THE FAMILIES AND DEMOCRACY PROJECT

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The Families and Democracy Project moves family therapists and other professionals into the community via a critique of traditional provider/consumer models of family services, a set of principles about the civic engagement of families in partnership with professionals, and a set of public practices for working on community problems. We describe the Families and Democracy model and three specific projects. We distinguish the model from traditional hierarchical and collaborative models of working with families. And we discuss lessons we have learned so far and our plans to take this work to its next developmental stage.

From its beginnings, family therapy has been more than a treatment modality or a theory of human functioning in families. Its proponents have boldly asserted the power of viewing people not as psychological soloists but as chorus dancers in a complex family choreography played out on the larger stage of human social life and other ecological systems. Leaders as different as Bateson (1972), Bowen (1976), Auerswald (1968) and Minuchin and his colleagues (1967) tried to understand the larger world that families live in and sought to make a difference in that world. Subsequent pioneers extended this vision of a better world through the lenses of feminism, race, global politics, and narrative therapy (Boyd-Franklin, 1989; Gould & DeMuth, 1994; Hardy, 2001; Hare-Mustin, 1978; Madigan & Epston, 1995; Walters, Carter, Papp &

Silverstein, 1988; White & Epston, 1995.). Indeed, it seems that the creative edge of family therapy has always pushed the boundaries of the clinical office into the larger world (See review by Doherty & Beaton, 2000).

This article describes the efforts of a new kid on the block, the Families and Democracy Project, to move the work of family therapists and other professionals further into the community. Since the late 1990s, we have been learning to do democratic community initiatives with families across a range of settings, and to articulate the theory and skills behind this work. The Families and Democracy Project attempts to bring together an understanding of family dynamics, democratic theory, and community organizing. Because experience in explaining this work has taught us that the model is hard to grasp without a sense of what it looks like in practice, we begin by explaining three action initiatives and then describe the theoretical model. We then distinguish the citizen model from hierarchical and collaborative models of professional practice, and lay out key lessons we have learned and our future directions. In a subsequent article, we will delineate what we call the "public craft skills" and training methods for this work.

THE INITIATIVES

The first two Families and Democracy projects began in 1999 in two disparate communities and around two disparate issues. For the first project, we approached an HMO with the offer of pro bono time to start a community-engagement project. We were open to working on any medical problem. The HMO leaders quickly chose Type II diabetes, an illness that frustrates providers, is costly to the medical system, and that frequently leaves people with the disease feeling isolated and misunderstood by family members and others around them. We met with clinic staff and held a "public launching event" to recruit lay leaders. Now expanded to two

clinics, the Partners in Diabetes Project involves persons with diabetes, family members, medical and nursing professionals, an HMO administrator, and a family therapist, all working collaboratively on a mission the group created together: "to improve the lives of patients and families at Midway Clinic and Ramsey Family Physicians Clinic whose lives are touched by diabetes." The group decided to create a program in which "diabetes support partners" are nominated as potential leaders by their physicians, receive training, and then reach out through home visits to individuals and families who would like support in dealing with diabetes. The two clinics are in working class and low-income communities in St. Paul, Minnesota, and serve ethnically diverse populations. The support partners commit to two hours per week of non-paid engagement in the project. The whole group—staff, support partners (including patients and family members)--meets monthly for mutual consultation and decision making about the project.

Unlike the traditional volunteer and paid peer coach models, in which professionals are in charge, Partners in Diabetes works in a democratic, collaborative manner to fashion every aspect of the initiative, from the curriculum for support partners to the procedures for contacting families to the content and format of information flier for patients with diabetes. (As we will emphasize later, the term "democratic" as used here means more than everyone having equal input into decisions; it means collective responsibility for creating and building an initiative that has a public purpose.) The therapist/facilitator is not a content expert, but brings the overarching model and pays careful attention to helping the group achieve a democratic process and avoid a top-down, medical-centered approach, while recognizing that group members—including medical providers--bring different kinds of expertise to the deliberations. The norm is that everyone has something unique to teach and something important to learn.

