**Stories by Karl Dennis from *Everything is Normal Until Proven Otherwise, 2nd Edition***

How We Started Doing this Strange Job, an excerpt from Chapter 1.

At Kaleidoscope, unconditional carebegan in the mid-1970s, at a time when the State of Illinois had about 1,000 children and adolescents in out-of-state placements. The state, on discovering that one of those children had been chained to a tree, ordered all of them back into the State of Illinois. This was about the same time we were starting Kaleidoscope.

I would love to tell you that Kaleidoscope was started by some really brilliant people who had vision and could see the future, but the reality is it was just four young men who were incredibly arrogant and were convinced that they knew how to do things better than their supervisors and administrators in the institutions where they worked. Every evening after working the 3pm to 11pm shift, these four guys would retire to the local “library,” which was really a tavern. It seemed that each time they did this, they would start to moan and groan about the services that were being delivered in those institutions. One night, after moaning and groaning a little more than usual, they decided that they needed to start an agency of their own. An indication of how backward they were was the fact that they spent the first 45 minutes naming the agency.

Only then did it dawn on one of the guys that, if they were going to run an agency, maybe they should have a philosophy. They looked at what they had seen at the institutions in which they had worked and asked themselves what needed to change to make things work better. The first thing that occurred to them was that if for some reason young people were fortunate enough to run away from the institution, they all ran in the same direction: home. Regardless of what had gone on in those homes, even if the children and adolescents had been abused and neglected, they ran home like a straight shot. This realization suggested to these four young men that, possibly, some strong pull exists between children and their families, and as opposed to tearing these families apart, maybe the child-parent bond needed to be strengthened. Maybe keeping children in their homes would be a better environment than moving them into residential institutions.

Then, another one of the young men started to talk about a realization that had recently come to him as a parent. Having just had a son three months before, he discovered that it was important for him to commit himself to loving his child and taking care of him, even if he were blind, deaf, or otherwise impaired. His child was his responsibility. He asked the group, “If we are going to take the responsibility of providing care to someone else’s children, shouldn’t we extend to them the same commitment we extend to our own?”

They all agreed and decided this new agency would have a “No Reject” (no decline) philosophy, which stated “no matter who is referred to our agency, we will provide services for them.” If their new agency didn’t have a service to meet a particular child’s needs, then one would be designed specifically for that child. This seemed to make a lot of sense.

Then one of these guys said, “It seems as though when young people come into institutions and don’t fit in, they start to act out and break things. Then, we have a tendency to discharge them from these institutions—in other words, ‘we kick them out’.”

The group then came to the conclusion that none of them could ever conceive of throwing one of his own children out of his family, no matter what the child had done. “Maybe,” they said, “we need to extend the same commitment to the people we serve?”

From this they all agreed there should also be a “No Eject” (no punitive discharge) philosophy, which meant that when a child came into their new agency, regardless of what this child did, it would not result in him or her being thrown out.

They were feeling pretty good about that. Then one of the guys said, “Hey wait a minute! You know, not all discharges are negative. Sometimes, youth come into our institutions and do very well. We’ve worked with them for a year and at the end, they don’t appear to need this type of intensive service anymore, so we send them to foster care or some other less intensive service. And all of us professionals agree that this makes sense; in fact, everybody thinks it makes sense except the young people themselves.

“I think,” he continued, “it doesn’t make sense to the young people because, first we ask them to develop relationships with us and their peers and to develop therapeutic relationships. Then, their reward for this is that they lose those peers, adults, and therapists and have to get new ones. And we wonder why youth don’t like therapy! If people keep being moved from system to system and having their therapists changed frequently, then of course they’re not going to be very happy about it.”

The four guys decided that rather than changing young people from system to system, they should be kept in one agency and the services changed to meet their needs. Our philosophy was, “As children’s needs change, the same people as before will be surrounding them and taking care of them and only the services they deliver will change.”

