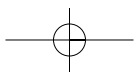
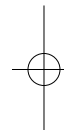
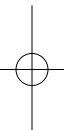


Part 1

Overview of Relationship Counselling

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In this part of the book will begin by discussing a number of well-known, established models of relationship counselling which generally come under the umbrella of family therapy. We will explain why we believe that family therapy is most effective if integrated with individual counselling and/or subgroup counselling. In particular, we will describe our own integrative relationship counselling model, called the CACHO model. We will also discuss the advantages of using a co-therapist and/or reflecting team, and those counselling skills which are particularly suitable for relationship counselling.



1

Established Models of Relationship Counselling

Relationship counselling wasn't considered as an option for working with clients until the 1950s. Before that time all counselling work was carried out with individuals and relationships were only considered in terms of their past impact on the individual (Street, 2006). Interest in relationship counselling began with the work of Gregory Bateson in Palo Alto, California. He investigated communication processes in families and, in collaboration with others, examined the effect of the family system on family members diagnosed with schizophrenia (Bateson et al., 1956). Following on from this work, some British psychodynamic counsellors began to see clients conjointly rather than individually (Nichols and Schwartz, 2007). Since then a number of different approaches to relationship counselling have been developed.

In this book, we will promote the use of a particular integrative approach to relationship counselling that we have called the CACHO model. Before discussing this model (in Chapter 2), we will review a number of significant relationship counselling models that have been developed and which contribute to the CACHO model.

The majority of family therapy approaches have as their foundation the notion that families operate as systems. Notable exceptions to the systemic approaches to family therapy are those approaches that are based on constructivist theory. Consequently, before describing a number of significant relationship counselling models, we will discuss systems theory and constructivist theory.

Systems Theory

System theory describes a family as a system which includes both the individuals in the family and the way these individuals function together (Dattilio, 1998). Further, the family system is made up of smaller systems called subsystems. Typically, subsystems within the family include the parental subsystem, the spousal subsystem, and the sibling subsystem. In any family, there are likely to be other subsystems as a result of factors

such as gender, attachments, alliances, and coalitions. Additionally, a family as a group can be seen as a subsystem of a number of larger systems. For example, the family is a subsystem of the community in which the family lives. Also, the family will relate to a number of other systems, such as the school system, the work system, and the health system.

“Families are systems comprising interactive subsystems”

There are boundaries surrounding every system and subsystem and the properties of these boundaries are important in understanding how the system functions. Most of these boundaries are semi-permeable; that is to say some things can pass through them while others cannot. In families, boundaries are invisible barriers which perform a number of functions, including regulating the amount of contact with others. Generally speaking, boundaries are useful in safeguarding the separateness and autonomy of the family and its subsystems.

Homoeostasis

Homoeostasis is an important concept related to family systems theory. Homoeostasis is a process that enables a system to maintain itself in a state of dynamic balance. However, the way balance within a family system is maintained can sometimes be problematic even though homoeostasis has a stabilizing influence on the family. For example, imagine that a family has come to counselling believing that an emotionally disturbed child is always causing tension between the parents. It may emerge that in order to avoid focusing on tension in their own relationship the parents are focusing their attention on the child who draws attention to herself by acting out. As a consequence, homoeostasis in the system enables the parents to maintain a stable but stressful relationship with each other but in this instance at the cost of the child's emotional well-being.

The effect of change on a system

The one central principle agreed upon by family therapy practitioners regardless of their particular approach is that change in one part of a family system is likely to cause responses from other parts of the system. These responses can sometimes be in the form of resistance to change, as the family will naturally tend to seek homoeostasis rather than allow the system to temporarily go out of balance before seeking a new homoeostasis.

“Homoeostasis can be a restraint to change”

Constructivist Theory

As discussed previously, not all family therapy approaches are grounded in systemic theory. The constructivist family therapy approaches, such as narrative therapy and solution oriented therapy, believe that focusing on systemic issues is unimportant. They contend that it is more important to take account of each individual family member's perceptions of the family and to discover how the family as a whole makes meaning of their family's experience of the problem. However, Lowe (2004) does suggest that in practice a considerable degree of overlap exists between counsellors trained in systemic approaches and constructive family therapists.

Whereas systems theory contributes to family counselling by enabling us to see how people's lives are shaped by the interchanges with those around them, constructivism emphasizes that individuals have their own subjective experience of reality which gives meaning to the way their families function. Constructivism invites us to look beyond behaviour to the ways each individual family member perceives, interprets, and constructs their experience of living in the family.

Established Models of Family Therapy

We have selected for discussion those models of relationship counselling that provide concepts and strategies which can readily be incorporated into an integrated model of counseling, such as the CACHO model described in Chapter 2.

The following approaches will be discussed:

- Multigenerational family therapy
- Strategic family therapy
- Experiential family therapy
- Structural family therapy
- Constructive family therapy

Multigenerational Family Therapy

Murray Bowen was one of the early pioneers in family therapy although he was more concerned with theory than developing techniques. This was evident in his work with families, where he focused on helping the family to develop insights (Bowen, 1978). His theory evolved from psychoanalytic principles and practices and is sometimes referred to as multigenerational, transgenerational, or intergenerational family therapy.

A brief outline of Bowen's theory and concepts follows.

Differentiation of self

Central to Bowen's theory was the emphasis he placed on the importance of each family member differentiating. He described differentiation as both an intrapsychic and interpersonal concept.

The intrapsychic concept of differentiation of self involved the psychological separation of the individual's intellect from their emotions, so that they were able to respond in a reasoned way without automatically responding in an emotionally reactive way. The interpersonal concept of differentiation of self refers to the ability of an individual to separate emotionally from others and become independent as an individual.

Multigenerational transmission processes

Bowen believed that unhelpful family dynamics from a previous generation are transmitted from one generation to the next. He suggested that individuals tend to repeat in their marital choices and other significant relationships patterns of relating learnt in their families of origin and that they pass similar patterns on to their children. Consequently, he believed that the only effective way to resolve current family problems was to change the individual's interactions with their family of origin.

An example of a multigenerational transmission process is the suggestion that people who are enmeshed with their family of origin tend to marry others with whom they can become enmeshed, resulting in two undifferentiated individuals seeking and finding each other and becoming a couple. This is a situation that Bowen perceived as undesirable.

Emotional cut-off

Bowen insisted that adults must resolve their emotional attachment to their families of origin. However, he did not believe that a satisfactory solution was to attempt to differentiate themselves from their family of origin by seeking geographic separation or by the use of psychological barriers such as not talking to their parents. Even though this might resemble a differentiation process and freedom in the form of emotional cut-off, according to Bowen such behaviour did not indicate true differentiation and emancipation, but was a flight of extreme emotional distancing in an attempt to break emotional ties (Nichols and Schwartz, 2007).

Triangulation

Bowen recognized that anxiety can easily develop within intimate relationships. He suggested that two people in such a situation might recruit a third person into the relationship,

thereby reducing their anxiety and gaining stability in the relationship. This is called triangulation and will be discussed further in Chapter 6. He believed that the more poorly people within the family were differentiated, the more intense and insistent triangulation efforts would be. Further, he suggested that the least well differentiated person in the family was particularly vulnerable to being drawn into a triangle to reduce the tension between others.

Using genograms with families

Bowen developed a graphic way of investigating the beginnings of the presenting problem. Called genograms, he used diagrams to map out the family over at least three generations (genograms will be discussed more fully in Chapter 7). When using genograms in Bowenian family therapy, the intention was to modify the influence of historical and predisposing factors arising from the family of origin. Genograms are a relatively emotion-free way of collecting information that makes sense to the family and connects them to the therapeutic exploratory process.

“Genograms help family members share and disclose information about the family”

Strategic Family Therapy

Strategic family therapy was developed in the USA by a number of contributors, including Bateson, Watzlawick, Haley, and Madanes, who were associated with the Mental Research Institute, Palo Alto, California, and in Milan, Italy, by Selvini Palazzoli, Boscolo, Cecchin, and others (Nichols and Schwartz, 2007). In this model of relationship counselling emphasis is placed on cybernetic and structural explanations of family dynamics.

Cybernetic explanations of family dynamics

The cybernetic concepts of *circular causality* and *feedback loops* provide an explanation of the way problems escalate in a family when family members continue to respond to a problem by applying more of the same attempted solutions (see Chapter 6 for a discussion of circular causality).

Structural explanations of family dynamics

Structural explanations of how problems develop rely on the recognition that families have *unspoken rules* that govern behaviour. In strategic family therapy it is assumed that

problems result when family members try to protect or control one another covertly by using the unspoken rules. These rules do serve a purpose, and this is to preserve family homeostasis. They help the family to continue in a stable equilibrium when confronted by behaviours, events, or situations which threaten to alter the family dynamic. Because the unspoken rules inevitably constrain change, strategic therapists attempt to change the rules. They do this through the use of a number of strategies, including reframing behaviour or changing the interpretation of particular behaviours.