Through the work of Tai Mendenhall, one of the founders of the project, we are using an action research model to study the process of how this project was created and how it is being maintained as a democratic initiative as opposed to a traditional professionally developed program. We anticipate spreading the Partners in Diabetes model to several more clinics in the next year, inside and outside Minnesota, and we believe the model could potentially be used with any medical problem where providers and patients and families agree that the pooling of all their expertise and effort is important. One form of dissemination has already occurred through the work of two group members who have become leaders in their local American Indian community around the issue of diabetes. Inspired by their participation in the Partners in Diabetes Project, they have launched diabetes fairs in their community, for which they recruit the health care professionals and chair the planning meetings. This kind of leadership development is one of the main goals of all Families and Democracy projects.

The larger vision behind Partners in Diabetes is to create a transportable model for the democratic engagement of individuals and families as producers of health care for themselves and others in their community and not just as consumers of health care services. Stated differently, we envision health care as work by and for citizens, with all stakeholders bringing something important to the work, and not just as a service delivery system. As in all the Families and Democracy initiatives, the citizen group carrying it out refers to this larger vision from time to time, and has a sense of doing work of great importance. At an early meeting when Bill Doherty said that we are about the work of transforming the way health care is done in this country, one of the support partner members interrupted with, “What about the world?” This is called thinking globally and acting locally.

The second initiative launched in 1999 was "Putting Family First," situated in the suburban community of Wayzata, Minnesota. This project addressed a mounting problem in many middle class families: overscheduled kids and frantic, underconnected families. Children and youth around the country are increasingly involved in hyper-competitive, time intensive activities that deprive them and their families of time for meals, trips, and quiet time together as families (Doherty & Carlson, 2002). Our cultural analysis of this problem is that it reflects the ominous invasion of the consumer, market culture into the family, with parenting becoming a form of product development in a competitive, insecure world. After a community talk about this problem, Bill Doherty was approached by a community leader in the Wayzata school district about a return visit to repeat the talk, which he declined but offered to return if the community wanted to tackle the problem collectively. The result was a town meeting and the formation of a leadership group of parents who created the grass roots organization Putting Family First (www.PuttingFamilyFirst.info). Using the Families and Democracy Model and facilitated by a family therapist, the group created a mission statement, a desired future statement, and a set of actions to bring the problem to the consciousness of the community and to begin to turn the cultural tide.

As articulated in Putting Family First documents available on its website, the democratic theory underlying this work is that the families can only be a seedbed for current and future citizens if they achieve a balance between internal bonds and external activities, that that this balance has become gravely out of whack for many families across our nation, and that retrieving family life requires a public, grass roots movement generated and sustained by families themselves. Putting Family First posits that change must occur simultaneously in communities and in individual families. With a vision of strong, balanced families flourishing in a vibrant

democratic community, the group has created a series of initiatives: a Putting Family First Seal for activity groups within the community that do a good job of partnering with families for a balanced life; a Family Consumer Guide to Kids' Activities (a kind of "Consumers Report" on of the time and financial demands of local activity group); a structure and process for parent discussion groups; a faith community initiative involving a dozen local congregations (the most religiously diverse group ever assembled in this community); and a local and national media initiative that has generated intensive coverage of the problem in all the major national and local print, radio, and television outlets. As with all Families and Democracy initiatives, Putting Family First is aiming to have its model spread to other communities, and is in conversation with other community leaders about how to do this. Two communities in New Jersey were inspired enough to launch "Family Night" initiatives in which all community organizations cancelled activities for one evening in order for families to have dinner together and do other family activities. As a spin off from Putting Family First, we are exploring the creation of a national membership organization of parents who want to resist the cultural pressures towards frantic, competitive living.