The next morning, the guys woke up with hangovers. But they had committed themselves to providing this new, special type of care. When the State of Illinois—which had 1,000 children and adolescents coming back from out of state—found out there were some fools who’d be willing to provide services to anyone who was referred to them, they sent this new agency the youth who were most difficult to treat. It may shock you to find out that I was not one of those four guys, I joined this group shortly after, and the agency we started was Kaleidoscope. It took 45 minutes for them to come up with the name and, after over 30 years, I still have trouble spelling it!

At first, Kaleidoscope only ran small group homes, each one limited to five youth. These homes always were in the community and, of course, had both boys and girls in the same home, just like many families. We did this because we wanted to normalize the lifestyle of those children, running a coed program and making them as home-like as possible.

One of the things we noticed was that some of the young people who were coming back from out of state were between the ages of 17 and 21 and had been in numerous placements. They had been everywhere. One mightoverhear conversations between them in which a new youth would be greeted, “Hey man, didn’t I meet you at the Brown School in Texas?”

“Nah, I think it was at Excelsior in Colorado,” might be the reply.

These youngsters had been sent all over the country and on coming to Kaleidoscope, they had experienced an average of 19 previous placements. All of them had run away from at least two or three different facilities. At that time in history, most of them were diagnosed as “sociopaths.” I like to tease clinicians by guessing how old they are according to how they refer to these children and youth. If they have been out of school for 15 years or longer, they will most likely call them “sociopaths”; between 15 years and five years, they would probably label them “borderlines”; and, if they’ve only been out of school for five years or less and are well read, they will say these children and youth have “conduct disorder.” A friend of mine tried to get a new diagnosis into the official psychiatric diagnosis manual known as the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,* or *DSM-5*; he thought we should refer to these young people as having “multiple placement disorder”! This is really a better description of who they are, because for some strange reason, if whatever we are doing doesn’t work or doesn’t work long enough, we usually come up with a diagnosis which suggests there was nothing we could have done with them in the first place. Then the children are sent somewhere else.

One of the problems these institutional programs (as well as many community-based programs) have is that they deliver only one kind of service. Therefore, when a child cannot make it in that particular service, he or she must leave. Now, it’s obvious to me that you cannot run no decline, no punitive discharge services with only one service environment. You will notice I use the word *environment* as opposed to *program*; I hate the word *program* because this term suggests something that has been set up in a certain mold, using a method of service or treatment into which everyone has to fit--whether they fit or not. The term *environment* only suggests it is a place where people live. Rather than providing only one or two services into which a child can fit, we felt we needed to create an individualized set of services for each child. The place they spent their time was not to be considered a program or service, but rather an environment within which all needed individualized services would be delivered.

As I mentioned before, many of these young people who the State of Illinois were bringing back ranged between 17 and 21 years old. Even though they had histories of extreme physical and sexual aggression, suicidal behaviors, and fire setting, we decided that, since they were going to be emancipated soon anyway, we needed to force them into independence whether or not they were ready for it. We felt they needed to be in the community rather than in institutions. Instead of surrounding them with brick and mortar, we wanted to surround them with people. The people we hired to surround those children or young adults were picked because they were caring, had a sense of humor and fit the needs, wants, and strengths of the children. When we encountered a youth who was into music, we would find a person who also was into music. If a youth was into mechanics, we would find a person who also was into mechanics. Size often had a lot to do with it, too. We needed these helpers to be large and strong enough so that they had the capacity to control situations when they occurred. At the same time, they had to be caring enough so that they could be a friend when one was needed. In the old days, we used to call these helpers “Really Big Friendly Companions, but we don’t call them that anymore because we can’t bill Medicaid for their service, so they are now called things like “Recreational Technicians”—a service for which we can bill.

We were not perfect, and as Kaleidoscope developed, we made mistakes. One of the first things we did wrong was to try and change youths’ lifestyle by moving them into middle-class communities. What this accomplished was to make them stick out like sore thumbs. We decided this strategy was not working and reversed ourselves. Next, we moved our independent living apartments and our other service environments (group homes and community placements) into economically challenged communities. This didn’t work any better because the youth stuck out like sore thumbs in this setting as well. Then we found the perfect place: we discovered that no matter how bizarre our young people were, if we placed them around universities, they wouldn’t look any more bizarre than the freshman class at that university. (I once spent three years working on a committee at Harvard, and I can tell you that none of the youth I have ever served looked as bizarre as the students at Harvard University.) From then on, we determined that our services for older adolescents were created in collegiate neighborhoods, and we would try to move those youth into independent living in those areas as soon as we possibly could.