The counsellor is the expert

In strategic therapy, the counsellor is considered to be an *expert* consultant who is in charge of the session and has the responsibility for initiating change. The counsellor gives family members specific directives on what they are to do with the aim of changing the manner in which the individual members behave in their relationships with other family members. The directives given may be straightforward or paradoxical.

“Strategic family therapists give directives to the family”

Straightforward directives

Straightforward directives include giving advice, making suggestions, coaching, and giving assignments. For example, if a father was indirectly siding with his daughter (who was wetting her bed) against his wife, the strategic therapist might direct the father to wash the sheets when the daughter wet the bed. This directive would be designed to disengage the daughter and father.

Paradoxical interventions

Paradoxical interventions are intended to circumvent the clients' natural resistance to change. In using such interventions, clients may be asked to exaggerate or even perfect problematic behaviour. For example, a mother who is overly involved with her daughter, watching everything she does, may be asked to increase her behaviour and 'hover' over her daughter every waking minute. This intervention would be intended to entice the mother to protest that the daughter is not taking enough responsibility for herself.

Use of a co-therapist and/or therapeutic team

Strategic therapists from the Milan group stress the importance of working with co-therapists and of the counselling session being observed by other members of the

therapy team (Selvini Palazzoli et al., 1980). This has the advantage of providing different perspectives of the family and its interactions.

Use of circular questions

The Milan group placed considerable emphasis on the use of circular questions, as described in Chapters 4 and 8. Additionally, they believed that it was important that the clients should not view the therapist as being aligned with, or forming a judgement about, any member of the group.

“The Milan group introduced the use of circular questions and an observing team”

Use of positive connotation

Another important strategy employed by the Milan group, was that of positive connotation. Positive connotation was achieved by using a reframing technique which positively connotes the problem and the behaviours of all members of the system, and in particular that of the symptomatic member. For example, the therapist might say, ‘We think we understand why you are all behaving in this way, and believe your behaviour is motivated by good intentions and the desire to alleviate your anxiety about ...’.

Hypothesizing

The Milan group also believed in hypothesizing about the family’s interactions and in particular about the function the symptoms served in the family. The counsellor would then explore the hypothesis with the family. When a hypothesis was rejected by the family, it was not considered a failure but was seen as promoting greater understanding.

Experiential Family Therapy

Major contributors to experiential family therapy included Carl Whittaker, Virginia Satir, August Napier, David Keith, and Leslie Greenberg (Nichols and Schwartz, 2007). Experiential family therapy is existential, humanistic, and phenomenological.

An *existentialist* perspective suggests that the only way human beings can make sense of their existence is through their personal experiences. Thus, existentialist counselling requires the clients to have a personal experience which will bring them in touch with their emotions during the therapeutic process.

A *humanistic* perspective requires a belief in the natural wisdom of honest communication and emotion, and that people are naturally resourceful and, if left to their own devices, will be energetic, creative, loving and productive.

Phenomenology is concerned with how we try to make sense of the world. The phenomenological perspective involves forming constructs which encapsulate an individual's concepts but these constructs can be revised and replaced by new constructs as new information becomes available.

According to this model, healthy families allow for individuality as well as togetherness, and individual family members feel safe enough to be honest about their feelings and free enough to be themselves. In contrast, families who experience problems are seen to be locked into self-protection and avoidance. In seeking security they restrict their emotions and desires.

Experiential family therapists focus on the subjectivity of the individual. They believe that all members of a family have the right to be themselves and the needs of the family sometimes suppress this individuation. Experiential family therapists help individuals to get in touch with their honest emotions, disclose them, and then forge more genuine family ties from this enhanced authenticity. They believe that these encounters must be reciprocal, which requires the therapist to be genuine instead of hiding behind a professional role.

Role of the therapist

The therapist is seen as a catalyst for change, using their personal impact on the family. Thus, Carl Whitaker, an experiential family therapist, insisted on sharing his own feelings with the family. Clearly, this raised transference and counter-transference issues. However, he believed that to minimize counter-transference it was essential to share his own feelings openly (Whitaker, 1976).

As an experiential therapist Virginia Satir's goal was to help clarify communication in the family and move people away from complaining towards finding solutions. She supported the self-esteem of family members by pointing out their positive intentions (Satir and Baldwin, 1983).

**“Experiential family therapists see themselves
as a catalyst for change”**

Experiential therapists are usually active and personally involved in the counselling process, making use of expressive techniques such as strategies from Gestalt therapy and psychodrama. In using these techniques, the experiential counsellor focuses on the immediate here-and-now experience, and expression of feelings. The goal in using these techniques is to give the family an experience which enables them to get in touch with

their emotions and increases their awareness of how they function. The experiential techniques provide an opportunity for experimentation with alternative ways of functioning. A good example of an experiential technique is the use of family sculpture. This strategy and a number of other experiential strategies are described in Chapter 9.

Structural Family Therapy

Salvador Minuchin was the originator of structural family therapy. Minuchin (1974) placed emphasis on:

1. Family structure.
2. Subsystems.
3. Boundaries.

Family structure

In any family, the family members will interact with each other in particular sequences or organized patterns. These define the family structure. For example, most families have some kind of hierarchical structure with adults and children having different amounts of authority. Even though most family structures have some common features, each family will have its own idiosyncratic ways of relating which are particular to the family. Thus, in a particular family, we may find that one parent assumes a powerful role as an organizer while the other parent takes a low-key role. In another family, the two parents may work collaboratively, sharing their responsibilities.

Subsystems

A family system contains subsystems of members who join together for various purposes. According to structural family therapy, a subsystem may consist of only one family member, or of a dyad, or of a larger group of family members. In most families, there is a parental subsystem and a sibling subsystem. However, there are likely to be other subsystems. For example, there may be a subsystem consisting of a mother and son who are acting in partnership or coalition for a specific purpose, such as mutual support against a perceived aggressor in the family. It is important to recognize that an individual family member may belong to more than one subsystem; if a mother and son are in a subsystem, it is also possible that the mother will be in a subsystem with her spouse and that the son will be in a subsystem with other siblings.

Boundaries

The family system and the subsystems within the family will all have boundaries around them. These boundaries protect the separateness and autonomy of each system or

subsystem. While some boundaries will be rigid, others will be more diffuse. Rigid boundaries limit contact with outside systems with the advantage that a subsystem protected by a rigid boundary can operate very independently. A disadvantage of a rigid boundary is disengagement from other systems, with the result that contact, warmth, affection, and nurturing from those outside the boundary is restricted. Diffuse boundaries permit a higher degree of contact with other subsystems, which may result in feelings of mutual support at the expense of independence and autonomy. Whereas rigid boundaries may result in disengagement, diffuse boundaries may result in enmeshment. Members of a family where there is a high degree of enmeshment are likely to be supportive of each other and emotionally close but at the cost of their independence and autonomy.

Adaptive family functioning

Structural family therapists emphasize the need for a parental hierarchy where the parents work together in managing the family, but believe that what is required is for a family to be able to vary their family structure on an ongoing basis in order to adapt to changing family circumstances and developmental stages. For example, as children grow into adolescence it is usually appropriate for the style of parenting to change to meet the needs of the emerging adult. In particular, as an adolescent seeks to individuate their relationship with the family, the subsystems within the family are likely to need to change.

“Family structures need to change to adapt to circumstances and developmental stages”

Unfortunately, in response to situational and developmental changes, some families respond by trying to increase the rigidity of structures that are no longer functional. This often leads to disturbance and unhappiness in the family.

Therapeutic processes

Structural family therapists attempt to bring about change to a family's structure with the expectation that doing this will result in solving the family's problems. Frequently, the goal will be to create an effective hierarchical structure where the parents are in charge and functioning together as a cohesive subsystem.

The structural family therapist makes hypotheses with regard to the family structure and invites family members to communicate directly in an attempt to modify unhelpful patterns. During this process the therapist will intervene forcefully at appropriate

times in order to directly confront the family with what the therapist considers are unhelpful elements of the family structure.

Constructive Family Therapy

Constructive family therapy relies on understanding families rather than focusing on theories about how families 'normally' function. Thus, constructive therapists view each family as unique, with its own preferred way of functioning. Instead of focusing on pathology, or what is wrong with the family, they focus their attention on the experiences and hopes of family members. They view the family as being made up of different members, each with their own individual stories about the family (Parry and Doan, 1994). Family therapy is then seen as counseling, where the focus is on helping individual family members to get along better with each other by coordinating their differing stories (O'Hanlon and Wilk, 1987).

