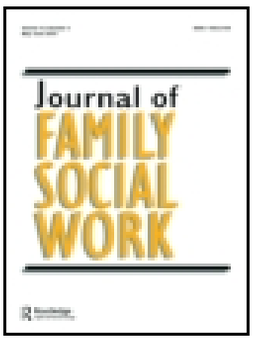

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# Therapeutic features of the family group conference model when applied for long-term social assistance recipients

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# Therapeutic features of the family group conference model when applied for long-term social assistance recipients

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**ABSTRACT**

The purpose of this qualitative study was to explore long-term social assistance recipients´ experiences with family group conferences (FGC). Fifteen Norwegian long-term (> 6 months) social assistance recipients whom had arranged an FGC were interviewed. There were nine men and six women, age 24–64 years. The findings show that the FGC may have therapeutic features when applied in a social service context. Three features associated with family/network therapy were found: Self-disclosure, dialogic communication and improved family relationships. The possible therapeutic function of the FGC when applied for adults is potent in a social work context, as solving family conflicts and/or improving family interaction may be a prerequisite in order to achieve other desired changes among many long-term social assistance recipients.

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## Introduction

The family group conference (FGC) is defined as an empowering decision-making model, and is primarily applied within the child welfare services and juvenile justice (Hipple, Gruenewald, & McGarrell, 2015; Lupton & Nixon, 1999). The purpose and function of the FGC when used within child welfare is to empower the family by letting the family make the decision on how to take care of the child. The theoretical frame of the FGC model rests above all on the concept of empowerment, defined as a process from having little or no power to gaining more power in relation to institutions and professions (Holland & O'Neill, 2006; Lupton & Nixon, 1999).

The FGC originated in New Zealand where the child welfare services adopted the Maori population`s traditional way of mobilizing the extended family to solve problems and make decisions (Holland & O'Neill, 2006). Today, the FGC model is applied not only in New Zealand, but is also used within child welfare and youth care in the USA and many European countries. Despite this widespread use of FGCs within child welfare, research shows weak if any effects on outcomes such as reduced child maltreatment and out-of-home placement (Dijkstra, Creemers,

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Asscher, Dekovic, & Stams, 2016). However, families referred to child welfare often have multicomplex problems that correspondingly require multiple means to solve. One or two FGCs cannot solve systemic and complex problems involving factors such as mental health issues, financial struggles, unemployment, addictions, family conflicts etc. The right question to pose is in which ways the FGC may *contribute*, along with other means, to improve the family situation. Furthermore, exploring possible other functions of the FGC, not least when applied in other contexts than child welfare, may shed further light on how the model works a part from being a decision-making model.

In the last decade several studies have investigated the use of FGCs in other settings, such as social work and mental health care (Dalby & Løfsnæs, 2008; Johansen, 2014; De Jong, Schout, & Abma, 2017; Jensen, Kirk Muff, Faureholm, & Pedersen, 2005; Malmberg-Heimonen, 2011; Metze, Abma, & Kwekkeboom, 2015; Wright, 2008). Despite lack of convincing empirical support, scholars presuppose that the FGC has an empowering decision-making function also when applied with adult populations (Dalby & Løfsnæs, 2008; Horverak, 2009; Jensen et al., 2005). However, with changes in context and user groups (adults), the model´s function as well as outcomes might differ from that in the child welfare context. The purpose of the present study was thus to expand the understanding of how the FGC model may work when applied for adults in a social service context, by exploring social assistance recipients´ (SAR) own experiences of arranging an FGC.

To my knowledge, only a few scholars offer a set of alternative theoretical concepts than "empowerment" to understand processes and outcomes of the FGC when applied to adults: Wright (2008) denominates the FGC as a "recovery model" when applied to adult psychiatric patients. Metze et al. (2015) use concepts such as relational autonomy and resilience to expand on the notion of empowerment, and Johansen (2014) used appraisal support, self-worth and sense of community as a theoretical framework to understand processes and outcomes of the FGC when applied in the social service context. Although the FGC model is defined as an empowering decision-making model, these studies indicate that the FGC also generates psychosocial processes and results.