About the same time, some state officials came to us and asked for help. As they were bringing all of the children back from out-of-state facilities, there were not enough community-based placements for all of them, and the state had been forced to send some of these children home. So we, in our arrogance and our ignorance, decided to work with the parents of some of these children until more appropriate settings could be found. What we learned was pretty miraculous. We found that 84% of those youth could be kept at home with their own families if we correctly provided services to those families, which means if those services were intensive enough, were provided for a long enough time, including a 24-hour crisis intervention component, and, most importantly, if we asked the families what they needed and were willing to provide those services.

The fact that so many young people would do so well at home amazed us because we formerly had been convinced that these children could not live with their families and needed out-of-home placements. This resulted in a major shift in how we saw our job. The concept of supporting the families of the children sent to our agency became the backbone of our services. We came to believe that if you can plug in the right amount of services, even a family everyone had given up on can provide a better placement for a child than any other place in the best service system.

It was in the early-to-mid-1970s when we started offering these family-based services, and believe me, it was a real learning process for us. I can’t tell you how overjoyed I was to go out to people’s homes and to work with the families there. Being new at it, and it being a new process, I made a lot of mistakes.

At first, we created a traditional clinical model similar to the ones we had learned about in our training, in which we would tell parents what to do and they were expected to do it. But, they often wouldn’t do it and when this was the case, we would blame them and say they were resistant to treatment.

This was Kaleidoscope, however. When things weren’t working, we sat down and questioned our reactions to these parents. After a while, the reason it wasn’t working, we concluded, was that we were trying to make decisions for them when what they really needed was the chance to make decisions for themselves. The lesson we have learned over the years is that families will most often make good decisions for themselves if we are able to give them the information, time, and processes for doing so. Many years later, we have come even further in our thinking and believe that services need to go beyond just “including” families; rather, we believe that families themselves have to be the ones making decisions about the services that they and their children need.

Human service is the only avenue I’m aware of in which families do not have control of their own lives. Were I to get a toothache, I would make the decision to go to a dentist and he might tell me, “Karl, you need a root canal.” If I didn’t want a root canal, I would have choices: I could do nothing or I could go to another dentist. If I went to the doctor and he said, “Karl, you know you, really need some surgery,” I would have the option of saying, “No, I don’t think so,” and choose to live without the surgery or go to another doctor to find another possible solution. But in human services, families don’t have control. If families do not do what is recommended by human services workers, their children could be taken away from them. When families are allowed and encouraged to take control of their lives, I believe they can make positive changes. This strength-based view of families became the backbone for our services.

Cindy’s Story, an excerpt from Chapter 2., about The Essence of Unconditional Care and Wraparound

In 1987, the State of Illinois approached Kaleidoscope with its need for services for infants who had been born HIV positive or diagnosed with AIDS. Due to our prior experience, we accepted the challenge to create a more normalized environment, a home life, and a family for these abandoned children.

Kaleidoscope was informed by the state that most of the parents of the pediatric AIDS children were drug abusers and prostitutes and were not interested in their children. Regardless, we believed strongly in the ties of families, and we knew we needed to look for these children's parents. In addition, we felt that family was more than just a child and their parents; it also consists of aunts, uncles, grandparents, or even close friends. Some cultures feel that the family includes the whole tribe or neighborhood. We saw these children's natural parents and families as valuable resources and we went out to look for them. Finding the families of children who have been abandoned is not an easy task, however. Those who have worked in in-home service programs know that in every community there are what we call “natural informants,” or nosy people. These are the people who know everything going on in the neighbor­hood, and at Kaleidoscope, we tended to identify them when we tried to find someone in the community.