Gergen (2000) identified four characteristics underpinning constructive therapy practice:

1. A focus on meaning.
2. Therapy as co-construction.
3. A focus on relationship.
4. Value sensitivity.

A focus on meaning

Rather than focusing on what is 'really there', constructivist therapists seek to find out through the language of conversation, narrative, and consultation, the way the family makes sense of their experience through the 'story' they have created about the family. The 'story' of the family is not derived directly from the facts, but is negotiated and co-constructed through social conversations within the family.

Therapy as co-construction

Therapy as co-construction suggests that from a constructionist perspective meaning is not communicated from the therapist to the client but is generated collaboratively. The therapist's role is in structuring the conversation using a consultative approach and this structuring is continually guided by client feedback.

A focus on relationship

The constructivist approach believes that meaning is not made from one individual mind but is derived from the relationship between people and involves an ongoing

process of negotiation and coordination with others. Constructive family therapy uses the therapeutic session as a space in which clients can discover and expand their 'stories'.

Value sensitivity

Constructive therapists are sensitive to the values held by them and those held within a family. Constructive therapy practice encourages a process of reflexivity so that assumptions which are taken for granted can be suspended. Consequently, there is a shift in emphasis from the objective application of professional knowledge to a consideration of the values inherent in the therapist's practice.

Constructivist approaches

Under the umbrella of constructive family therapy there are a number of distinct approaches, with solution-oriented family therapy and narrative family therapy being the two most commonly practised.

Solution-oriented family therapy is derived from brief solution-focused counselling pioneered by Steve de Shazer (1985). The emphasis is on what clients want to be different, how making the required changes will make a difference to their lives, how they will identify that these changes are occurring, whether these changes have occurred already and how this was achieved.

Narrative family therapy was developed by Michael White and David Epston (1990). Narrative therapists spend time discussing the problem in a way that avoids blame and invalidation, and encourages the possibility of an alternative picture. Narrative therapists use a process of externalizing and encourage family members to take a position with regard to this externalized story of their lives. By separating the problem from the people in the family, family members are invited to reflect on the effects of the problem, to adopt a preferred stance towards the problem, and to discover the choices that are available.

Summary

Table 1.1 summarizes the models of family therapy which have been described in this chapter. These are not the only models of relationship counselling available, but they are models which provide concepts, strategies, and techniques that we have found to be useful when developing the integrative relationship counselling CACHO model. The CACHO model, which guides our family counselling practice, is described in the next chapter.

OVERVIEW OF RELATIONSHIP COUNSELLING

17

TABLE 1.1 *Established models of family therapy*

| | Multigenerational family therapy | Strategic family therapy | Experiential family therapy | Structural family therapy | Constructive family therapy |
|-------------------------------|--|--|--|---|--|
| Key figures | Murray Bowen | Bateson, Madanes, Palazzoli | Gestalt/Satir/Whitaker | Minuchin | Steve de Shazer Michael White |
| Goals | To block triangulation and encourage members of the family to move towards differentiation | Identify interactional sequences that maintain a problem | Attempt to reduce defensiveness and facilitate open and honest expression of feelings and thoughts | Realign psychological boundaries and strengthen hierarchical organization | Identify resources for overcoming the problem. Deconstruct the problem and co-construct new life story |
| Function of counsellor | To guide objective research, teach | Active director of change, problem-solving | Active facilitator, Challenger | Promoter of change in family structure | Listener and questioner. Collaborator to find solutions |
| Process of change | Cognitive processes lead to an understanding of family of origin | Change occurs through action-oriented directives and paradoxical interventions | Awareness-raising and seeds of change are planted in therapy confrontations. Family moves to new possibilities and new integration | Therapist joins the family in a leadership role, and changes structures and sets boundaries | Focus on solutions. Life stories are reauthored |
| Techniques | Genograms and de-triangulation of relationships | Hypothesizing, reframing, amplifying | Empathy, sculpting, role-playing, self-disclosure, confrontation | Boundary-making techniques, unbalancing and tracking | Adopting a not-knowing position, questions of curiosity, externalizing the problem |

KEY POINTS

- Systems theory involves the notion that families are systems that interact with other systems and have subsystems within them.
- Families naturally seek homeostasis, but for change to occur the system needs to temporarily destabilize before seeking a new position of homeostasis.

- Multigenerational family therapy places emphasis on the way patterns of behaviour are passed from generation to generation.
- Strategic family therapy is based on cybernetic, structural, and functional explanations of family functioning.
- Strategic family therapists offers straightforward and paradoxical directives to the family.
- Experiential family therapists use expressive techniques to help the family experience their emotions and enhance their awareness of how the family functions.
- Structural family therapists intervene in an attempt to change the family structure with the expectation that this will solve the family's problem.
- Constructive family therapy relies on understanding families rather than on focusing on theories about how families 'normally' function.
- Constructive family therapy focuses on meaning, relationship, and value sensitivity. It focuses on helping family members to improve their relationships by coordinating their differing stories.

QUESTIONS FOR GROUP DISCUSSION OR STUDENT ASSIGNMENTS

1. Describe your own family or another family you know in terms of family systems theory.
2. Describe a family, either real or invented, where there is a problem within the family. Briefly describe how two different approaches to family therapy might try to address this problem.
3. Compare differences between strategic family therapy, structural family therapy, and experiential family therapy, in the therapist's style of working and understanding of their role.
4. How might systems theory and constructive family therapy overlap in practice?



2

The CACHO Model of Integrative Relationship Counselling

As discussed in the previous chapter, each of the single-model approaches to relationship counselling tends to emphasize a particular way of conceptualizing the family, or couple relationship, and to rely on the use of specific strategies or techniques in promoting change. As a consequence, each of the single models has limitations when working with particular families (or couples) as each family has their own idiosyncratic ways of functioning, of perceiving their relationships, and of responding to processes intended to produce change. We would strongly suggest that, as with individual counselling models, no one relationship counselling approach can meet the emotional, psychological, behavioural and social needs of diverse families, couples, and individuals. It is not surprising, therefore, that for some years now many, if not most, relationship counsellors have tended to make use of concepts and strategies taken from several of the single-model approaches.

Nichols and Schwartz (2007) point out that there are three different ways in which counsellors can make use of concepts and strategies drawn from a variety of single-therapy approaches. These can be described as:

- eclecticism
- selective borrowing
- specially designed integrative models.

Eclecticism

Until recently, many relationship counsellors have described themselves as eclectic. They have been flexible in making use of concepts, strategies, and techniques from a variety of single-model approaches. They have done this in the belief that an eclectic approach enables them to choose those particular interventions, aimed at producing change, which are most appropriate for a particular family or couple. Although this approach may have some advantages when working with particular families, compared with a single-model approach, it does have some quite serious limitations. When using such an approach, the counsellor is unlikely to consistently rely on a single clearly defined

theory of change and, consequently, there is likely to be a lack of clinical consistency throughout the counselling work. As a result, uncertainty and disillusionment in the clients due to a lack of a clear direction in the therapeutic process is likely to be experienced.

Selective Borrowing

In order to overcome the limitations of using an eclectic approach some counsellors have chosen to use what may be described as selective borrowing. In selective borrowing, the counsellor bases their therapeutic approach primarily on one particular relationship counselling model but then borrows techniques and strategies from other approaches to achieve particular goals at any point in the counselling session. When considering options, a counsellor may choose those techniques and strategies, together with their associated theories of change, which the counsellor believes will be particularly suited to the clients involved and which the counsellor assumes will be likely to help in producing change at a particular point in the counselling process.

Consider a practical example of selective borrowing. Imagine a counsellor who chooses to use narrative therapy as their primary relationship counselling model. The counsellor will naturally invite the family to tell their stories about living in their family, and may discover unique outcomes where the family has been able to live their preferred story at times. However, the family might find it difficult to describe how their family interacts as a result of the effects of the problem and, in particular, might have difficulty in explaining how 'power' and 'lack of intimacy' influence the family. To help the family explain more clearly, the counsellor could borrow strategies and techniques from experiential family counselling and use family sculpting to help the family tell their story about how 'power' affects the family and to discover a preferred way of being.

Unfortunately, the counselling process might be compromised as a result of this approach. Family sculpture is a strategy used in experiential family therapy and is designed to facilitate the experience and raised awareness of emotions and emotional relationships within the family. Using this strategy in the context of narrative therapy could distract the family from the narrative therapy task of discovering the effects of the problem, and instead invite them to connect with their emotions and with more problem-saturated stories. In experiential counseling, it is assumed that use of the strategy will produce change as a result of the experience. In contrast, using narrative therapy, change occurs through deconstructing problem stories and reconstructing alternative preferred stories, and not through experiencing emotions. Conflict in the therapeutic process will inevitably arise because the different theories of change related to narrative therapy and experiential therapy collide.