A common feature of network interventions in general is that the interpersonal processes and social alterations taking place during and following the intervention are often more important than finding solutions to practical problems (Seikkula & Trimble, 2005). This notion lends support in Johansen (2014) study of long-term SARs´ experiences with the FGC which showed that improved family relations was the most important outcome. Similar findings were found in two pilot studies on homeless people whom arranged FGCs (Dalby & Løfsnæs, 2008; Jensen et al., 2005). Furthermore, a randomized controlled study supports these findings showing that the FGC lead to increased perceived emotional support among SARs (Malmberg-Heimonen, 2011). These

findings challenge the existing theoretical frame and understanding of the FGC model as merely a decision-making model when applied in other contexts than child welfare.

Some scholars suggest that family therapy and the FGC model have a lot in common (Holland & O'Neill, 2006; Holland & Rivett, 2008). Family and network therapies typically aim to mobilize social support, improve dysfunctional interaction patterns, reduce destructive communication styles and reinforce more direct, open and honest communication (Lundsbye, Sandell, Währborg, Fälth, & Holmberg, 2010; Schoenfeld, Halevy, Hemley-van der Welden, & Ruhf, 1986). Accordingly, these therapies often seek to establish an accepting attitude between family/network members and a willingness to solve conflicts (Lundsbye et al, 2010; Schoenfeld et al, 1986). An essential feature of family/network therapies is thus to encourage a dialogue, that is, to let each individual have their say and let every individual`s perspective be heard (Dallos & Draper, 2005; Seikkula, 2000). The therapy also aims to stimulate the individuals to express openly how they feel about difficult issues (Lundsbye et al., 2010). A main difference between family therapy and network therapy is that family therapy aims to treat the whole family unit, whereas network therapies seek to treat the individual while the social network is mobilized to *support* her/his therapeutic process (Fyrand, 2005; Schoenfeld et al., 1986).

Although the FGC is not a therapeutic programme, it has certain similarities with network therapy, such as the aim to mobilize support from the social network and its focus on letting each participant have their say. In the following, the procedures of arranging an FGC is described in detail: The process starts several weeks before the actual FGC meeting: the coordinator (who is not an employee of the social services) supports the key person in mapping her network, makes contact with the persons she wants to invite and informs them about the FGC and the problems the key person wants to discuss with them. They are also informed that the FGC should focus on resources and on solving problems and that the discussions should not be retrospective or confrontational. In advance of the FGC the coordinator makes sure that one of the invited network members acts as a chair person, another as note taker and that a third person provides extra support for the key person during the meeting. The FGC meeting has three stages:

(1) The coordinator introduces the invited persons and their roles, and presents the themes/problems the key person wants to discuss. If any professionals are invited to give relevant information, they do so in this stage.
(2) The family/network deliberates, and makes decisions on actions to solve the problems. The discussion should end up in a concrete plan. The coordinator and the professionals do not attend at this stage of the

meeting. The coordinator does, however, wait outside and is available for questions.

(3) The coordinator joins the group again and reviews the plan to make sure it is clearly written and that everybody agrees. Everyone signs the plan, and the coordinator sends a copy to all attendees. A follow-up meeting is set for three to six months later.

Earlier I suggested that the FGC may verge on family therapeutic processes and results when applied for long-term SARs (Johanson, 2014). The present paper expands on this notion and is the second paper presenting findings from this qualitative study on SAR´s experiences of arranging an FGC (Johanson, 2014). An increased awareness among social workers about possible therapeutic features of the FGC is useful, as improved family relations may be fundamental in order to achieve other desired changes among long-term SARs.

## Method

This qualitative study was part of an overarching project in which a randomized controlled trial (RCT) tested the hypothesis that increased social support improves life satisfaction, mental health and employment among Norwegian long-term SARs (Malmberg-Heimonen, 2011). The FGC model was chosen for the RCT as it was expected to increase social support (Malmberg-Heimonen, 2011). The FGC model is otherwise not used as a programme within the Norwegian social welfare system. In the RCT, 41 Norwegian long-term (> 6 months) SARs arranged an FGC. In the present qualitative study, 15 of the 41 participants were interviewed about their subjective experiences of the FGC.

