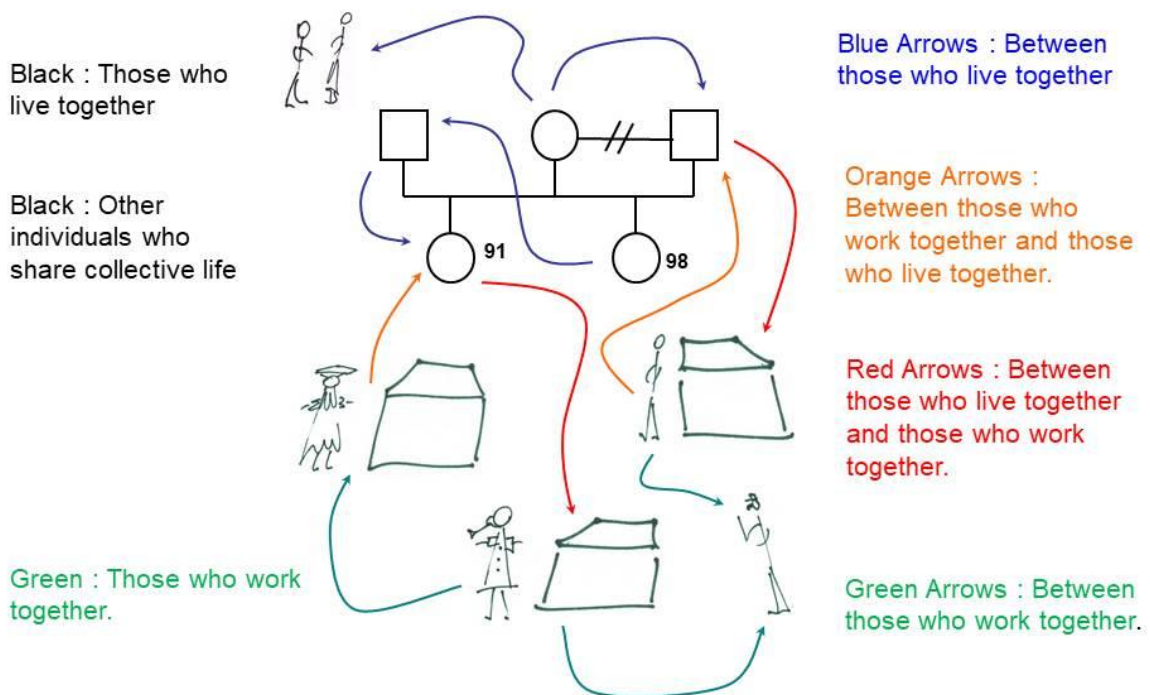


The « *Sociogénogramme* », tool of the *Travail Thérapeutique de Réseau*



Legend of the “Sociogénogramme”



Mars 2023

Activated by the increase in complex situations, even those deemed "unsolvable," institutional leaders and professionals in the fields of aid, care, education, monitoring, and culture are seeking greater effectiveness in managing and preventing multiple distresses. They are "disconcerted" by the fragmentation and sometimes the inconsistency of their intervention contexts. Their requests pile up and overlap without merging or intersecting with family logics: how to work with young parents living on the streets? How to work with parents of so-called "dropout" students? How to work with youth groups? How to work with the elderly? How to work with young people who come from afar and have gone through difficult stages, improperly labeled "Unaccompanied Minors" or worse still, UACM? The list of categories lengthens, and the files piling up at different desks seem endless...

Waiting 18 months for an appointment at a Mental Health Center (CMP), 6 months for a consultation with a speech therapist have become common occurrences, traveling 600 km for an appointment with a specialist when living in Djanet, Algeria, risking one's life to cultivate onions or watch over livestock in Mali, distancing oneself from a prostitution network of schoolgirls in Longueil (Quebec), are all activations prompting the invention of therapeutic operating modes inviting to a cautious radicalization of the opening of compartments of aid, care, education, monitoring, and even culture to each other..

The nomadism of the " *Cliniques de Concertation* " across Europe, Africa, and America allows us to identify the common core of these situations and their specificities, to transport attempts to respond from one territory to another. The encounter with multiple distresses compels us to establish regulatory principles stemming from a pragmatic approach in the field, which give importance to the connections articulating multiple distresses considered as "residual resources".