This particular time, we were looking for a woman named Cindy. The natural informant in this case was a man who ran a pawn shop. We left little notes for her there. These notes didn't clearly explain what we wanted because of our concern for Cindy's confidentiality and our expectation that the nosy informant would most likely open Cindy's mail. We left notes for three or four weeks. Eventually, Cindy called and asked what we wanted. We replied, “We want to know if you would like to see your baby.” Cindy replied that she would, and we sent someone to pick her up.

Our office was a pretty relaxed place; clients and staff always were bringing in their children and pets. My office was at the end of a long hall, and on this particular day I smelled a horrendous odor. I went to see what it was—I thought someone had brought in a dog that had not had a bath in several years. As I got to the hall, the first thing I saw was a woman coming toward me. She was ragged. She was dirty. She had no teeth. I could tell she had no teeth because she had this great big smile on her face. As Cindy walked closer to me, I discovered it was she that I had been smelling.

I turned to her and said, “Hello.” I have to confess I was standing as far away from her as I possibly could and was holding my breath. She turned to me and mumbled something. In order to hear what she had said, it was necessary for me to move closer to her, which was a major challenge to my philosophy of unconditional care. When Cindy spoke again, I realized she was offering to perform certain sexual favors for money. Now, I believe that one of the quickest ways to break the ice with someone is through humor. So with a smile I said, “Cindy, this is something that we can't even talk about until you've had a bath and gotten some teeth in your mouth.” I didn't know how she would react, but she began to laugh and I laughed with her. This was the beginning of a friendship (not an intimate relationship, I assure you), and a learning experience for both of us.

As I talked with Cindy, I decided that, as usual, a direct approach was best. I told her the information we had received suggested that she was a prostitute and a cocaine addict. I asked her how this had come about. She said she came from a small town in the south and had lived on a farm for many years. She hated farming and had spent a lot of time in an effort to get away from it. She decided to head north and, after saving some money, boarded a bus and headed for Chicago.

Things began to go wrong soon after she got off the bus. Cindy told me that in her hometown, people were very friendly; they shook hands with you and talked to each other on the street. When she tried this in Chicago, people shied away from her. They thought she was weird and looked at her strangely. Most people tend to do this in big cities, since not doing so could get a person seriously hurt or killed. Cindy's response was for her stomach to begin to hurt, and for her to get extremely anxious, so much so that it became difficult for her to talk. She lost her confidence, and as a result it took her a whole day just to find a room to live in.

The next morning she went out and attempted to find work. But every time she approached someone she again became anxious and nervous and couldn't talk. When she eventually became hungry and frustrated, she did not know where to seek help. I asked her if she had tried public aid, and she emphatically replied, “No!” Her family value was not to accept charity. So she continued to seek employment. Her job search being unsuccessful, she got to the point when she did have to swallow her pride and seek aid after all. In Cindy's hometown, she told me, there were only three people at the desks in the public aid office. They were friendly folk, who would say “come on in” and “what can I do for you.” In Chicago, when she got to the public aid office early in the morning, she found a line stretching halfway around the block. It took hours for her to be seen. By the time she was called, she was so nervous and anxious that once again she couldn't talk and she ran out of the office.

Then, Cindy ran out of money. Hungry and on the verge of being homeless, she sold the last thing she had of value—her body. Because she hated doing this so much, the only way she could continue was to take drugs.

We at Kaleidoscope began to work with Cindy. We got her a bath, found her an apartment, and helped her get on public aid. We tried to get Cindy into a counseling program around AIDS, but she was in denial and had told us she didn't have AIDS.

After she was all set up and cleaned up, she told us she wanted to go into a drug abuse program. This irritated us, because *our* plan had called for us to develop a relationship with her first, before we approached her drug issues. Nothing seems to irritate service providers as much as when consumers get ahead of them. We're not in the habit of people telling us what to do; we’re used to telling them. At Kaleidoscope, however, we believed in supporting people's desires to get better, and we arranged for her to enter a drug abuse program. Those of us who were optimistic bet she would complete it; those who weren't, bet she wouldn't. We told Cindy that most people don't kick drugs with their first attempt, and that the problem with a lot of substance abuse programs is they will terminate you from the program if you reoffend while receiving services. Now we don’t believe in doing business this way, because this is just the point in time when people need services the most. We told Cindy we hoped she would complete the service. But, in the event she wasn't successful, we assured her that we would still be here for her because our commitment to her was unconditional.