Other Families and Democracy Project initiatives are housed in faith communities, a setting that we are finding increasingly valuable as a venue for community organizing. We will describe the most mature of these initiatives, "Marriage Matters," which is located in Pax Christi Catholic community in Eden Prairie, Minnesota, a suburb of Minneapolis. Marriage Matters seeks to overcome the isolation of couples in today's world and to forge a community of support where couples become stakeholders in one another's marriages. After a public launching event, a Visioning and Coordinating group, facilitated in the first year by our team and then subsequently with their own leadership, put in place a set of initiatives that are couple-led, as

distinguished from traditional marriage education programs that are imported from outside and administered by staff. An example is "Anniversary Celebration Circles," an initiative in which couples collaboratively plan and carry out anniversary rituals with other couples married on the same month. These celebrations have involved couples married from one to over fifty years, with leaders from each month showing their creativity in organizing a renewal of marriage vows and a group experience where couples share stories and learnings from their histories as couples. Planned next steps will involve couples from each anniversary month reaching out to couples getting newly married in their month to invite them into a couples community and to share lessons learned over the course of a married life.

But Marriage Matters is more than the sum of its specific action initiatives; it is a growing community of leaders who have articulated a big vision: "a community of faith where every marriage flourishes and where every couple is a giver and receiver of support." Like all the other projects, Marriage Matters required over a year of gestation before any action steps were taken. And like all the others, it is intended to be a "stem cell"—a model for generating other initiatives of democratic community building, leadership development, and engagement with challenges facing today's families.

Families and Democracy initiatives have not developed in the linear fashion that these brief summaries might imply. The process is often slow and messy, characteristics common to citizen initiatives that use a consensus model and do not rely on the energies of paid staff. There were times when we doubted whether every initiative would take off and whether we had the skills to help them take off. Three newer initiatives (not described here) are going more smoothly because of what we have learned, but they are still messy democratic endeavors.

Before turning to conceptual matters, we want to anticipate two common questions and concerns related to time and money. First, this work is not highly time consuming for the therapist/facilitator. We estimate that it took about 4-6 hours per month to guide the launching of each initiative. The commitment is more longitudinal than intensive; the projects take at least two years to ripen. Second, we did not charge for our time, preferring to see this as both a learning experience and our form of civic engagement. The projects operated with almost no direct funding for a long period of time, after which they began to attract funding in the form of modest but stable institutional support (Partners in Diabetes, Marriage Matters) and grants (Putting Family First). Seeking significant funding at the outset of a community project before the democratic model is in place can doom it to be a staff-led enterprise and one that is inherently limited to the length of the funding period. Our philosophy has been: Build it and the funds will come.

THE FAMILIES AND DEMOCRACY MODEL

Here we describe the tenets of the Families and Democracy Model that guides our project, and then discuss its origin in other work. The model has seven principles and seven general strategies for implementing action initiatives. The model stresses the importance of civic engagement to strengthen family life, the need to transcend the traditional provider/consumer model of health care and professional service delivery, and a vision of families creating public initiatives. We invite readers to reflect on the three project illustrations described earlier as you read the principles and implementation strategies.

Principles

1. Strengthening families in our time must be done mostly by families themselves, working democratically in local communities.

2. The greatest untapped resource for strengthening families is the knowledge, wisdom, and lived experience of families and their communities.

3. Families must be engaged as producers and contributors to their communities, and not just as clients or consumers of services.

4. Professionals can play an important role in family initiatives when they learn to partner with families in identifying challenges, mobilizing resources, generating plans, and carrying out public actions.

5. If you begin with an established program, you will not end up with an initiative that is "owned and operated" by citizens. But a citizen initiative might create or adopt a program as one of its activities.

6. A local community of families becomes energized when it retrieves its own historical, cultural, and religious traditions about family life--and brings these into the contemporary world of family life.

7. Family and Democracy initiatives should have a bold vision (a BHAG--a big, hairy, audacious goal) while working pragmatically on focused, specific goals.

Key Strategies for Implementing Action Initiatives

We have learned to use the following strategies to ensure that an initiative flows from the Families and Democracy model instead of becoming a traditional program or professional service, or even a traditional volunteer activity that involves people as helpers but not as productive citizens.