“Selective borrowing leads to confusion related to theories of change”

From the above discussion, it is clear that a problem with selective borrowing is that the theoretical process of change associated with the primary relationship counselling model may be compromised by introducing strategies, with their associated theories of change, from different models in an *ad hoc* way.

Specially Designed Integrative Models

There are several types of integrative model but the two most common are:

1. Models which sequentially integrate a number of different approaches together with their theories of change.
2. Models based on one theory of change.

Models which sequentially integrate a number of different approaches together with their theories of change

A good example of an integrative counselling model which is based on sequentially using a number of different approaches with their theories of change is the Sequentially Planned Integrative Counselling for Children (SPICC) model (Geldard and Geldard, 2008a). In the SPICC model there are five phases which follow each other sequentially in the counselling process. In each phase a new counselling approach is used with its associated theory of change. In the first phase, client-centred counselling is used to join with the child and enable the child to tell their story. In the second phase, Gestalt therapy is used to help raise the child to awareness and enable them to get in touch with strong emotions. This allows for catharsis to occur. In the third phase, narrative therapy is used with the goal of helping the child to change their view of themselves. In the fourth phase, cognitive behavioural therapy is used to help the child deal with self-destructive beliefs and look at options and choices. In the final phase, behaviour therapy is used to help the child rehearse and experiment with new behaviours. Because the process is sequential, a number of different theories of change can be used to achieve the goals required at various stages in the counselling process.

Models based on one theory of change

Integrative models that are based on one theory of change from a particular counselling model usually combine strategies and techniques from a number of single-model approaches which are compatible with each other and can be incorporated into a comprehensive model. Using such an integrative model is different from selective borrowing because the integrative model is based on a single theory of change taken from a preferred single model. In achieving positive outcomes in accordance with this single theory of change, compatible strategies and techniques taken from other models can be

intentionally introduced provided that they do not compromise the underlying single theory of change.

“Single theory of change models only use strategies which will not compromise the theory of change”

Because these integrative models are based on a single theory of change, the counsellor is clear about the potential conflicts that might arise when choosing strategies and/or techniques taken from a variety of models of counselling. The advantage of such an integrative approach is that it increases the counsellor's repertoire in such a way that it is possible to address the needs and problems of particular clients more effectively by offering more options for intervention than a traditional single approach.

It is essential for an integrated model of this kind to have a clearly defined process of change and this process of change must be central to the integration process. An integrative approach to the practice of relationship counselling must include the development of a working model with guiding principles that help the therapist and family to organize goals, explore interactions, enhance communication, and discover ways to promote change. It is also essential to have a rationale for the techniques and strategies that are used, with some sense of the expected outcomes. We refer to this process as the counsellor's practice framework. It is described in detail in Chapter 10.

The CACHO Integrative Model of Relationship Counselling

As relationship counselling practitioners, we have developed and use an integrative model of relationship counselling which we call the CACHO model. This model is based on a single theory of change. The model relies on a systems approach to counselling families, focusing on change within the session, and also integrating change that occurs between sessions. The theory of change underlying the model is based on Gestalt therapy theory and practice (Resnick, 1995; Yontef, 2005). Extensive use is made of the Milan systemic family therapy practice of using circular questions and Gestalt therapy experiments. At appropriate times during the therapeutic process strategies from a number of other therapeutic models, including experiential family therapy, multigenerational family therapy, structural family therapy, solution-focused counselling, and narrative therapy, are introduced without compromising the theory underlying the process of change.

It is important to remember that the CACHO integrated model of relationship counselling is grounded in the Gestalt therapy theory of change. CACHO is an acronym representing the following:

- C – communication
- A – awareness
- CH – choice
- O – outcome

C – communication

A basic tenet of Gestalt therapy is that change occurs as a result of raised awareness (Yontef, 2005). When we are working as counsellors with a couple or family system, we believe that the first step in raising awareness is to use strategies which will help the participants to communicate with each other so that they are able to begin to understand the pictures and/or discourses which each of them have with regard to their relational system. Hence the first stage in the therapeutic process using the CACHO model involves helping the members of the system to look at their family pictures through multiple lenses. Each member of the system will have their own lens through which they perceive the system. By looking through each other's lenses, each individual's awareness of the reality of the present system and its functioning is heightened (Resnick, 1995).

Throughout this book we will refer to 'what is' and the way things are in the 'here and now'. Raising awareness of 'what is' in the 'here and now' moves family members and the family as a whole to a position where decisions with regard to change can be made.

In the CACHO model, in order to encourage communication so that individuals start to look through multiple lenses use is made of circular questions. The use of circular questions is an integral part of the Milan systemic family therapy model (Selvini Palazzoli et al., 1980).

A – awareness

Once family members are able to share each other's pictures, their awareness is inevitably raised not only of their own perspective and story about the family, but also of other family members' perspectives and stories. The underlying Gestalt therapy theory of change used in the CACHO model relies on using strategies to intensify the raising of awareness.

In order to intensify the raising of awareness, the CACHO integrative model makes use of a variety of practical strategies and techniques which are particularly suitable for this task. These techniques are taken from a number of relationship counselling models, including experiential, multigenerational, and structural family therapy, together with practices from social constructionism. For example, techniques taken from Satir's experiential family therapy, such as the use of a family sculpture, might be included at an appropriate point in the counselling process in order to increase the family's awareness of family interactional patterns and dynamics. Similarly, awareness might be raised using a genogram, as in Bowenian family therapy.

“Strategies to raise AWARENESS are central to the CACHO model”

Other strategies which are helpful in intensifying the raising of awareness involve the use of a reflecting team or feedback by a co-therapist. These will be described in Chapter 3.

CH – choice

At those points in the counselling process where awareness is raised sufficiently so that a Gestalt ‘Ah-ha’ experience occurs for an individual or individuals in the system, it is inevitable that choices with regard to possible change will emerge. The most basic option that frequently emerges is the choice to continue thinking and behaving as now with no change or to think and behave differently. Clearly, there will be consequences for any decision made with regard to either choice. It is here that the counsellor needs to once again raise awareness with regard to the outcomes of decisions which might be made. In raising awareness regarding decisions for the future, it may be helpful to use strategies from narrative therapy and solution-focused therapy. Both of these approaches invite the client to collaboratively work with the counsellor in order to explore future possibilities, solutions, and preferred ways of being.

O – outcome

When decisions have been made to change thinking and behaviour, there will be an outcome for the system. As a consequence of any changes by an individual in the system, there will be responses from other members of the system. In Gestalt terms, the system is undergoing an experiment through which changes in behaviours can be monitored with regard to the outcome or consequences resulting from the changes. Once again, using the CACHO model, it is appropriate to move back into the communication stage of the process so that individual members can share their pictures with regard to the outcome of decisions and subsequent changes that have occurred. Thus, to help in this communication process circular questions taken from the Milan model of family therapy might be used.

Promoting Change Using the CACHO Model

As has been explained, the promotion of change using the CACHO model is achieved through raising awareness of ‘what is’ in accordance with Gestalt therapy theory. Once members of a family system become fully aware of how the system functions, they will

recognize that they have a choice – to keep doing as they are or to do something different. Consequently, when using this model it is not essential for the counsellor to make hypotheses about what is happening, or to try to use strategies that are designed to deliberately promote a particular change. The method is respectful of the individual members and the family as a whole as it invites each member of the system to make their own decisions with regard to the choices available in order to improve relationships.

The paradoxical theory of change

Many relationship counsellors, and particularly strategic family therapists, believe that it is important for them to hypothesize with regard to how the system (family or couple) they are working with is operating. Once they have formulated a hypothesis, they will devise strategies to bring about change in the system in a particular way. However, according to Gestalt therapy theory, this practice is unhelpful. The Gestalt view (Yontef, 2005) is that pushing for change in a particular direction by the therapist will inevitably be resisted. Resisting the urge to push for change and instead focusing on raising awareness of what is in the ‘here and now’ is, paradoxically, likely to spontaneously precipitate change.

Our own practice as counsellors confirms the Gestalt paradoxical theory of change. We have found that it is generally not useful to try to push a family, couple, or individual to change. Human beings as a whole do not like being manipulated, directed, or told what to do; their natural response to such attempts to change their behaviour is almost always to resist. However, if as counsellors we use strategies which are aimed at enhancing the client’s awareness of what is in the here and now, almost always the clients will decide for themselves how they want to change and will go ahead in trying to do this.

