among African American Adolescents. Family Relations, 47, (4) 331-341.

Tatum, J., Moseley, S., Boyd-Franklin, N., & Herzog, E.P. (1995). A home-based, family systems approach to the treatment of African American teenage parents and their families. Zero to Three, 15, (4) February/March, 18-25.