1. Employ democratic planning and decision making at every step.

2. Emphasize mutual teaching and learning among families.

3. Create ways to fold new learnings back into the community.

4. Continually identify and develop new leaders.

5. Use professional expertise selectively--“on tap,” not “on top.”

6. Generate public visibility through media and community events.

7. Forge a sense of larger purpose beyond helping immediate participants.

We want to highlight the importance of #4 ("new leaders") as something that was not as clear to us at the outset of these initiatives. Everyone's job is to look for people to join the initiative, to add to its energy and resources, and eventually to become leaders. Otherwise, the first round of leaders will get tired, begin to act entitled, or get rigid. We now believe that it takes three "generations" of leaders for an initiative to become mature, that is, the original visioning and planning group, the next wave of participants who come on board to lead action initiatives, and then those who come originally to "consume" a service and then move into leadership. Stopping at the first or second generation does not create transformative change; instead it substitutes lay service providers for professional service providers.

Origins of the Model

The Families and Democracy model grew out of the "Public Work" model of the Center for Democracy and Citizenship at the University of Minnesota, as developed by Harry Boyte, Nancy Kari, Nancy Shelton and their colleagues (Boyte and Kari, 1996; Boyte, Kari, Lewis, Skelton & O'Donoghue (2000). Harry Boyte, a political theorist who was schooled in the civil rights struggles of the 1960s and the Saul Alinsky tradition of community organizing, moved from a radical-left political philosophy in the 1970s to what he calls a "new populism" in the 1980s and 1990s. With antecedents in the philosophical and action tradition of American pragmatism, the Public Work model has three main orientating ideas:

1. Human beings as producers or co-creators of the world. Public work is defined as "sustained, visible, serious effort by a diverse mix of ordinary people that creates things of lasting civic or public significance." This is a call for transforming the pervasive provider/consumer dynamic of American culture into a citizen dynamic.

2. The importance of public life. The model emphasizes the importance of a public life to a full human life. It rejects the notion of private life cut off from life in the "commons," and posits that the privatization of contemporary life leads to the unhealthy dominance of the market and the state over human affairs.

3. Democratic, relational power. Public work stresses the ways that ordinary people working together can influence, through "civic muscle," the world of institutions, professions, and the marketplace. "Democracy" in this sense is not just about voting and volunteering as a private citizen; it's about joining with other citizens to build a robust public world. Although not timid about conflict, the model stresses the development of relationships of mutual interest and collaborative energy to work on public solutions, rather than the traditional politics of protest.

Just as our theoretical work applied the Public Work model to families and family professionals, our practical strategies have been influenced by the contemporary version of the Industrial Areas Foundation (IAF), the community-organizing project created by Saul Alinsky (1946) in the 1940s. The IAF is a national network of multiethnic, interfaith organizations in primarily poor and moderate-income communities. Its goals are the renewal of local democracy, the reorganization of relationships of power and politics, and the restructuring of the infrastructures, physical and civic, of communities (Warren, 2001). From the IAF we have learned the importance of listening to families to determine what is of most importance to them, mobilizing families around a problem before generating action solutions, doing one-to-one interviews to discover what families think about an issue and what their resources are, and continually to identify and develop new leaders in communities. Thus far, our work has used IAF community organizing principles around family issues among middle class and working

class families and communities, but with a larger role for professionals than the IAF has allowed in the past. Interestingly, our recent conversations with IAF leaders indicates that the organization is becoming interested in organizing middle class families and sees one Families and Democracy issue, the problem of overscheduled kids and underconnected families, as particularly ripe for mobilizing middle class families.

COMPARISON WITH TWO TRADITIONAL MODELS

Now we delineate the key elements of Families and Democracy projects by distinguishing our citizen model from two more traditional models of practice with families: the hierarchical model and the collaborative model. We begin with brief overviews and then explain the three models in the greater detail. See Figure 1 for the basic elements.