Continuing a circular process until counselling is concluded

Figure 2.1 summarizes in diagrammatic form the process used in the CACHO model. The process is circular and will generally keep repeating itself until the clients have achieved their goals through counselling. For example, after moving around the Communication, Awareness, Choice, and Outcome circle, the clients may need to return again to the communicating stage in order to share with each other their pictures of the outcomes of any changes that have been made. Once again, circular questions from the Milan method can be used to help individuals share their pictures with other members of the system. If members of the system are not satisfied with the outcomes that have been achieved, it may be helpful for the counsellor to assist the family once again by raising awareness of ‘what is’ through the use of suitable strategies taken from a variety of therapeutic models, as will be discussed in subsequent chapters. This might lead to new choices being made with further outcomes.

Using this relationship counselling model, the counsellor can facilitate movement around the CACHO circle several times if necessary until satisfactory outcomes for the

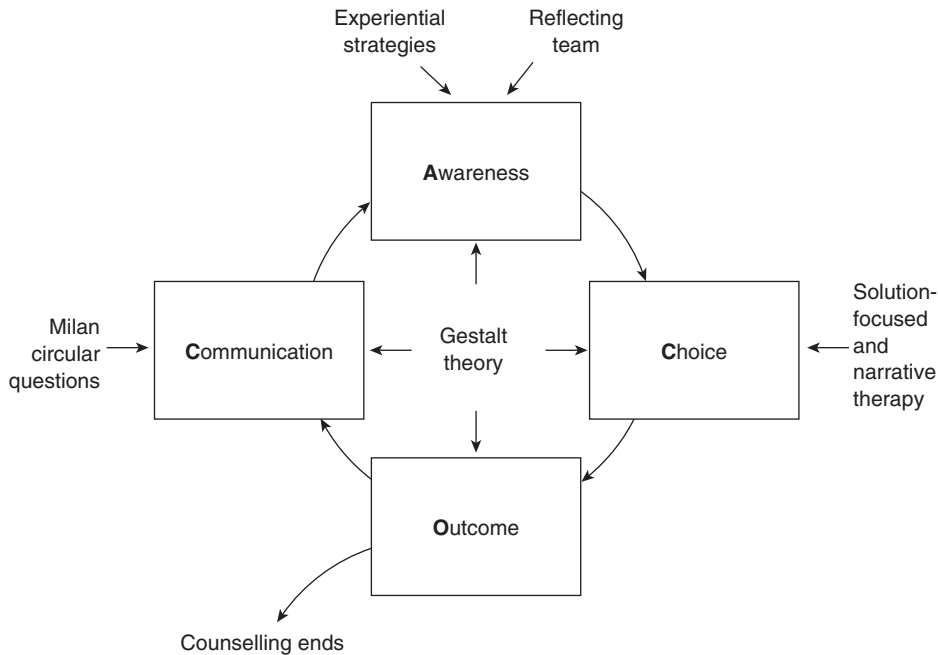


FIGURE 2.1 *CACHO integrative relationship counselling*

clients are achieved. Clearly, when this occurs it is appropriate for counselling to end, and in most cases the clients will decide to do this themselves.

KEY POINTS

- Eclecticism may lack clinical consistency as strategies and techniques are selected in an ad hoc fashion.
- In selective borrowing, one particular model is used and techniques and strategies are borrowed from other approaches. However, allegiance to a clearly defined theory of change may be compromised.
- Integrative models grounded in a clearly defined theory of change may incorporate strategies and techniques from a variety of models.
- The CACHO integrative model is grounded in Gestalt therapy theory of change and makes use of strategies and techniques from a variety of models at particular points in the therapeutic process.
- The paradoxical theory of change suggests that clients are likely to resist attempts to encourage them to change in a particular way and that change is more likely to occur by raising awareness of what is.

QUESTIONS FOR GROUP DISCUSSION OR STUDENT ASSIGNMENTS

1. Describe how you believe other members of your family would describe you and describe how you think people from outside your family would describe you. Explain whether or not these descriptions fit with your own description of yourself. Discuss what you would like to do in order to try to change any of these descriptions.
2. Think about a behaviour of yours, or of another member of your family, that concerns you in some way. Describe what you would do if you decided that you would like to change the troubling behaviour.
3. Choose the model of relationship counselling that most appeals to you. Explain how you could use this model as the basis for an integrative model. Describe how your model might be effective in helping a particular family, either imagined or real, which is experiencing problems.



3

Use of a Co-therapist and/or Reflecting Team

Gregory Bateson (1972) pointed out that for people to learn and change, new information is required. The CACHO model described in this book depends on a Gestalt therapy theory of change. As stated previously, this theory of change is based on the assumption that change is produced by raised awareness. One way of raising awareness is to provide new information, or to highlight information that has been available but has been undiscovered, hidden, discounted, or disregarded by the clients.

In Chapters 8 and 9 we will discuss a variety of ways in which to raise a family's awareness through helping them to share information with each other and by inviting

them to engage in experiential exercises. In some situations it is possible for the counsellor to provide information directly to the family that can be helpful in raising awareness. Other useful ways of providing information are through the use of:

- a co-therapist
- a reflecting team.

Looking at a situation from one angle provides a limited view and perspective about that situation (Friedman, 1997). This is certainly the case in families where each member of the family will have their own perspective as though they were looking at the family through a single lens. By helping the members of the family to share their pictures with each other, they can begin to look through multiple lenses and, as a consequence, their own individual pictures are likely to change.

“Looking through multiple lenses raises awareness and promotes change”

The use of a co-therapist or reflecting team offers an additional possibility that new and different pictures of the family can be shared with the family. A co-therapist's picture of a family, or the pictures provided by members of the reflecting team, enable family members to think about their own pictures and to modify them if they wish. In this process, the co-therapist's picture or a reflecting team member's picture is not an objective picture of the family, as these pictures come from the subjective observations of the people concerned. Even so, they are of value as they provide another perspective and give another point of view to expand the family's perceptions and raise the family's awareness of alternative pictures and possibilities for change.

The Observation Room

Generally, when a co-therapist or reflecting team are involved in the counselling process they will observe the family through a one-way mirror from an observation room which is adjacent to the counselling room. The observation room includes a sound system which enables the observers to hear what is being said in the counselling room as well as to observe visually through the one-way mirror. When using such an arrangement it is essential to attend to the ethical issues involved. Clients need to be fully informed about the arrangements that will be used and why, and to give their consent in writing for this to occur. In order for clients to feel comfortable before counselling begins, they can be introduced to the co-therapist or the members of the reflecting team.

Use of a Co-therapist

When a co-therapist is involved in the counselling process it is essential that an explanation is given to the family with regard to the role of the co-therapist and the possible actions that the co-therapist might take. There are a number of different ways in which a co-therapist can provide a family with additional information that might be helpful. These include:

- telephone interventions
- presentation of the co-therapist's picture
- open therapist/co-therapist discussion.

Telephone interventions

While actively counselling a family, the counsellor continually pays attention to individuals in the family, carefully listening to what they are saying, watching the processes and interactional patterns that are occurring between them, and observing their behaviour. The counsellor guides the conversation by inviting family members to speak and responding to them by giving feedback, and perhaps by drawing attention to information that has been minimized or by sharing curiosity about the family and the way the family functions. Consequently, a family counsellor is trying to attend to many different processes simultaneously. As a result, it is almost certain that they will miss some important interactional and behavioural processes as they are occurring. By contrast, a co-therapist watching and listening from an observation room, who is not involved in family interactions, can focus completely on the activity of observation. Where a co-therapist notices that information that might be useful for the family has not been brought to the attention of the family, it is appropriate at times for the co-therapist to share this information with the counsellor. If the counsellor also believes that sharing the information may be constructive, they can relay this information to the family. In this situation the co-therapist might phone through to the counsellor using an intercom phone connecting the counselling room with the observation room. Once the information from the co-therapist has been passed to the counsellor, the counsellor can decide whether or not to pass this information on to the family. If the counsellor decides to give this information to the family, it is important for the counsellor to preface such information by explaining to the family that the information comes from the co-therapist and not from the counsellor themselves. This makes it easier for the family to reject the information if they disagree with it, to discuss the information openly, and, if applicable, to use the information in developing their pictures.

**“The family consider and evaluate the
co-therapist's information”**

Typically, a co-therapist will intervene for the following purposes:

- to feedback processes
- to feedback interactional patterns
- to feedback observations of behaviour
- to draw attention to information that has been minimized
- to suggest a hypothesis to explain particular behaviours.

Feeding back processes

There are many different processes which occur when families are interacting together and sometimes they will not be noticed by the counsellor but will be recognized by the co-therapist. Consider an example where a teenage daughter tells her mother several times in a counselling session that she would like to have a better relationship with her. However, instead of responding to this request each time, the mother complains about the daughter's behaviour. If this process can be brought into the open, then it is possible that the mother can begin to consider changing her behaviour and respond directly to her daughter's request.