### *Sample*

Nine men and six women aged 24 to 64 years were interviewed. Two had immigrant backgrounds, ten had children, and three persons were married. In terms of their social situation, ten had vulnerable social networks, such as having lost contact with network members or having doubts whether family/friends cared for them. Eight reported feeling lonely and isolated. All had psychological health problems, such as anxiety and depression or other diagnoses. Seven had present or past problems with drug addiction, and two reported past criminal activities.

Recruiting the sample was a two-step process: First, all of the 41 persons that had arranged an FGC in the overarching project received an informed consent letter. Thereafter they were contacted by phone, and only those who spontaneously agreed to join the study were included. Persons who had

severe mental health problems and/or were intoxicated were excluded from the present study, as informants had to be accountable.

### Data collection

The sample was interviewed approximately three months after their FGC. Six were re-interviewed about one year later. Data was collected by means of semi-structured interviews carried out by the author. The informants chose location and time for the interviews (either in their homes, at a location at the author`s workplace or at the informant`s social service office). The interview guide was structured according to the FGC process: 1) experiences with the planning period prior to the FGC, 2) experiences with the FGC itself, 3) experiences after the FGC. The interview guide is available on request to the author. The interviews lasted one to two hours and were tape recorded and transcribed.

Prior to participation, all informants gave written informed consent. The study was approved by the National Committee for Research Ethics in the Social Sciences and Humanities in Norway.

### Data analysis

A stringent analytical approach in line with the method of grounded theory was chosen as this method gives firm tools for qualitative analysis. Although a new theory was not developed in the present study, this inductive method is appropriate for exploring areas of scarce previous knowledge (Strauss & Corbin, 1998).

The analysis started with interpretation at micro level (so called open coding). This implies interpreting phrase by phrase, and even word by word. The aim is to obtain a comprehensive pool of categories and meanings, and to make the researcher aware of the multiple interpretations that may exist for each phrase when carrying out the remaining analysis. At this level, an inter-case analysis was also carried out, i.e. comparing all interviews. The purpose is to grasp the predominant categories according to their cumulative frequency within and between the interviews.

At the second stage of the analysis, a systematic development of concepts (so called axial coding) was undertaken. The range of categories found in the open coding were grouped into thematic categories, and possible theoretical concepts were related to them. At the third level of the analysis, connections between the thematic categories were explored in order to develop new understandings or possible models of the subject under investigation.

As the author is a social psychologist, an interest in exploring psychosocial processes and outcomes guided this research project. However, in line with the grounded theory approach few theoretical perspectives were established

in advance of the study. Theories and concepts were explored as the data analysis progressed and core categories emerged in the data.

## Findings and interpretations

The idea that the FGC has similarities with therapeutic processes has been introduced by other scholars (Holland & O'Neill, 2006; Holland & Rivett, 2008). There is, however, little knowledge about *which* psychosocial or therapeutic processes the FGC may generate. Three features verging on network therapeutic processes and outcomes were identified in this study: self-disclosure; confronting and improving dissatisfying family relations and; dialogic communication.

### *Self-disclosure*

Self-disclosure is important for the development and maintenance of relations (Derlega, Metts, Petronio., & Margulis, 1993). A prevalent finding was that the informants chose to disclose personal information at the FGC. Sometimes this information was more or less unknown to their family and friends. Some told honestly about how their everyday life in fact was, such as how their psychological problems affected them and how feelings of loneliness dominated their life.

> "I guess they didn`t know how lonely I was, since I never …, I never mentioned [it] or said [it] directly."No 6

> I: What do you feel you have gained by arranging an FGC?

