



Mattering as the Heart of Health and Human Services

William Madsen¹, Beth Root², Nina Tejs Jørring³

How We Came Together

I (Bill) began years ago to explore the concept of mattering. It grew out of my work encouraging practitioners to view themselves as appreciative allies to the people they served. (Madsen, 2007a, 2011, 2014, 2017, 2018a; 2018b, Madsen and Gillespie, 2014). As I developed trainings with Beth Root, a frontline child protective worker at the time (Root & Madsen, 2013), and with Nina Tejs Jørring, a child and adolescent psychiatrist and family therapist in Scandinavia, the practices of mattering became more powerful. In this article, we share our stories and ideas with you in the hope that they might bring inspiration, joy and energy to your work as they have to ours.

I (Beth) was originally trained as a narrative and solution-focused therapist. For several years I provided in-home family therapy before becoming a child protection worker for almost seventeen years. I have recently returned to the field of trauma therapy. The world of child protection is a chaotic mixture of bureaucracy, social work, law enforcement, court hearings and help. At the center of every situation brought to the attention of authorities is a child. The more complicated the circumstances, the better the odds are that the child's needs will get lost under layers of rules, guidelines, policies and paper.

Workers respond to everything from a child having too many unexcused absences at school to a child dying at the hands of their caregivers. Of course, the people who go into this field want to help kids and families. The best child protection workers possess a combination of steel nerves and uncommon compassion. No parent is excited about having the government, in the form of a child protective worker, knocking at the door, and, therefore, a sophisticated ability to handle reluctance is a required skill for managing the job with dignity.

The field of child protective services is in dire need of a thorough commitment to mattering practices – from managers and supervisors to workers and families. The act of opening a child protection assessment is inherently marginalizing of parents and sometimes of kids and often involves an already marginalized family. Such an assessment could also prevent further abuse and neglect, increase safety, or even save a child's life. The practice of mattering holds firm to the relational stance that the worker will seek ways in which parents can have ownership and influence over the help being offered which leads to investment, which subsequently leads to

¹ Ph.D., Family-Centered Services Project

² MA, LMFT, Midwest Center for Trauma & Emotional Healing

³ M.D., Mental Health Centre for Child and Adolescent Psychiatry, Capital Region of Denmark, Copenhagen





longer lasting change. For the worker, consistently mattering clients is a lifeline, and as Nina has found, a way to prevent burnout.

I (Nina) was simultaneously trained as a child and adolescent psychiatrist and a narrative family therapist. Since then, I have dreamt about working in a mental health service that adheres to the narrative ethical values of collaborating with families and using their wisdom alongside medical knowledge. My colleagues and I founded a Family Therapy Team inside a traditional Child and Adolescent Mental Health Services (CAMHS) in Denmark in 2009. My vision was to combine the best ideas from different helping worlds that work with families who are troubled. We take a family, rather than individualistic approach, combining narrative therapy and biomedical science to address mental health problems. Our practices are based on four principles: respect, curiosity, trust and hope. We adhere to a few mantras: 1) When one suffers, everyone in the family suffers. Thus, everyone should be helped; 2) It's not the child that is the problem, it's the problem that is the problem and 3) It is not the family (or the parents) that is the problem. The family has the key to solving the problem.

In collaborating with Bill, the focus on mattering spoke to me as a fundamental principle in our work. Mattering gave a name to what we had been doing without having the words for it, leaving it vulnerable to being forgotten, twisted or ignored. We experienced the power of putting into words those fundamental principles that sometimes seem just "basic proper manners." When Bill introduced us to mattering, some of my own previously marginalized practices became honourable. Psychiatric illness is not an individual illness. It is relational in its very nature. Two symptoms, shame and blame, are common in all psychiatric illnesses, and in many ways the most devastating of them all. In that context mattering becomes crucial in our work.