Cindy did successfully complete the program. When she returned to Kaleido­scope, she told us, the whole time she had been away working on her drug issues she had thought about how Kaleidoscope had been so helpful to her, and she wondered if there was anything she could do for us. As she struggled to find a way to repay us, she remembered that the only thing we had asked her to do that she had refused was to seek counseling for AIDS issues. And, even though she “knew” she didn't have AIDS, she said she would go because we asked her to. She taught us that if we did the things people see as a priority, then they may be more willing to do some of the difficult things that we request of them.

 A short time later, Cindy came to us and asked us how she was doing. We told her how proud we were of how far she had come. Her response shocked us. She said, “In that case, I want my baby back.” Now, giving Cindy her baby back was not easy. Our first response was to remember that Cindy had been a prostitute and drug abuser and, perhaps, she didn't deserve to have her baby back. We seemed to immediately forget about our philosophy, which states that if you can plug in enough services to support a family, even parents that most people would consider inadequate can care for their children in a better way than the best substitute system can. However, our faith in our beliefs and in Cindy prevailed and we agreed to petition the state for the return of her child.

Not long after, Cindy once again challenged our beliefs when she told us she had come to understand she had no resources or family other than Kaleido­scope in Chicago, and that, to progress further, she would need the help of her family. As a result, she wanted to take her child and move back to her home in the south where she understood the people and their customs. As you may imagine, this was also a difficult adjustment for some of the staff. Not only was Cindy requesting her child back, she was now expressing her intention to remove the baby from our sphere of influence, beyond our ability to support her. This made it really rough for some of the staff to help Cindy make plans for moving out-of-state, but we knew it was the right thing for both her and us.

Beyond our fears of loss of control over her, making plans for Cindy’s move was difficult for a number of reasons. The first was that she was White and the baby was biracial. The second was that she wanted to live back on the farm with her sister and brother-in-law, but they had personal safety concerns about her AIDS—a response that, unfortunately, was not unusual at that time. As we worked to overcome these issues involved in moving, we got in touch with some agencies from Cindy's home state and asked them to help us. We brought the sister and brother-in-law to Chicago and worked with them in great depth. Although they continued to have some reservations, we reached a compromise in which her sister and brother-in-law would continue to live in the house, and Kaleidoscope would attempt to find the funds to help Cindy purchase a trailer so she and her baby also could live on the farm. The state agreed to offer the necessary services to all members of the family. Under these arrangements, we felt comfortable that, eventually, this family would be able to function as a unit.

One of the planned supports was for Cindy to receive Supplemental Security Income (SSI) benefits. As you may know, the process for this most often requires a great deal of time and a number of appeals. By the time Cindy’s benefit was approved, she was given notice that she had a lump sum of $6,000 in back payments coming to her. Once again, Cindy’s situation created a philosophical dilemma for the staff. Some felt she would take the money and buy cocaine; others felt she would take the money and do something productive. According to our beliefs, we worked through our feelings about Cindy being given such a large amount of money. We sat down with her and told her we hoped she would do something productive with this money. We also added, “In the event that you spend all of the money on cocaine, and if you are still alive, we will still be here for you. Our commitment to you is unconditional.” Cindy never said a word; she left, and went to cash the check. She kept a small amount for herself and bought her trailer with the rest. Remember, Cindy's family value was not to accept charity. The plan was working; we were supporting Cindy’s strengths and she rewarded our faith by not stumbling on her weaknesses.

Two weeks before Cindy was to move, she became sick from AIDS, went into the hospital, and died. I had lost a friend, but more than that, I also had lost a teacher. The most important thing that Cindy taught me was that regardless of what you read, hear, or think about people, you shouldn't give up on them. There are a lot of Cindys in this world and if we can learn to listen to them with open hearts and open minds, then children and families will get better.