> "To lay my cards on the table. To tell [them] that there are several things I struggle with which I need help to deal with and which I cannot cope with on my own. […] And to let go of the appearances. I mean, to be honest about how it was." No 12

> "The reason I said yes to this network meeting was to lay my cards on the table and come closer [to the family]. […] I told everything. There was nothing that wasn`t disclosed. There wasn`t a single lie. I mean, I exposed myself totally. […]´cause then they got to hear it all from my doctor and everything from [the child and youth psychiatry clinic] concerning [the child], about the medication, and about economy, and about my psychologist and everything that she has written. And they got to know things, like, that I was depressed and had anxiety. They got to know a bit of everything." No 3

These quotes also show another aspect related to the key persons` self-disclosure; they not only revealed personal information, they also exposed their innermost vulnerability. To let go of the appearances and exposing one`s "true" self and feelings are acts that are maybe more associated with a therapeutic context than decision-making per se. This finding lends

support in a recent study on the use of FGCs within a public mental health context where sharing shameful feelings was found to be a central interpersonal dynamic (De Jong et al., 2017).

### *Confronting and improving dissatisfying family relations*

Similar to network/family therapy, many of the informants invited family and friends in the hope that the FGC could help improve dissatisfying relationships. Their self-disclosure seemed to be closely related to this motivation. One of the informants used the FGC in a "family therapeutic" way, as she wanted to use the opportunity to speak out about a conflicting relationship with her family. From her perspective, the family did not understand her situation and they were always running her down. She felt she always had to defend herself, and she often felt depressed and cried after family visits. Her motivation to arrange an FGC was to disclose these feelings and improve the relationship with her family:

> "The reason I said yes to this network meeting [FGC] was to lay my cards on the table and to get closer [to the family]." No 3

From her perspective, the FGC contributed to clean the air between her and her family and improved her capacity to stand up for herself:

> "Now I dare to stand up for myself." No 3

Another informant used the FGC primarily as a means to improve family interaction rather than as a means to make decisions. She decided to use the FGC to confront her family with a difficult situation related to an agonizing relationship with one of the family members by whom she had been exposed to physical and psychological maltreatment. As she avoided contact with the assaulting family member, he was not invited to the FGC. She used the FGC to state to the rest of her family that she needed a change in how the family interacted with her in relation to the family member who had harmed her. This agonizing relationship influenced her relationship with the rest of her family, as she had not experienced any support or understanding from them. Her motivation of arranging an FGC was to improve the contact with her family.

> "So I thought: Finally, I have a chance to tell, loud and clear, what I mean, right. This was the great thing about [the FGC]. Because, I´ve been thinking about saying this for many years." No. 14

The subject she brought up with her family was delicate and it had taken her many years to find the courage and a proper moment to bring it up. She informed the family that she no longer could meet them in settings where the offending family member was present. It was very hard for her to express these thoughts and feelings to the family, but correspondingly important to

make her statement. This informant`s gain of having arranged an FGC was the personal victory of being able to bring up this difficult issue with her family, as shown in the quotes below:

> "My benefit was that, finally, I have managed to carry through with something I have been thinking about saying the last 20 years, without being interrupted. Without them screaming and shouting around me, and crying. That I managed to finish what I started." No 14

According to Seikkula and Trimble (2005), the most important feature of network interventions is not the concrete outcomes, but what happens between the key person and her network *at* the network meeting. That she managed to express openly how she felt to her family was a very important experience for her:

> "Ohh, I was so proud! Gosh! Yes, it was a really, really good feeling. I really grew on the whole experience. A feeling beyond words. It`s like hitting the jackpot, quite simply." No 14

Although the family did withdraw somewhat after the FGC, her positive experience of talking openly about the distressing family situation outshined everything else. Some significant changes in the family interaction did, however, also take place: a family member changed the circumstances of a big family event in such a way that the agonizing relationship with the offender was not brought about. She thus felt that her family after all respected and took into account what she had disclosed at the FGC. This is tangent to family therapeutic results where one aims at altering the interaction patterns of the whole family. This study shows that the FGC may sometimes verge on similar results, as the next quote is another example of:

> "It was particularly important that thing with my dad, and that he came to the conclusion that you are my daughter, my first-born. You are number one. It was so important. For about ten years ago my dad said to me, like "I will have nothing more to do with you". And then he got up and went out the door. And after that I ´ve almost never seen him. […] So that I´ve got my dad back, that's super-super. No 13

In a follow-up interview with this informant, the contact between her and her father had declined, but the reestablished contact was still present.