Some Thoughts about Mattering

Mattering is the art of seeking ways of engaging with people labeled as "clients" that honor their experience and knowledge, combine their wisdom with our professional expertise, and collaboratively invite clients' influence in our work with them. The process of mattering facilitates more accountability and effectiveness. Mattering encourages involvement, involvement leads to investment, and investment leads to lasting change. We believe the heart of our work is the attitude or relational stance in which workers approach families. I (Bill) have previously written about a relational stance of an Appreciative Ally to characterize a relationship in which people we serve experienced helpers as "in their corner, on their side or, to use more political language, standing in solidarity with them to help them develop preferred directions in life" (Madsen, 2007; Madsen & Gillespie, 2014). My own conceptualization of a relational stance of an Appreciative Ally is embedded in a post-modern or post-structural approach to helping efforts in which helpers move from a role of experts with specialized knowledge repairing dysfunction to allies assisting people to envision and develop more desired lives with attention to everyday concerns. The importance of relational connection is confirmed by both the common factors literature in psychotherapy (over 40 years of research) and child





welfare literature that highlight the central importance of relational connection (Duncan, Miller & Sparks, 2004; MacKinnon, Duncan, Miller, Wambold & Hubble, 2010; Mackinnon, 1998; Thoburn, Lewis, & Shemmings, 1995; Trotter, 2006).

Ten years ago, I (Bill) was asked to consult with a state district attorney's office in the middle of the country that was beset by problematic race and class issues. Rather than beginning with a more traditional approach of supporting marginalized folks and inviting privileged folks to acknowledge their privilege, I began by having participants connect with each other around their personal experiences of feeling de-mattered. One exchange that stood out was an interaction between an older, highly esteemed white male lawyer and a younger Latina woman who worked as an administrative assistant. She asked if he would start because she was nervous. He shared a story of feeling marginalized at summer camp when he was new and trying to fit in with other campers who had previously attended the camp. He spoke about feeling shunned by other kids when they put peanut butter in his underwear while he was taking a shower. The experience held great pain and shame for him. The younger woman listened with empathy because it resonated with her own experience of being forced to join a project that bussed inner city kids to affluent suburbs to offer opportunities for a better education. She spent four years of high school never feeling like she fit in and dealt with repeated micro-aggressions ("Oh, you're the token black kid who we're supposed to help along"). When she spoke, the lawyer realized the difference between his pain at a six-week summer camp and her pain at four years of high school did not compare. The exchange of stories had a powerful effect on both participants.

Adroitly listening to others' stories can become transformative for the witness as well as the storyteller. While these two stories did not compare in terms of their effects on the people telling them, the process of telling them did have a significant impact. The Latina woman felt heard for the first time in her office, increasing her sense of connection. The lawyer learned something interesting and outside of his usual bubble of experience. He became invested in educating himself about the broader socio-cultural/economic/political context in which problems arise. While this exchange did not in and of itself lead to an examination of systemic racism, it did set a different tone for subsequent discussions within the group about mattering and de-mattering (or privilege and oppression). We believe this example highlights the importance of beginning difficult conversations on a foundation of relational connection, a more effective practice than beginning with a foundation of critique and division.

One Example of Mattering and Marginalization

To further highlight the difference between mattering and marginalization (or de-mattering), we will juxtapose the experiences of two different mothers who attended school meetings with groups of professionals to discuss their respective sons. Maria is a new social worker who had been consulting with Bill. She went to her first school meeting with a working class white mother and a group of experienced professionals. She felt lost in the sea of jargon in the meeting and found herself questioning her worth as a developing professional. In the course of





reflecting on her experience, she wondered what that meeting might have been like for the child's mother. At her next meeting with Ms. Smith, Maria asked about her experience of the meeting. Ms. Smith responded, "Well, honestly, about five minutes into the meeting, I knew that attending this meeting was one of the stupider decisions I've made in my life. It was clear you people had no use for me, and I felt lost and completely inept. But one good thing came out of it. My son learned his lesson when he came home. Believe you me, he now knows to never get me into a meeting like that again. Believe me, he now knows that."

I believe this group of helpers did not get up that morning with an intention of eviscerating this mother's self-confidence or ensuring that her son would get a good beating. They simply engaged in common professional ways of speaking. Yet their helping practices positioned the school team members in a particular relational stance with the mother that had some very negative effects on her and her son. Our interactions with the people we serve have very real effects.

Following this meeting, Maria, the young social worker, resolved to engage parents and caregivers differently in future meetings. At the next school meeting she attended with a different family, she jumped in at the beginning to ask if everyone would be willing to start with a quick introduction with names, roles with the youth, Fernando, and how long they had known him. The team went around - name, teacher and 4 months; name, school counselor and 3 months; name, child welfare worker and 5 months, etc. They came to Fernando's mother, who seemed a bit confused as she introduced herself as his mother and hesitantly said, "How long have I known him? I guess I've known him his whole life." Maria replied, "So you've known him much longer and better than the rest of us put together. As we all work together to help Fernando have the best school experience possible, are there particular hopes you have for our work together and things that you think are important for us to know about him?" After the meeting, Fernando's mother said to Maria, "I loved the way you started that meeting. It made me feel very welcomed and involved, like I had something to contribute. I'm feeling much more hopeful about myself and my son."

