ENGAGEMENT AND RECRUITMENT FOR FAMILY THERAPY RESEARCH IN COMMUNITY SETTINGS*

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ABSTRACT: Based on the recruitment experience in a family therapy research project with heroin addicts, this paper explores the difficulties of researcher networking with other social service agencies. Concepts from contextual family therapy are used to explore four general areas that contribute to successful intra-agency relationships: 1) Evaluating the nature of larger system relationships; 2) identifying the resources and needs of a clinic; 3) joining with the counseling staff; and 4) addressing the impact of public policy and ideology on clinic life. A case of engaging one clinic is presented and nine guidelines for engaging large community settings for participation in family therapy research are offered. These areas are considered in light of the relational dynamics that arise when working with multiple social service systems.

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The task of engaging larger social systems into clinical and research work influences the success or failure of these activities (Bernal & Diamond, 1985; Schwartzman, 1985). Professionals and researchers must turn to community agencies, hospitals, schools, or social services for referrals, recruitment, consultations, or networking. The ability of clinicians and researchers to build bridges between themselves and these larger systems can be a formidable task. Relational, organizational, and political conflicts thwart these attempts. Maneuvering through these stumbling blocks requires a variety of resources within and between systems.

The growing body of literature on working with larger systems addresses various dimensions of engagement and networking. For instance, Imber-Black (1983, 1985), Fruggeri, Dotti, Ferrari, and Matteini (1985), and Haley, (1975, 1980) have described interventions with multi-helper family systems. Indeed, systemic analyses and critiques of larger systems such as community agencies or the institution of family therapy itself have been offered (Bernal & Ysern, 1986; Liddle, 1985). Other writers (Auerswald, 1987; Christofas, Goldsmith, Marx, Mason, & Peatfield, 1985; Framo, 1976) have used systemic theories to design social services agencies. In recent years, three prominent edited books have helped to formalize the issues of working with larger systems into a recognized area of family systems theory (Schwartzman, 1985; Berger & Jurkovic, 1984; Wynne, McDaniel, & Weber, 1986). Imber-Black (1988) offers a complete text on the application of Milan therapy techniques for the application to larger systems. While most approaches to the problem of larger system networking and engagement have been based on strategic, structural, and communicational family systems concepts, the present article presents an alternative approach based on contextual therapy (CT).

For four years, the Intergenerational Family Therapy (IFT) Project conducted research that explored the effectiveness of contextual family therapy with heroin addicts and their families (Bernal, Flores-Ortiz, Miranda, Sorenson, Rodriguez, Diamond, & Alvarez, 1987). Clients for the study were recruited from three methadone maintenance programs. Techniques and strategies for engaging this clientele in treatment are extensively discussed by a number of authors (Stanton & Todd, 1981; Weitzman, 1985; Wells, 1980; Wermuth & Scheidt, 1986). However, the IFT program, which operated in three separate clinics, provided the opportunity to examine the process of engaging the clinics themselves.

Four domains important in developing and maintaining a work-