Feeding back interactional patterns

Because the counsellor is attending to their relationship with individual members in the family, they may not notice some important interactional patterns that are occurring between other members of the family. In this instance, it may be that the co-therapist notices these interactions and believes that the family may find the observation useful. For example, the co-therapist may notice that whenever tension starts to build between a father and daughter, a son intervenes with the goal of reducing that tension, but in doing so undermines the father and daughter's attempts to find a resolution to their conflict.

Feeding back observations of behaviour

A family can often benefit from information received from a co-therapist about both verbal and non-verbal behaviour that is occurring in the family. It might be noticed that a great deal of interrupting and not much listening occurs in a family, and that one person dominates the conversation, or that one person remains silent and hardly talks at all. Similarly, feedback about non-verbal behaviour, such as heightened activity when particular issues are being discussed, or a member of the family turning their back on another member of the family, may be important information which will help the family to better understand the way their family functions.

Drawing attention to information that has been minimized

It is important for the counsellor to maintain equality in their relationships with each family member and for family members to feel equally respected and validated with regard to their individual perspectives. However, a co-therapist might advocate on

behalf of a family member. For example, a co-therapist might notice that whenever a son in the family complains about his lack of privacy and the way that his siblings treat his room as communal space the other members of the family either minimize or ignore what he is saying and move on to talk about other issues. It might be useful in this instance for a co-therapist to pass this observation on to the counsellor so that they can tell the family without compromising their own relationship with any family member.

Suggesting a hypothesis to explain particular behaviours

We would like to stress that we do not believe that as counsellors it is helpful for us to behave as experts who can give families reliable hypotheses in order to explain particular behaviours. Even so, we do think that it can be valuable for a co-therapist to tentatively put forward a suggestion which could possibly add other dimensions to the family's perspectives with regard to particular behaviours. For example, consider a family where the father has recently left and the mother has, by her own admission, become very depressed, withdrawn into herself, and given up trying to run the family. She has complained that her teenage son and daughter are continually fighting with each other and distressing their younger brother and sister. It may seem to the co-therapist watching the family counselling session that the teenage son and daughter are in conflict with each other because both of them are very concerned about the need for leadership in the family and are in a power struggle with each other to take over control of the family. This hypothesis of the co-therapist's could be quite wrong, but even so it could be useful for the co-therapist to let the counsellor know about this hypothesis so that the counsellor can, if they wish, share it with the family. In sharing the hypothesis, the counsellor would need to let the family know that this hypothesis may be quite wrong, and that the idea is simply that of the co-therapist. The family can then be invited to discuss the hypothesis with regard to how it fits for them in their current situation. This discussion is likely to lead to an increase in the family's awareness of what is actually happening in the family.

Guidelines regarding making telephone interventions

- Telephone interventions need to be given sparingly. Generally, there should not be more than one or two interventions in a counselling session.
- The message from the co-therapist should be short and direct with a minimum of discussion.
- Usually the message will be passed on to the family without amendment.
- The counsellor should make it clear that the message comes from the co-therapist and not from themselves.
- After a message has been given, the counsellor will generally ask the family if they agree or disagree with the message.
- The counsellor has the right to ignore a message.

Presentation of the co-therapist's picture

Often, when using the CACHO model, such a tentative hypothesis as described above, will be presented to the family by the co-therapist in the form of a feedback picture or metaphor at the end of the first counselling session, as will be explained in Chapter 8.

Open therapist/co-therapist discussion

As is explained throughout this book, the theory of change used in the CACHO model is a Gestalt therapy theory of change, which depends on raising awareness of what is in the 'here and now'.

We have already described the way that it can be useful for a co-therapist to intervene by phoning in to the counsellor with information which may be related to the family. Using such an intervention enables the counsellor to manage the counselling session in the way that they see as most appropriate. The counsellor can either immediately pass on the information relayed by the co-therapist, or retain the information until a suitable or appropriate window arises in the conversation. Alternatively, the counsellor can decide not to introduce the information from the co-therapist but instead to focus on the current issues being discussed as this may be more useful and helpful for the family at the time. Focusing on current issues is a way of raising the family's awareness of what is in the 'here and now'.

Another way of working with a co-therapist that can have a strong impact on the family is for the co-therapist to come into the counselling room and have an open discussion with the counsellor about the family. The idea of having an open discussion between the counsellor and co-therapist in the presence of the family was first promoted by Carl Whitaker (1976).

“Therapist/co-therapist discussion in the presence of the family helps make the counselling process transparent”

Before undertaking this process it is important for the counsellor to talk with the family about the process and to check whether they would like to be involved by listening to the discussion between counsellor and co-therapist. Having a discussion in this way in the company of the family helps to make the counselling process transparent and enables the counsellor to become a direct contributor to the counselling process. After this discussion has been completed, the co-therapist withdraws to allow an opportunity for the family to comment on and respond to the discussion.

The Uses of a Reflecting Team

The use of the reflecting team is a powerful way to raise a family's awareness of what is in the here and now. Additionally, reflecting teams can be very useful with regard to the training and ongoing supervision of relationship counsellors.

Change in families can often be inhibited by family members becoming 'fixed' on the idea that a particular type of solution is required. As a consequence, they may experience significant difficulty shifting to more effective and more economical alternatives, even when these are evident (Friedman, 1997). It is easy for 'tunnel vision' to develop, with the family looking towards a particular solution and ignoring other alternatives that may also be possible. We know that it is difficult for human beings to let go of one fixed point of view. A goal in relationship counselling must therefore be to help family members let go of their preconceived ideas and open themselves up to receiving and taking into account new information with regard to their preferred choices.

The reflecting team process

The reflecting team model was initially suggested and developed by Tom Anderson (Wetchler, 1996). Reflecting teams consist of a group of counsellors, or trainee counsellors, who are introduced to the family before counselling starts, and who observe the counselling process from an observation room through a one-way mirror with a sound system. Reflecting teams can vary in size from a minimum of two and a maximum of six members. Having more than six members in a reflecting team is usually unwieldy and leads to lengthy reflecting team discussions which may be tedious for the family.

After observing the counselling process during the main part of the counselling session, which may last typically from 30 to 40 minutes, the reflecting team exchange places with the client family and the counsellor, who now enter the observation room. The family and counsellor then observe the reflecting team as they discuss their individual perceptions of the client family, and the processes occurring within the family. The team members are encouraged to present their pictures of the family spontaneously and openly, without attempting to arrive at a consensus or a particular point of view. Instead, the focus is on expanding the family's perceptions so that they are made aware of a number of differing perspectives regarding their family.

Having listened to the reflecting team's discussion, the counsellor and family exchange places with the reflecting team and return to the counselling room. The family then have an opportunity to discuss the reflecting team's conversation. By doing this, their awareness is raised as they are now able to view their family from many different perspectives and may consequently be in a position to make helpful choices with regard to change.

“Reflecting team discussions can intensify the raising of awareness”

Using a reflecting team intentionally minimizes the possibility that the family will see the counsellor or the reflecting team as hierarchical experts who will find solutions for them. Instead, they are able to see their family through multiple lenses and, in collaboration with the counsellor, to explore possible solutions. The process is transparent because the reflecting team talk spontaneously and openly while the family listen, and the family then have the right to dispute, disagree, agree, or generally comment on the reflecting team's ideas and, as a consequence, discover their preferred solutions.

Characteristics of a reflecting team discussion

Members of a reflecting team need to ensure that their discussion proceeds in a manner which will be acceptable to the family, recognizing the family's strengths and positively connoting the family's behaviours and attitudes wherever possible. In order to achieve this, the team need to adopt an attitude which is respectful and demonstrates an interest and curiosity regarding the family. Statements need to be made tentatively rather than with authority, so that they are recognized as the speaker's point of view and not as a statement made by an all-knowing expert. 'I' statements are used so that remarks made by individual team members are seen as genuinely their own and made without judgement. The team do not give advice, but may raise questions about what might happen if a particular change occurred (Lowe and Guy, 1999).

During the reflecting team discussion members of the team discuss with each other rather than directing their remarks to either the counsellor or the family. Generally, they will include in their discussion:

- the way the family have demonstrated success, coping, and personal resources
- exceptions when the problem did not occur
- instances of success in overcoming the problem
- positively connoting action taken by individuals
- conjecturing about future possibilities for individuals and the family
- validating preferred ways of being family members
- externalizing the problem
- themes or metaphors that emerged during the counselling session
- family activity that continues regardless of the existence of the problem
- canvassing ideas for alternative action
- raising questions about other people's perspectives, including those who are not present
- identifying and building on values, beliefs, and sense of identity of family members.