We can view the second school team meeting as one that had strong mattering effects for the mother and the first school team meeting as one that unfortunately had powerful marginalizing effects on the mother. While the second mother had a more favorable experience in the meeting, that experience also had powerful effects on her sense of herself as a mother and her subsequent interactions with her son. In this way, mattering not only promotes relational connection, but can be transformative and life changing. Engaging people in ways that they feel mattered, opens possibilities for them to experience themselves differently and change their life stories.

We want to highlight the usefulness of thinking about mattering as a series of practices rather than inherent qualities or characteristics. We could think of Maria as a "mattering" person - a part of who she is and what she brings to her work and life. We could also think about the ways in which Maria "does" mattering. What are some of Maria's practices of mattering? While we





believe that the attitude, relational stance or spirit we hold while engaging the people we serve with mattering practices is key, we think this conceptualization of mattering practices holds a number of advantages. It allows us to trace distinct actions and ways of relating. Maria suggested an introductory go-round in the spirit of “contact before content.” Maria asked each participant to state how long they’ve known Fernando. She then commented on the Mother’s wealth of knowledge about her son and solicited her suggestions for the team in making school as successful an experience as possible. If mattering is viewed as an inherent quality, you either have it or you don’t. If it is viewed as a set of practices, helpers can become more conscious about when and how to engage in such practices and further cultivate them. Similarly, we can become more aware of inadvertent de-mattering or marginalizing practices and more conscious in selecting other ways of relating. Viewing mattering as a set of actions allows us to focus on particular practices as potentially problematic rather than simply viewing the offending practitioner as a problem.

The possibilities that this process opens up are quite powerful. Engaging people in ways that they feel mattered is transformational. Rosenberg and McCullough (1981) explored the degree to which junior and senior high school students felt they mattered at home and in school. Compiling data from four large-scale surveys completed by 6,568 students, they found that students who felt they mattered had higher self-esteem and scored better on measures of depression, anxiety and negative affective states. Males who felt they mattered were much less likely to engage in delinquent activities. In another study, Nancy Schlossberg (1989) found that college students who felt like they mattered in their schools were more involved which led to more learning and personal development. Beth and Bill have found in providing training and consultation to child welfare systems that parents and caregivers who feel they matter in interactions with child welfare workers develop more constructive and less problematic relationships with their children. Mattering practices can lead to more respectful and responsive services and open possibilities for significant change.

Narrative therapists have found that we tend to organize our lives through stories to provide a framework for making sense of the world. Life is complicated and filled with too many events for us to be able to hold them all in our consciousness. A story line consists of events in a sequence across time organized according to a theme or plot (Morgan, 2000). At any point multiple stories of identity are available to us, and no single story can adequately capture the broad range of all our experiences. We also experience events that fall outside any single story. However, particular life stories are drawn upon as an organizing framework and become the dominant story about who we are, what is important to us, and of what we are capable of doing. These life stories make our world coherent and understandable. In the words of Michael White and David Epston (1990; p. 11), life stories “prune from experience those events that do not fit within them.” Life stories shape our experiences by promoting selective attention to some experiences and selective inattention to others. Experiences that don’t fit within a dominant story become invisible and phenomenologically non-existent.





The stories of our lives are not simply our own. They are received from and embedded in family of origin and broader cultural contexts that organize our sense of self and our relation to the world. These are not just stories that are held, but stories that are enacted. Interactions between helpers and clients have the potential to invite people to live out particular life stories.

Consider the different experiences of the mothers in the two respective school meetings. Professional helper interactions have the potential to give rise to life stories that might lift people up and carry them forward in life or drag them down and constrain possibilities. We can pose the following questions to ourselves about the effects of both formal meetings and ongoing contact with families:

- What might be clients' experience of this interaction?
- How might this interaction affect their sense of self?
- What can we do to enhance the possibility that they will have experiences that carry them forward rather than limit them?