In order to prevent holistic fallacy in qualitative analysis (Miles & Huberman, 1994) it is important to acknowledge heterogeneity in the data. It is thus important to note that not all informants reported improved contact and interaction after the FGC, as the following quote serve as an example of:

> "But I saw that things changed after the FGC. […] The lecturing. I mean, trying to direct me … […] Earlier we could discuss things and then move forward. Now, all of a sudden the discussions are all about [one of the themes discussed at the FGC]

> and using a lot of time on that. The communication has become much less and shorter than it was before the FGC. Before, we had daily contact. Now it´s weekly contact. Things like that." No 8

It is possible that the network member found himself in a role conflict between being the same friend and at the same time following up on the action plan they agreed on at the FGC. It may thus be a risk that such follow-up conversations for some network members may turn out too instrumental or insisting in their efforts to conscientiously following up on the key person. It also illustrates how attempts to provide social support can sometimes be experienced as the contrary, in this case as lecturing, by the receiver of support. This is important to be aware of for coordinators when preparing the participants for the FGC process. Nevertheless, a main finding in this study was the family/network therapeutic similarities of the FGC model, both in terms of the informants´ choice of themes they brought up – wanting to improve family relations – as well as their experiences of these relations actually getting better.

### *Dialogic communication*

> [I wanted] a more proper dialogue, as it is supposed to be in families. No 7

In a family/network therapeutic context one aims to establish an open dialogue in order for the family to reach a common understanding of the problem being discussed (Seikkula, 2000). A true dialogue is characterized by the participants being attentive and responsive to the other person`s perspective (Buber, 1953; Seikkula, 2000). A main finding from the present study was that being met with such respect and acceptance at the FGC was a very important experience for the informants (see also Johanson, 2014).

> "It´s not easy, like, telling that I´m in a mess. And then to be taken seriously and respected [was important]." No 12

> "And then my brother said "We have to respect that. Although we may not agree, we actually have to respect her decision"" No 14

According to Seikkula (2000) the network therapeutic approach "Open dialogue" is characterized by being open to what comes to light during the conversation and that each and everyone is allowed to let the word out. One informant explained how not only her perspective on a conflicting relationship was disclosed at the FGC, but that her brother, too, told *his* perspective on their relationship. Old conflicts all the way back from their childhood came to the surface as the brother disclosed his side of the story. This gave the informant insight into a conflict she had not really understood earlier. From her perspective, this dialogue helped the family improve their difficult relationship and to move on:

> "That he got to tell what he meant about me, too, was actually an opening for us. He had never dared to say it before. So that opened up for the snowball to get rolling so we could clear up the misunderstandings. Because I never knew. […] There was a conflict there that I didn`t know about. I had no idea that he felt this way." No 3

The principle of the FGC of not being retrospective and confronting was infringed in some of the FGCs in this study. However, these processes were presented by the informants as vital for the relational changes to take place. In these examples, we can see that the FGC can sometimes be tangent to therapeutic sessions. The self-disclosure and dialogue can create a new sense of community, solidarity and belonging in a family/network, and is referred to as relational healing by Seikkula and Arnkil (2007). To a certain extent one can argue that such relational healing took place for some of the informants: They experienced that they came closer to their families, that old conflicts to a certain degree were solved, and that the communication and interaction patterns changed in a positive way (see also Johanson, 2014). What seems to explain how these therapeutic processes and results took place is the formal structure of the FGC, including the coordinator´s role.