The hierarchical model has characterized much of our contemporary thinking about professional roles and ways of practice. In Western culture it is synonymous with the long history of professional services and interventions with families (Polsky, 1991). The collaborative model of professional partnership, which emerged in the last third of the twentieth century, represents an effort by family professionals to deconstruct traditional notions of hierarchy in professional-family interactions in an effort to engage families as active participants in the services they receive. The collaborative paradigm appears to be the primary model aspired to by family professionals today, in values if not always in practice. The citizen model emphasizes democratic partnerships between professionals and families to tackle problems at the community level.

We distinguish the three models on four primary dimensions: (1) scope of practice, (2) processes of leadership, (3) location and duration of the work, and (4) the orienting ideal of the model. We give particular attention to articulating the citizen model of partnership as reflected

in the Families and Democracy Model. Our intention in developing this typology is to better articulate how our work differs from other more traditional approaches to family intervention, in particular the collaborative model. This typology should be seen as being primarily descriptive and comparative, rather than evaluative and critical in nature. We recognize that each model in the typology has areas of intervention for which it is particularly suited and that each contributes to the well being of families. Likewise, we acknowledge that professionals work within a variety of settings that shape constrain the scope and nature of the professional services offered to families. In particular, we are not critical of the collaborative model for clinical practice; indeed, it is our own preferred mode of practice with individual families and small groups of families. It's just that the collaborative model alone will not equip a professional to do citizen work with families.

Scope of Practice

Scope of practice can be defined as who is seen as the unit or system of intervention. Hierarchical models of partnership work almost exclusively with individual patients and families. In fact, most hierarchical systems make a strong distinction between the private and public domains of family life and engage with individuals and their families around private dimensions of their life. Collaborative models also tend to work mostly with individual families, but may also work several families at a time in group therapy or education. A distinctive feature of the citizen model is that the scope of practice is with communities of families. Professional efforts are aimed at facilitating and initiating change at the community level in partnership with families in their role as citizens. We use the term "community" in a broad sense, including a neighborhood, a school district, a medical clinic, a religious congregation, and other types of groups with common interests. In our work we have found that the critical dimension in defining

community is a sense of affiliation that sets some boundary and clarifies who is in and out of the community system, along with a sense of common concern about an issue or challenge.

Processes of Leadership

Hierarchical and collaborative models are fundamentally expert led, but with a difference. In the former, professionals tend to define the problems and challenges families are experiencing and administer professionally developed interventions and curriculums. These interventions are based on professional theories and scientific findings. In collaborative models, practitioners are apt to see themselves as responsible for bringing a treatment model and leading the partnership process—asking the questions, preventing sessions from going awry, protecting vulnerable family members—but less unilaterally responsible for the content of sessions and outcomes. They see themselves as sharing the work with their clients at every stage, until the clients are able to function well without the professional and end treatment. Within a citizen model, the professional is the leader in the early stages—brings the model, facilitates the meetings--but looks to develop new leaders in the group who will take over from the professional after a time. The goal is for the work to become community-led and directed, with the professional serving as a resource. The fundamental shift in paradigm with the citizen model is that of interacting with families as co-creators and co-producers of visible, public work as opposed to being passive consumers as patients, clients, or students (hierarchical model) or active partners in their individual or group treatment or education (collaborative model).

Location and Duration of the Work

Traditional paradigms of partnership with families have tended to define the elements of space (location) and time (duration) in limited, pre-determined ways. Most work with families occurs in professional's offices, clinics, and agencies according to professionally determined

schedules and session or class durations, or in families' homes if that is what the professionals have decided is best. In citizen work, the group jointly decides where to meet, whether in school buildings, religious institutions, places of employment, homes, or community centers. Thus a defining characteristic of the citizen model is that the location of the work is democratically determined rather than predetermined. Often political considerations go into this decision, such as what kind of message the group wants to send to the larger community by where it meets.

Even more challenging to traditional paradigms around location of family interventions is the citizen model's concept of the duration of the work. In hierarchical and collaborative models, the duration of the intervention (or at least the outside limits) is often known from the beginning. Community-based, citizenship work is more fluid in its approach to the duration of the work. Since families are directly involved in defining problems and developing actions, the duration and end point are not known from the beginning, and indeed there may not be an end as the project mutates into something else. This open-ended process is necessary to citizen work.