The expansion from a focus on the content of meetings to a focus on the process of such meetings holds the promise of moving our approach from the completion of required tasks to opportunities for transformational life experiences. As a reader, we encourage you to consider this an invitation to reflect on what gives your work meaning and purpose, what sustains you in dealing with the daily bureaucratic demands in your work, and what might help you reconnect to the values that brought you into this field. If the time you spend in meetings was used as an opportunity to make a difference in people's lives rather than to complete a checklist, what effects might that have on your experience of doing your job? When we pose this question to participants in trainings, we consistently receive responses suggesting that shifting the focus to clients' experiences during such meetings would make the meeting more relevant and transformational.

Naming as an Important Part of Bringing Mattering to Light

One piece of feedback we've received from workshop participants is that the naming of mattering itself promotes attention to better practices of mattering as well as an analysis of inadvertent professional practices that might have marginalizing or de-mattering effects. In Danish culture, the tradition of Hygge gives language to the power of naming something in a way that brings it into being. Hygge practices are also practices of structural mattering that have a name.

Hygge (Nina writing) is a noun, a verb, and an adjective. Louisa Thomsen Brits (2017), a British-Danish writer, describes hygge as a state of mindfulness: how to make essential and mundane tasks dignified, joyful, and beautiful, how to live a life connected with loved ones. The concept's philosophical and spiritual underpinnings are "a practical way of creating sanctuary in the middle of very real life." Hygge is a feeling of belonging and warmth, a moment of comfort and contentment. Hygge might be best translated to cozy. An example is sharing lunch at work. Everyone brings food to share, creating hygge. Our purpose is to make the lunch break a





context very different from the rest of the day. Everyone is of equal value (no matter our titles). We can relax and be mindful of each other, not of the work.

The hygge practices signal that we have made an effort for participants to feel appreciated, welcomed and important. Just as hygge gives language to a particular way of being in the world, mattering offers language for a way of practicing the art of helping.

Frontline Practices of Mattering: Re-membering

“Anthony” was taken from his biological parents when he was born. He was adopted as a toddler, and the adoption failed six years later. Anthony was 8 years old when I (Beth) became his social worker. He was again placed in foster care. He again was in need of a forever family. Anthony experienced what I would consider to be one of the most serious types of marginality – being expelled from one’s family. He was first expelled because his biological parents couldn’t parent him. The second marginalization occurred because his adoptive parents wouldn’t parent him. When I interacted with Anthony, I was acutely aware of the state of marginality in which he was living, along with his need to know he mattered.

Anthony had the unique experience of traveling to China with his adoptive family where they visited the Terracotta Soldiers. He had pictures of himself standing among the soldiers. He loved talking about them and became animated when describing them. He once said to me, “Some of them are broken and scattered all over the place. Someone needs to bring them all back together!” I responded, “Sounds a little bit like what happened to your family.” His eyes grew to the size of dinner plates at the thought. How do we matter a little boy who has been marginalized right out of his family twice? Anthony struggled for a time after his placement. He had meltdowns at school, some behavioral problems at the foster home and difficulty calming down.

“Re-membering” is a narrative practice that views each of us as having a membership to the Club of Life – like being a member of the YMCA or Lifetime Fitness. You could call it a Life Team, a community or village, depending on what metaphor best fits. Our Life Team has influential members such as our spouses, parents, kids, friends, teachers, therapists, etc. Some members of our Life Team we welcome because of their positive influence on our lives. Some members we don’t welcome due to their negative influences, and we probably need to downgrade their memberships. Occasionally we might need to “re-member” our team. Some of our positive members might have passed away – a grandma we were particularly close to who still influences our life decisions through her memory. Maybe an historical figure like Martin Luther King or John Lewis could be a member of our team, or a fictitious character like a Chinese Terracotta Soldier – particularly for a kid.

I wrote letters from the Terracotta Soldiers to Anthony. I got the idea from a narrative therapist David Marsten after reading an article he co-authored (Marston, D, Epston, D. & Johnsons, L. 2012). I looked up Chinese surnames and named the soldiers. I used Google Images of the





Terracotta Soldiers and added one picture of a different soldier to each letter. I used encouraging words that Anthony had used in conversations with me.

I asked Anthony's foster dad to give him the first letter. "This came in the mail for you," he said. His trauma therapist gave him the second letter. "This came to my office for you!" His foster care social worker brought him the third letter. Anthony had told me the week before that he was nervous about starting school. The foster care worker gave him the letter along with a backpack of school supplies. Anthony read the letter out loud, was excited that the therapist, foster care worker, the foster dad and I were all mentioned. He never questioned who had sent the letters.