### *The formal structure of the FGC generates therapeutic processes*

I have previously discussed how the formal structure may explain why and how the FGC generates a respectful and supportive communication style (Johanson, 2014). Here I will go more in depth regarding this finding. The study shows that the participants experienced a sense of safety and trust that made them able to disclose personal information and even confront difficult family relations at the FGC. The informants attributed this sense of trust to the formal structure of the intervention:

> "The safety and feeling of being taken care of [at the FGC] was unique." No 14

> "I was in a very safe situation" No 5

The informants explained that the FGC setting and its formalities changed the way they and their network normally interacted. That the coordinator approached the network members beforehand and that they were given responsibility of taking on different roles such as chairperson and note-taker during the meeting most likely contributed to the open and dialogic communication. The following informant explains:

> […] the formal contact is very important. It´s not about a friend that contacts a friend and asks for help, because that can boil down to nothing. The formal contact underscores that this is serious. That it´s not about meeting friends and family, like, in a normal way, but, yes, that it´s serious. What was important was that the coordinator introduced everybody and what they should do, and the stages

> of the meeting, that certain responsibilities were handed out, such as chair person, note taker and support person. So that if the meeting takes a direction outside of what it´s about one can get back on the right track. That these responsibilities also underscore that this is serious." No 5

In addition, the social control exerted by the coordinator seems to be an important factor explaining why a respectful communication took place at the FGC:

> We [the family] can be in the same room ten minutes max and then we start to bite each other. But because the coordinator sat in the hallway and had said beforehand that if there`s any baloney, if you raise your voices and are not getting anywhere and things like that, then I, like, enter [the meeting]. That it was an outsider there, that`s what it´s all about." No 13

> "An FGC is like a mild court meeting in a way. But in a very nice way, like, everyone can take the word one by one. No one should get angry, right. And you don´t get that in a normal gathering. You just don´t." Nr 14

According to the informants, the supporting and supervising role of the coordinator, the formal structure of the FGC and the neutral setting outside the "living room" played a vital role in generating a respectful and supportive communication style. These findings show that although the coordinator is not at present in the deliberating stage of the FGC, one can argue that the role of the coordinator, together with the formalities of the FGC model, generate similar processes as the therapist does in a family/network therapeutic session in terms of creating a safe ambience and encouraging a respectful and dialogic communication style.

## Discussion

This is the second paper presenting the main findings from a qualitative study on SAR´s experiences of arranging an FGC. In the first article, I presented the overarching findings on psychosocial processes and outcomes of the FGC: a main finding was that the motivation to arrange an FGC was to improve family relations and correspondingly that improved contact and interaction with family and friends was the most important outcome from the participants´ perspective (Johanson, 2014). This second paper presents findings that indicate that the FGC model can sometimes verge on family/network therapeutic processes and outcomes when applied for adult key persons, such as social assistant recipients.

As the FGC is defined as a decision-making model, few studies have discussed the FGC from a therapeutic point of view and looked at its possible therapeutic function. I will here use the concepts "positive acknowledgment and "intersubjective meeting" to shed further light on the therapeutic potential of the FGC.

### Positive acknowledgment

A key feature in network therapy is to develop the network members` supportive skills and abilities to listen. This is in line with Carl Rogers` classic text on empathic understanding and positive acknowledgment as the necessary and sufficient condition for therapeutic change (Rogers, 1957). In the first paper of the present study, I showed that the informants` experiences of being met with respect and acceptance at the FGC were vital encounters (Johanson, 2014). Such appraisal support was suggested as an efficacious process of the FGC and as an explanation of why the informants` primary gain of the FGC was improved family relationships (Johansen, 2014). This type of acknowledging communication is similar to the necessary and sufficient condition for therapeutic change: positive acknowledgment is considered a vital communicative condition for generating therapeutic processes and changing deadlocked thoughts and feelings (Farber & Lane, 2002; Samilow, 2007). The present study shows that conflicts and dissatisfying family relations changed to the better for some of the informants. This is tangent to what Seikkula and Arnkil (2007) in the therapeutic context refer to as relational healing. Seikkula and Trimble (2005) argue that when the participants in a therapeutic situation directly and openly express that one care for each other, a relational healing may take place that can alter conflicts and reestablish broken relations. The interesting thing here is, however, that the FGC generated similar processes *without* the facilitation of a therapist. The formal structure of the FGC, including the work of the coordinator, may explain why an acknowledging communication style was generated among the participants, thus creating fruitful therapeutic processes and outcomes. Nevertheless, it is questionable whether these positive results last without any follow-up. While many informants experienced improved relationships, appraisal and respect, some also felt disappointment by the fact that the contact with their network did not turn out as satisfactory as they expected from their experience at the FGC itself. A lack of reciprocal relationships and difficult life situations with i.a. broken social contacts and isolation may explain why the initially positive processes from the FGC stagnated after a while (Malmberg-Heimonen & Johanson, 2014). From the informants´ perspective, the follow-up FGC should be arranged quite shortly after the first one. Future studies should explore whether different follow-up routines may lead to better and longer term effects of the FGC.