The methodology of the "*Travail Thérapeutique de Réseau* " is based on the regulatory principles of "Concertation Clinics" and the Contextual Relational Ethics of Ivan Boszorményi-Nagy. This methodology allows us to follow the signals addressed by individuals, families, and collectives experiencing multiple distresses. It helps us to learn this aspect of the profession, which is foreign to academic training, namely,

working collaboratively in fertile and stimulating "Overlap Fields." The technical tools employed (such as the "*Sociogenogramme*," *Tour de Présentation et Partialité Multidirectionnelle*) provide a rigorous yet open framework adaptable to the evolving realities of the field.

To reduce the fragmentation of interventions by "desk," "*Travail Thérapeutique de Réseau*" enables professionals who master specific, even heterogeneous, and sometimes antagonistic professional cultures, to acquire a way of "working together," by engaging both in territorial coordination efforts, and in mutual appreciation of professionals and various institutions and associations.

The knowledge and technical skills specific to the "*Cliniques de Concertation*" supported by the principles of Relational Ethics, provide momentum to networks of professionals undermined by compartmentalized interventions. This involves, notably, recognizing the activations of family members, whatever their sometimes mysterious organizations, in order to find the resources necessary to evolve critical situations.

The "*Travail Thérapeutique de Réseau*" relies on the resources of families and communities to enrich the connections between assistance, care, education, monitoring, and culture.

Particularly those located at the heart of the problem and which are not usually identified within a logic of coordination.



The consultation in an office, often the prevailing proposition, is a device that certainly can be suitable, but which is not universal. A *Clinique du Relais*, a "*Concertation Clinique*" or a "*Clinique de Concertation*" practices similar to those we encounter on the African continent, sometimes prove to be more adequate. In fact, the network worker constantly questions, at each stage, and in view of the context, the relevance of the therapeutic device and the most appropriate scale to the situation with all stakeholders, especially the activators, individuals, families, collectives in multiple distresses. It is about learning to move from a classical conception of therapy in a closed space to a conception - more flexible but no less rigorous - of therapy in an open space, which responds to the emerging functions of the medico-social sector.

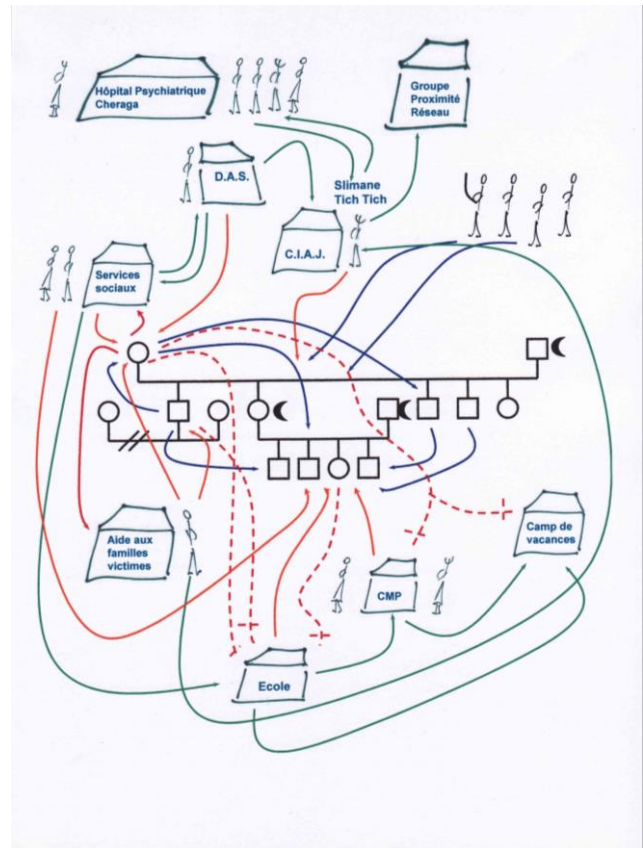
After years of practice, the "Sociogenogramme" asserts itself as an indispensable tool in network work in its various forms :

- . Consultation Clinic,
- . *Clinique du Relais*,
- . "*Concertation Clinique*",
- . "*Clinique de Concertation*"¹
- . Specific Coordination,
- . Non-specific Coordination.

It crosses the borders that separate and compartmentalize therapeutic castes, their jargon, languages, and dialects.

Developed by Dr. Jean-Marie Lemaire, this tool allows:

- Maintaining a guiding thread, even in the most "disconcerting" moments.
- Highlighting and valorizing areas of overlap.
- To identify and utilize the diverse forms of network work.
- Bringing forth and enriching residual resources identifiable within networks activated by the implicit and explicit initiatives of people who live together.



¹ The terms "*Clinique de Concertation*", "*Concertation Clinique*" and "*Sociogenogramme*" are protected at the EUIPO (No. 009122318 and 009122326). Please respect the spelling