In a subtle but powerful way, we re-membered this marginalized little boy into a Life Team of people, experiences and words that mattered him. The practice of mattering settled him. One year later on adoption day, he was able to carry his new sense of belonging and mattering into his true forever family.

Eyebrows Down

Aaron was 8 years old when his father brought him into my office for therapy. He had a scowl on his face that met me (Beth) from fifteen feet away. At our house we call this type of facial expression "Eyebrows Down," and we are tempted to stay clear of whoever is wearing it, at least for a little while. Aaron's mother had died about ten months prior to our first encounter. Accompanying his intense Eyebrows Down scowl was complete silence. Aaron wanted his mom back and did not want to talk about what had happened to her or how he felt. I met his angry expression and off-putting energy with, "Aaron, all of you is welcome here." In other words, "Every part of you matters – even the difficult parts." The scowl immediately softened.

The only words spoken in our sessions came from me. My little client "spoke" through drawing and writing. Every now and then a therapist encounters a kid who was born to draw, and Aaron was one of those kids. Every speck of each page was covered in beautiful colors, wispy lines and vivid movement. Aaron's heart was saying, "I want to move forward" and "Don't make me move on without her" at the same time. We wrote a story about what had happened to him and to his mom that came alive through his artwork. He set the pace of the work, chose what he wanted to write and draw, never speaking a word in session. He maintained influence over my help throughout the process. His silence was met with my unconditional acceptance and mattering stance as if I were saying, "I'll stay with you even when your eyebrows are down."

Aaron's story included memories of his mom, how much he mattered to her, how much she mattered to him, how he felt when she died, things his dad loved about him, and a glimpse into where he and his dad and brothers were headed. Upon the completion of his story, we had a little celebration with mini cupcakes he picked out, we played silent games that he had created, and then Aaron moved forward without his mom.





Supervisory and Organizational Supports for Mattering at a Frontline Level: Learning the Art of Mattering

I (Nina) continue to explore how we best teach mattering. Good supervision is certainly a necessary factor in learning to care compassionately, to bear witness also to difficult feelings. Witnessing your patients or families' feelings should be something that sustains you in the job.

Imagine that you are on your way to supervision. You have just had a conversation with a family with loads of problems. You are deeply frustrated. You are disgusted by the mom's acts in the sessions, feeling incompetent and angry with yourself for not being able to protect the kid against verbal attacks from the mom. Your goal is to help to control this mom's behaviour.

You begin your retelling of the session and how you feel. Your supervisor asks you: "What would you want to be better at, if this supervision is helpful for you?" You answer: "I want help to control the mom, so she doesn't speak so vile to her daughter!". Imagine that your supervisor responds this way: "Ok, before we go there, would it be ok, if I ask you a series of other questions?"

- "What do you really like about this mom?"
- "If you think about all the time you have spent with her, what do you really respect about her?"
- "What dreams and hopes do you imagine that she has for her child? For her family? For herself, as a mom? As a woman?"
- "What fears do you think are haunting this mother?"
- "What values do you imagine guide her in her actions?"
- "Which of her values and dreams do you really respect her for sticking up for?"
- "What about her would you be curious to know more about?"

While you read these questions, what do they do to you, here and now? I am curious about how it is to read all those questions, just after being put into a situation of imagining oneself being pretty angry with another human being! Your answers would guide how I would proceed, and how many of the above questions I might ask. But I might continue down this lane:

- "How do you feel towards this mom now, compared to when you entered my room?"
- "What do you think made this difference?"
- "Now that you feel this new way, what would you like to be able to do, when you see the family the next time?"

I imagine that by now you will have another answer. One of my former supervisees told me about her experiences with these kinds of questions: "Every time I left supervision with you, I felt good about myself and the family I had received supervision on. Then I looked forward to speaking with them. I believe that happens, because you have a curious, compassionate concern for each and every family that you instill in me." She spoke about not judging the parents on how weirdly or incomprehensibly they act. She reminds herself that they have lived





several years with a strange and evil disease while attempting to avoid it and to protect themselves and their families from it. Of course that might lead them to act in strange ways. This mindset allows her to feel compassion and respect for the families she meets.