### Dialogic and intersubjective "true" meeting

Within family/network therapy one often aims to reduce destructive communication patterns and replace them with a more direct, honest and open communication style by stimulating the family to openly express their needs

and feelings (Lundsbye et al., 2010). In this way, the therapist encourages a dialogue between the family/network members in the therapeutic sessions. When a dialogic communication is established, the therapeutic healing can begin (Seikkula & Trimble, 2005). The turning point in a therapeutic process is when sharing and feelings of belonging can surface (Seikkula & Trimble, 2005).

In the present study, "laying one`s cards on the table" was pivotal for many participants. The goal of a dialogue, at least in Seikkula`s network therapy Open Dialogue, is to reach a common understanding of the situation and to be open to what the outcome of the dialogue will be (Seikkula, 2000). This requires what the existentialist philosopher Martin Buber referred to as the intersubjective and true meeting (Buber, 1953). An intersubjective, true meeting with another person means to have no purpose or agenda in the encounter and to be perceptive of the other person`s outlook. To be open and honest requires presence and contact with oneself and the other. In other words, personal contact and being authentic or true in the encounter with the other are crucial if therapeutic change shall emerge (Rogers, 1957).

To encourage an open dialogue, i.e. to let *all* members in the network meeting express their perspective and to be heard, is a vital feature within network-oriented therapies (Dallos & Draper, 2005; Seikkula, 2000). This study shows that the FGC sometimes touches upon this therapeutic feature, as when family members` perspectives on difficult issues were allowed to become known. The FGC may thus represent an arena for both the key person and the other network members to put into words suppressed or silent conflicts or other personal/emotional matters. The principle of the FGC model to avoid being retrospective in the private deliberation was not fulfilled in some of the FGCs in this study. However, bringing up past experiences and allowing other family members to express their perspective was emphasized by the informants as a condition for the desired changes in the family interaction to take place.

The present study indicates that the FGC model may generate an open and dialogic communication style, where self-disclosure of private and difficult issues can surface in a supportive and respectful atmosphere. The findings thus indicate that the FGC model, when applied for adults in the social service context, is tangent to what one otherwise will need a therapeutic setting to achieve. In line with i.a. Wright (2008), these findings challenge and expand the existing conceptualization of the FGC as a decision-making model.

## Limitations

A probable limitation to the present study is the possibility of a "creaming effect" of the sample, i.e. that the participants with positive experiences with

the FGC could have been the most inclined to give in-depth interviews and thereby create data that are skewed in a positive direction.

### *Future studies*

All though there is scarce empirical evidence for the effectiveness of FGCs on various outcomes on adults and on outcomes such as reduced child maltreatment in the child welfare context, it is important to continue researching the model to fully understand its potential and functions in social work contexts. The present study indicates that the FGC may have a therapeutic function rather than being a decision-making model. Future studies should explore the participating family/network members` experiences of the FGC as well as focus on process evaluations and effect studies.

## Conclusion

It can be argued that few FGC cases will be as "therapeutically" oriented as the examples presented in this study. It does, however, show that this "family therapeutic" way of using the FGC from the key persons` point of view should not come as a surprise to professionals offering this programme to adults. Although the FGC is originally designed as a programme to generate empowered decision-making processes, using FGCs to solve family conflicts or improve family interaction may be fundamental in order to achieve other desired changes among long-term social assistance recipients.

## Disclosure statement

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