Orienting Ideal

At their core, all models of professional work are guided by an orienting ideal that inspires their practitioners. This ideal captures what the work is about, what its practitioners are trying to be accomplished for the well being of families. A model's orienting ideal defines good professional practice and suggests the criteria for professional success and competence. We see the orienting ideal of hierarchical partnership as that of taking good care of individual families by helping them receive the best help that professional expertise and knowledge have to offer. For collaborative models of partnership, we see the orienting ideal as a creative partnership to enhance family-well being one family at a time. (When we ask collaborative therapists about their ideals for making the world a better place, they most often refer to improving the world

through helping each individual family they work with.) For the citizen model, the orienting ideal is to develop creative partnerships with communities that activate families as builders of their world. Citizen professionals strive to develop an on-going process of community leadership development and action that will continue to influence families long after their own personal involvement in an initiative has diminished or ended.

KEY LESSONS LEARNED

Some four years now into this form of public practice, a number of lessons stand out that were not as apparent when we began, even though our mentors, Harry Boyte and Nancy Kari, emphasized them from the outset. As in any area of practice, the more you do it, the more the first principles become clearer.

- <u>This work is about identity transformation in the professional as a public citizen.</u> It's not just about adding a new interest area or set of skills. The new identity is one of "citizen therapist" or "citizen educator" working alongside fellow citizens to make a difference in the public domain.
- <u>The place to start is with a community where the therapist already has a connection</u>. Don't go searching for "a community in need." Look for the ones you are part of. This can be the community where you work or live or worship, or where a community leader can sponsor you entering as an outsider.
- <u>It's about identifying and developing leaders in the community more than about a specific issue or action.</u> The issues and action possibilities abound; it takes leaders to mobilize communities around them.

- It's about sustained initiatives, not one-time mobilizations. The history of community organizing is filled with brief, shining successes followed by a return to disengagement. The challenge is sustained action.
- Therapists and other professionals have much to offer, including process and relational skills and credibility on health and familial issues. But we must learn new ways of thinking and new skills in the craft of public practice.
- Family therapists and other systemically oriented professionals are a natural fit for this kind of work because of their ecological focus and their ability to work constructively with competing interests.
- Although citizen initiatives are often slow and messy in the gestation period, they can be powerful when the time comes for action. Part of our job is to instill confidence that the "inefficient" democratic process of conversation, mutual influence, and consultation with other citizens will pay off for everyone involved.
- Citizen initiatives have to engage people personally. Social change develops momentum when we harness self-interest and public interest; just exhorting people to do good work is not enough. For professionals, this work has to feel personally rewarding and professionally expansive, not like yet another obligation.
- A professional who is putting too much time into a project is not using the model. This professional is probably over-functioning, doing work other citizens should be doing. A classic motto of community organizing is to "never say what someone else can say, and never do what someone else can do."
- External funding for projects at the outset can be a trap. In addition to the previously mentioned problem of paid staff doing the work, funders require "deliverables" on schedule,

which can force the process. Furthermore, well-funded exemplar projects generally cannot be replicated by other communities without the funding, which by definition was a one-time resource. Our approach is to start mostly with citizen effort and available resources, and then attract funding once the conceptual and structural model is in place.

- Be careful about working mainly with institutional leaders. Although getting institutional buy-in from administrators and staff is often a necessary step, we follow the model of the Industrial Areas Foundation and seek lay leaders who are not oriented to protecting institutional turf.
- You can't teach it if you are not doing it. Before training programs expect students to do this kind of work, faculty will have to get involved first.
- You can't learn it without mentoring. This work is like learning to be a therapist; you have to have a coach. We estimate that it generally takes at least two years to internalize the model and develop the public craft skills for Families and Democracy work.
- You need a team to do it with. Our work took off when we formed a team with members working on different projects. Only then could we see the core elements of the model across projects, hone our skills through mutual consultation, and achieve cross-pollination across the initiatives.