Building a Mattering Organization

When assessing the broader context in which mattering and/or inadvertently marginalizing interactions occur between practitioners and those we serve, effective mattering at a frontline practice level requires supervisory and organizational support (Madsen, 2014; 2016). When workers feel they matter within their organization, they are much more likely to engage youth and families in a more mattering fashion. Research supports this idea of a parallel process.

Charles Glisson and colleagues have researched the influence of organizational climate and culture on our work. In one study of 250 children served by 32 public children's service offices in Tennessee, they found that a strong organizational climate, characterized by low conflict, high cooperation, role clarity, and strong workplace relationships, was the primary predictor of positive service outcomes and a significant predictor of service quality (Glisson & Hemmelgarn, 1998). In another nationwide study of mental health clinics in 26 different states, they found that agencies with healthy, strong organizational climates had half the employee turnover and sustained new programs for twice as long as other organizations (Glisson et al., 2008). The stronger organizational climates were characterized by high expectations of workers who had input into management decisions, had discretion and flexibility to do their work, and were encouraged to seek out new and innovative ways of working. Workers had a clear sense of how they fit in the organization, a sense of support in their work, and buffers against work overload and emotional exhaustion. This research coincides with other studies on organizational resilience that suggests the importance of emotional support for workers, high expectations of them coupled with a belief in worker success, opportunities for workers to contribute, and an organizational tolerance for ambiguity and change (Sheridan, 2012). The combination of these studies highlights how organizational climate can be beneficial for the people served and the workers, and also impacts finances and budgets. The cost of replacing workers has been estimated at 40% to 70% of their annual salary, when all related costs of recruiting, hiring, retraining, and team and organizational disruption factors are considered. Improving organizational culture not only creates the possibility of better helping, it also turns out to be good for business.

Organizational climate and culture are created through daily interactions. How people interact is profoundly influenced by the organizational culture. At the same time, those daily interactions shape the organizational culture. Certain leadership practices help to bring a spirit of reflection, appreciation and shared learning into an organizational culture. In my work (Bill speaking) with agencies to develop institutional structures and organizational cultures that support a more respectful and responsive way of engaging families, we consistently reach a point where a senior leader reflects, "This started out as an effort to shift our clinical approach. I realize now that what we're talking about is not just a shift in clinical philosophy, but also a





shift in management philosophy.” Yes indeed! While acknowledging power dynamics within organizations, we believe that all organizational members can actively contribute to a mattering culture.

I (Nina) encountered two parents who described their experience with our program. They said they knew from the first minute they entered the waiting area that this would be a good place for them because of the way our secretary had greeted them. I was a bit bewildered. What did our secretary have to do with clinical conversations? She greeted them as long lost friends, as people she had looked forward to meet and expected to like. The parents said, “If the secretary (Jette) acted that way, we just knew that the people in this workplace would be good people.” In my eyes, Jette takes mattering to an art. She makes every single person entering our offices know that they matter to her. She cares deeply about each family member we see. How can she do that? She is part of our team. She participates in our meetings and clinical conferences. She has the same legitimacy to speak up, ask questions and voice her opinions as the therapists. We acknowledge that she spends time with our families in the waiting room, she makes observations, and she engages with them in ways that leave them feeling treasured and important. She often has conversations with a parent or a child that she can relate to us later. She contributes to the nuanced and multicolored understandings we hold of the families we meet. However, if we did not let Jette know that she and her work matter to us and to the families we serve, then her ability to matter the families would be lessened.

Some of the most exciting work I (Bill) have done recently has focused on supporting mattering practices throughout an organization (Madsen, 2016). It takes everyone, not just the “clinical staff” to weave mattering practices into the fabric of organizational cultures (e.g. leaders, administrative staff, tech personnel, janitors, all agency members). Through focused inquiry, we have elicited best existing best practices of mattering throughout different teams and agency staff and then worked with them to expand upon that. This has sometimes been a challenging process, but is definitely worth the effort. If we are serious about building mattering cultures, it helps to include everyone within an organization.