Additionally, it is appropriate for reflecting team members to disclose relevant experience of their own which might be helpful provided that they are careful not to use the reflecting team for their own therapeutic purposes.

Lowe and Guy (1999) suggest some expressions that members of a reflecting team are likely to use, such as:

‘What struck me most was...’

‘I gained a strong impression of Frank’s commitment. I am curious about how this was achieved.’

‘I am curious about ...’

‘I wonder what would happen if ...’

‘I wonder if ... might be an issue here?’

‘One thing I am curious about...’

‘I was interested to see...’

‘I wonder if...’

‘A question I had was...’

‘I noticed a change when...’

‘I was surprised when...’

‘I thought it was significant that...’

‘I was hoping that the counsellor might ask about...’

‘I wondered what a different approach might have had on... such as...’

‘I wondered what was happening for... when...’

‘I noticed the theme of... seemed to emerge’

‘I wondered what was happening for... when...’

‘I was curious about how... was able to do...’

Additionally, members of the reflecting team might speculate on what other people connected with the family might think. Thus a team member might say, ‘I am curious about what Sarah’s grandmother might say if she was here’.

Members of a reflecting team try to avoid being patronizing or trivializing issues. It is not helpful for them to introduce too many ideas, to focus on one particular solution, or try to persuade other members of the team to accept their opinion. Rather than being competitive with the ideas, it is important for the team to share their different ideas.

Theory underpinning the use of the reflecting team

Clearly, a reflecting team’s discussion can be used as a strategy for achieving raised awareness – the central concept underlying the Gestalt therapy theory of change on which the CACHO model is based. While being useful in raising awareness, it should be recognized that the reflecting team concept, which is derived from social constructionist thinking, is based on a number of assumptions:

- Meanings of events are constructed through language and are constantly being co-constructed through dialogue.
- People have the resources and capacities to generate other meanings in their particular circumstances; they are an expert in the development of meanings that are useful for themselves.
- There is no such thing as privileged expert knowledge; there are just new meanings and possibilities.
- Meanings imposed by authority are oppressive and not conducive to growth.

The use of the reflecting team, with its emphasis on meaning and meaning-making, is consistent with Gestalt therapy theory regarding the concepts of phenomenology and dialogue where the focus is subjective. Yontef (1993) describes a phenomenological method of awareness as an approach which enables clients to become aware of what they are doing, how they are doing it, and how they can change and at the same time accept and value themselves. Similarly, the aim of a reflecting team is to discuss in an unrehearsed way ideas and observations in order to extend the dialogue between the counsellor and clients so that alternative possibilities of thought and action can be co-constructed.

Training and supervision of relationship counsellors

Street (2006) contends that training at the highest level of family therapy should occur where supervised observed practice is available. He suggests that for the beginner and experienced therapist alike, observation of ongoing counselling work leads to an enhancement of therapeutic skills and outcomes. We strongly support Street's view and, because of this, believe that the use of co-therapists and reflecting teams in counselling is essential in good family therapy practice to ensure that the highest standards of therapeutic help are provided. Acting in the role of co-therapist or as a member of a reflecting team, or as the counsellor being observed, provides trainees with the supervision required of their practice, and can contribute to positive counselling outcomes for clients.

KEY POINTS

- Providing new information assists in raising awareness.
- A co-therapist or reflecting team is useful in providing additional information.
- Telephone interventions from a co-therapist can be used to feedback processes, interactional patterns and observations of behaviour, and to draw attention to information that has been minimized, and to suggest possible hypotheses.
- Open therapist/co-therapist discussion helps make the counselling process transparent.

- The reflecting team provides the family with the opportunity to view their family through additional and alternative lenses.
- The use of co-therapists and reflecting teams are extremely valuable in promoting high-quality work through ongoing training and supervision.

QUESTIONS FOR GROUP DISCUSSION OR STUDENT ASSIGNMENTS

1. Imagine if you are a member of the reflecting team and have just observed a family. You realize that you strongly disapprove of the family's beliefs and values. Discuss how you could contribute to the reflecting team discussion while being congruent and respecting the family's right to have different beliefs and values. What would you do after this counselling process in order to address issues which had been raised for you by the situation.
2. Discuss the way in which issues related to hierarchy, the power of the counsellor, and respect for a client family's own expertise can be addressed through the use of counselling processes and attention to the counsellor's own issues.



4

Relationship Counselling Skills

Relationship counsellors need to be able to use the full range of traditional counselling micro-skills, as described in our books *Practical Counselling Skills* (Geldard and Geldard, 2005b, available in the UK), *Basic Personal Counselling* (Geldard and Geldard, 2005a,

available in Australia and New Zealand), and *Personal Counseling Skills* (Geldard and Geldard, 2008b, available in the USA). These skills include:

- reflection of content and feelings
- summarizing
- the use of questions
- normalizing
- confrontation
- challenging self-destructive beliefs
- externalizing
- solution-focused counselling skills
- reframing
- exploring options and facilitating action.

These skills are particularly useful for counselling individuals and are certainly useful to the relationship counsellor. However, there are a number of other skills which generally need to take precedence when carrying out relationship counselling with two or more people. These skills include the use of circular questions, together with a number of other skills which are particularly useful in helping to raise awareness.

Circular Questions to Raise Awareness

In order to invite family members to describe their individual pictures of the family the counsellor needs to ask questions. While linear questioning is useful within an intrapsychic model for finding out more about an individual, circular questioning is useful for gaining more information about relationships (Selvini Palazzoli et al., 1980).

A variety of circular questions can be used to help family members share their individual perceptions of the family and to share what they believe are the perceptions of other family members. Circular questions can be used to elicit information about family members' thoughts, feelings, behaviours, beliefs, attitudes, and perceptions.

There are four types of circular question:

- Other-oriented
- triadic
- general
- openly directed.

To help in explaining the way these questions are used, we will consider a fictitious family as an example:

In this family, the parental couple, Alice and Mark, were previously married to other partners before entering into a relationship with each other. Alice has a 12-year-old son Sean and a 10-year-old daughter Jill from her earlier marriage. Additionally, Alice and

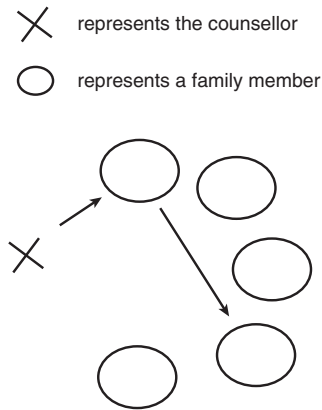


FIGURE 4.1(A) *The other-oriented circular question*

Mark are the parents of a 5-year-old son Zachary. Alice's mother, Mrs Biggs (grandmother to Sean and Jill) lives with the family. There is a conflictual relationship between Sean and his stepfather Mark.

Other-oriented circular questions

When using questions of this type, the counsellor directs a question to one member of the family asking about the thoughts, feelings, behaviours, beliefs, attitudes, or perceptions of another member of the family. This is illustrated in Figure 4.1(a). For example, the counsellor might ask:

Jill, if you had a guess, how do you think Sean feels in the current situation?

Mrs Biggs, what do you think Mark's attitude is to the family problem?

The advantage of asking an other-oriented question is that it engages two people directly in the conversation as a result of the question. Mrs Biggs needs to answer the question and Mark is certain to want to hear her answer. Having heard it, he might agree with the answer or say that it is wrong. If he says it is wrong, this is likely to provoke discussion between Mark and Mrs Biggs and possibly other members of the family. This discussion will enable the family to start seeing each other's pictures of the family. While this discussion happens, the counsellor can observe the interactions and notice any processes which are occurring between family members.

Triadic circular questions

When using questions of this type the counsellor directs a question to one member of the family asking about the behaviours of, or relationship between, two other

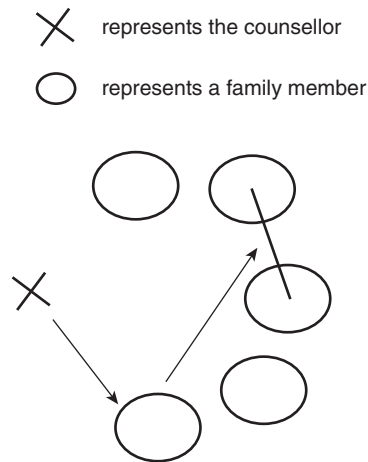


FIGURE 4.1(B) *The triadic circular question*

members of the family. This is illustrated in Figure 4.1(b). For example, the counsellor might ask:

'Jill, what sort of relationship do Sean and Grandma have?'
'Alice, how does the conflict between Sean and Mark start?'