FUTURE DIRECTIONS

History is strewn with shining, one-of-a-kind community projects that never endured or replicated. We want to avoid this fate for the Families and Democracy Project. In fact, an explicit goal of our project is to influence the field and its practice in the future. One of our strategies has been to expand our team and our projects in a steady manner, learning as we go, instead of expanding too fast for our resources and ability to learn from our successes and

mistakes. In years one and two of the Families and Democracy Project, Bill Doherty learned to do this work himself, under the mentorship of Harry Boyte and Nancy Kari, and in year three he learned to mentor students and other local professionals in their own projects. Now the project team is offering mutual mentoring and taking on new learners. A step still ahead is learning to mentor professionals outside our home site of Minnesota.

A key decision we made at the outset was not to aim to create a new full-time specialty practice within family therapy (and related fields) of public work with families—a version of community social work, public health nursing, or community psychology. This approach leads to the marginalizing of public practice in the original field, since most practitioners see it as a sideshow to the clinical work. Full time public practice also makes its practitioners dependent for their living on the vagaries of public and private funding sources. Instead, we want to train a cadre of therapists and other professionals in unpaid, part-time action in their local communities, in a way that fits into their professional and family lives. Given our experience that the time commitment is more longitudinal than intensive, we think that this level of involvement could be feasible for many practitioners if they do one or both of the following: make a Families and Democracy project their community volunteering activity, perhaps as a substitute for what they are doing now; or reducing their pro bono hours so as to free up time for public practice without losing income and taking too much additional time away from their families and personal life. The key to using limited time well in public practice is to have a disciplined model of working, rather than just plunging into a community to see what good can be done. If public practice fits within their life ecology, professionals can experience an expanded sense of citizenship and broader professional contribution, and a closer relationship to local communities whose members come to regard the professional as a valuable resource for traditional paid professional practice

along with unpaid public practice. In other words, we believe this can be highly rewarding work for therapists and other professionals.

In the next two years we will be moving towards creating a Families and Democracy Center for training and for disseminating this model. We are using action research methods for studying our community projects, and we will use this research approach to study the training and dissemination process as we develop it. Along the way, we will be guided by the mission statement we created for the Families and Democracy Project--to develop the theory and practice of democratic public work in the family field—and by our BHAG (Big, Hairy, Audacious Goal)—to renew and transform family science and practice as work by and for citizens. We are aware of standing with one foot on the shoulders of the giants in our field, and the other foot on the shoulders of pioneering public theorists and community organizers who have shared their wisdom with us. The vista from here is inspiring, though much of the path remains to be cleared.

Table 1
Partnership Models for Family Professionals

Dimension of Practice	*HIERARCHICAL*	*COLLABORATIVE*	*CITIZEN*
Scope of Practice			
What is the scope of practice?	Individual families	Individual families and groups of families	Communities of families
Process Leadership			
What is the family's role?	Passive consumer/ patient/client	Active, engaged but still a consumer/patient/client	Co-creator, producer
Who leads the process?	Professional	Professional leads but shares decision-making. Professional always has main responsibility for the process	May begin with collaborative professional leadership, but becomes family-led
Who defines the problems?	Professional, after assessing needs	Professional assesses, consults with families, then co-defines the problems	Communities of families are the main definers, with professional input
Who develops the intervention or curriculum?	Professional	Professional proposes, consults, shares decisions on how to proceed	Jointly generated from the outset
Location & Duration			
Where does the work occur?	Professionally-determined site	Professionally-determined site, may be tailored to family's needs	Jointly-determined sites and locations
What is the time frame for the work?	Tightly bounded appointments. Duration determined by professional	Schedule and duration set by professionals, with consideration of family needs and preferences	Jointly decided meeting times, duration of initiatives often open-ended
Orienting Ideal			
What is the orienting ideal?	Taking good care of families	Creative partnership to enhance family well-being one family at a time	Creative partnership to activate families as builders of their world

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