Our current national and international narratives speak of embracing diversity, focusing on resourcefulness, believing in working collaboratively, and being committed to accountability. However, too often we do not quite walk that talk as much as we could. Full support for a second order change in how we help marginalized families requires a commitment by leaders to bring the values and principles of collaborative family-centered practice into their organizational cultures, often in the face of larger bureaucratic and funding pressures to the contrary (Jorring & Bredahl-Jacobsen, 2014; Ejbye-Ernst & Jorring, 2017; Madsen, 2007a, 2007b, Madsen & Gillespie, 2016). When we envision mattering practices, we see the challenges and obstacles ahead. We have been learning about the ways in which Appreciation benefits the Appreciator as well as the Appreciated. We believe that mattering conversations with families have mattering effects on practitioners as well. We hope this article raises some





interesting questions, invites reflections on your own work, and provides some inspiration for future mattering practices.

References

- Brits, Louisa Thomsen (2017). *The book of hygge: The Danish are of living well*. NY: Plume.
- Duncan, B. L., Miller, S. D., Wambold B. E., & Hubble, M. A. (2010). *The heart and soul of change* (2nd ed.). Washington, DC: American Psychological Association.
- Duncan, B. L., Miller, S. D., & Sparks, J. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* (Rev ed.). San Francisco, CA: Jossey-Bass.
- Ejbye-Ernst, D, Jørring, N. T. (2017): Doing it collaboratively. Addressing the dilemmas of designing quantitative effect studies on narrative family therapy in a local clinical context. *Journal of Systemic Therapies*. Vol. 36 (1).
- Glisson, C., & Hemmelgarn, A.L. (1998) The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*, 22 (5), 401-421.
- Glisson, C., Schoenwald, S.K., Kelleher, K., Landsverk, J., Hoagwood, K.E., Mayberg, S., & Green, P. (2008). Therapist turnover and new program sustainability in mental health clinics as a function of organizational culture, climate, and service structure. *Administration and Policy in Mental Health and Mental Health Services Research*, 35(1), 124-133.
- Jørring, NJ, Bredahl- Jacobsen, C. (2014): Narrative therapy in CAMHS –Multistoried treatments. *Journal of Systemic Therapies*, 33 (1) 89-101.
- Jørring, NJ, and Juul, J. (2013): *Manual for collaborative family therapy with psychiatric multi-stressed families*. Open access on ResearchGate
- Mackinnon, L. (1998). *Trust and betrayal in the treatment of child abuse*. New York: Guilford Press.
- Madsen, W. C. (2007a). *Collaborative Therapy with Multi-Stressed Families* (2nd ed.). New York, NY: Guilford Press.
- Madsen, W.C. (2007b). Working within traditional structures to support a collaborative clinical practice. *The International Journal of Narrative Therapy and Community Work*, 2, 51-62.
- Madsen, W.C. (2011). Collaborative Helping Maps: A Tool to Guide Thinking and Action in Family-Centered Services. *Family Process*, 50 529–543.





- Madsen, W.C. (2014). Applications of Collaborative Helping maps: Supporting professional development, supervision and work teams in family-centered practice. *Family Process*, 51 (1), 3-21.
- Madsen, W.C. (2016). Narrative approaches to organizational development: A case study of implementation of collaborative helping. *Family Process*, 55 (2), 253-269.
- Madsen, W.C. & Gillespie, K. (2014). *Collaborative Helping; A Strengths Framework for Home-Based Services*. New York: Wiley.
- Marston, D., Epston, D. & Johnson, L., (2012). The corner: One good story deserves another. *Journal of Systemic Therapies*, 3 (2) 71-8
- Morgan, A. (2000). *What is Narrative Therapy? An Easy-to-Read Introduction*. Adelaide, Australia: Dulwich Centre Press.
- Root, E.A. & Madsen, W.C. (2013). Imagine: Bringing vision into child protective services. *Journal of Systemic Therapies*, 32 (3), 76-91.
- Rosenberg, M., & McCullough, B. C. (1981). Mattering: Inferred significance and mental health among adolescents. *Research in Community & Mental Health*, 2, 163-182.
- Schlossberg, N. K. (1989), Marginality and mattering: Key issues in building community. *New Directions for Student Services*, 5–15.
- Sheridan, K. (2012) *Building a magnetic culture: How to attract and retain top talent to create an engaged, productive workforce*. New York: McGraw Hill.
- Thoburn, J. Lewis, A. & Shemmings, D. (1995). *Paternalism or partnership? Family involvement in the child protection process*. London: HSMO.
- Trotter, C. (2006). *Working with involuntary clients: A guide to practice* (2nd Ed). London: Sage.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.
- White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.