By asking triadic questions the counsellor directly involves three members of the family simultaneously. Additionally, a picture of the relationship between two members of the family is elicited from another family member. Questions like these generally promote discussion among the family members as they each present their point of view with regard to the relationship in question.

General circular questions

When asking a general circular question the counsellor directs a question to one member of the family, asking in general about relationships or behaviours of family members or enquires about the nature of the problem. Figure 4.1(c) illustrates the way this question is asked. For example, the counsellor might ask:

'Tell me, Sean, what is the biggest problem in this family?'
'Alice, do you think your family wants to change?'

The idea of asking a general circular question is to promote discussion between members of the family, as usually when one person replies other people will present different points of view and these will lead to discussion.

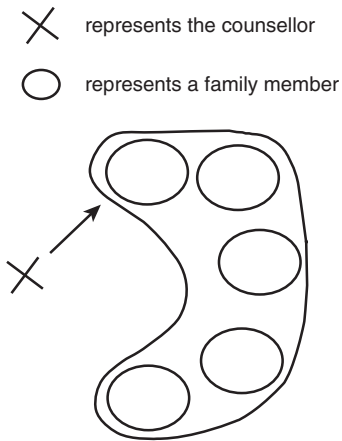


FIGURE 4.1(C) *The general circular question*

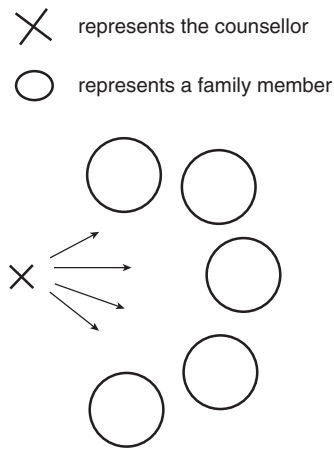


FIGURE 4.1(D) *The openly-directed circular question*

Openly-directed circular questions

When asking an openly-directed circular question the counsellor does not direct the question to anyone in particular, but asks a question which anyone can answer concerning relationships or behaviours in the family. Figure 4.1(d) illustrates this type of question. For example, the counsellor might ask:

‘What is the biggest problem in this family?’

‘Why has this family come to counselling?’

Once again, this type of question is likely to lead to discussion between members of the family as it elicits different points of view.

Follow-up questions

After asking a circular question and receiving the answer, the counsellor can follow up by asking another person what they thought of the previous answer. For example, the counsellor might say:

'Sean, what do you think of what Jill said?'

'Mark, do you agree or disagree with what Alice said?'

There is also another type of follow-up question. Sometimes, in response to a circular question, the person responding will say that they don't know the answer to the question. For example, the counsellor might ask:

'Alice, how do you think Jill feels when this problem occurs?'

Alice might respond by saying that she doesn't know. In this case the counsellor can follow up by asking:

'If you had a guess, how do you think Jill feels when this problem occurs?'

Follow-up questions are extremely useful because they enable a counsellor to move from directly involving one person in the family in discussion to inviting a new person to become directly involved in the discussion. Hence, instead of one person dominating the conversation, by creative use of circular questions and follow-up questions the counsellor can ensure that each person in the family gets an opportunity to speak and present their point of view.

Particular advantages of using circular questions

As has been discussed, circular questions enable the counsellor to join with an individual while at the same time engaging other members of the family, who are included in the question. These other members of the family are likely to be drawn into discussion regarding their perceptions of the answers given. Additionally, other members of the family, who were not asked the question, or included in the question, may volunteer differing perceptions. Thus different perceptions are shared. Further, by addressing circular questions and follow-up questions to various members of the family the counsellor can move the discussion from one person to another so that all members of the family become involved in the counselling conversation.

**“Circular questions encourage communication
between family members”**

As members of the family share their pictures of the family by talking together, the counsellor can observe their interactional patterns and the relationships in the family.

Other Skills to Raise Awareness

Placing an emphasis on the use of circular questions, particularly in the first counselling session, enables the family members to begin to look through multiple lenses and see each other's perspectives of the family. There are a number of other skills which the counsellor can use in order to raise the family's awareness of what is happening in the family in the here and now. These skills include:

- listening and observation
- reflection and validation
- making information newsworthy
- feeding back observed family processes
- reframing
- relabelling
- externalizing the problem.

Listening and observation

Throughout the counselling process the counsellor's role is to attend continuously to what is being said, to observe the way that it is said, to observe the non-verbal behaviours of individual family members, and to observe the nature and processes of the interactions between family members.

It is also important for the counsellor to use appropriate skills to enable family members to communicate information in order to help the family to see each other's pictures. However, once the family have started to communicate with each other spontaneously, provided that the communications are of value, it is often best for the counsellor to remain silent and to focus on observing individual processes and the interactions between members of the family. Communication between family members is valuable and to be encouraged, because if they are to be able to solve problems outside the counselling environment, they will need to rely on their own communication processes and to have confidence that they can reach useful outcomes through talking with each other.

Reflection and validation

Reflecting back both content and feeling can be useful in a family counselling session in validating the experience of an individual member of the family. For example, the counsellor might say to Jill: *'You are saying that you feel frightened when Sean and Mark start to argue.'* At times such a reflection is useful in order to both validate what has been said and to emphasize the communication so that other members of the family pay attention to what has been said. However, we recommend that reflection be used sparingly in relationship counselling. In the example given, it might have been more useful for the counsellor to involve other members of the family in the conversation. This could be done in the following ways:

1. The counsellor might ask Jill an other-oriented circular question by asking, *'Jill, how do you think that Zachary feels when Sean and Mark start to argue?'* By using this question, the counsellor has acknowledged that Jill is troubled when Sean and Mark argue, but has moved the conversation towards Zachary, who might then respond.
2. The counsellor might ask Alice a general circular question by saying, *'Alice, how do you think other members of the family feel when Sean and Mark start to argue?'* Once again this question acknowledges what Jill has said about her own feelings, and additionally it invites Alice to respond and possibly make comments about other members of the family, which might then lead them to respond.

“Reflection should be used sparingly in relationship counselling”

Can you see that although at times it can be appropriate to use reflection in order to validate what a person has said or to highlight a comment so that the importance of what has been said is not missed by other members of the family, generally, in relationship counselling, it is more useful to rely on circular questions so that conversation between family members is generated and the focus does not stay with one person.

Making information newsworthy

In the previous section, we mentioned that reflection is useful in making sure that information disclosed by one member of the family has been heard by other members of the family. It frequently occurs in families where there is a problem that the family, or some family members, fail to hear what other members of the family say. Even in a counselling session members of a family may discount important information from individuals in the family because it is uncomfortable for them to acknowledge that it may be true. In the examples given, it is possible that either Mark or Sean are so intensely focused on their own conflict that they are not interested in hearing about the effect

that it is having on other members of the family. Consequently, in a situation such as this the counsellor has an opportunity to make the information newsworthy so that it is heard and, as a consequence, hopefully receives a response which will have positive outcomes for the family.

One way to make information newsworthy is to repeat it clearly and loudly by reflecting what has already been said. Another way of making information newsworthy is to ask openly-directed questions, such as:

'Has anyone in the family noticed that Jill gets worried when Mark and Sean are in conflict?'
'Is there anyone else in the family who feels the same way that Jill does?'

Feeding back observed family processes

The simplest form of feedback involves feedback about the verbal or non-verbal behaviour of one member of the family. For example, the counsellor might say, *'Sean is a very good debater, and as a result he takes up a lot of air time.'* Notice, that instead of criticizing Sean for talking so much, the feedback is couched in ways which positively connote his behaviour while drawing attention to it. As a result of this feedback, it is likely that other members of the family will comment about Sean's behaviour and this may have an influence on his behaviour.

“Feedback recognizes that the person is doing the best they can”

Feedback about non-verbal behaviour might include a statement such as: *'I noticed that Zachary runs to Jill whenever anyone in the family talks loudly.'* This feedback doesn't include an interpretation of Zachary's behaviour by saying 'runs to Jill for support'; it just states the facts as they are observed. Having received the feedback, the family are now in a position to make their own interpretations of Zachary's behaviour.

As well as giving feedback with regard to individual behaviours in the family it can be very useful for a relationship counsellor to give feedback about interactional patterns of behaviour between family members as it occurs during a counselling session.

Examples of typical feedback statements of interactional patterns are:

'I notice that you two have a lot of fun with each other.'

'Jill continually supports what her mother says.'

'Whenever Mrs Biggs says anything she gets interrupted.'

'Sean seems to be very isolated in this family except when he is arguing with someone.'

Each of these responses could be useful in helping the family look through another lens provided by the counsellor.

There are number of specific guidelines regarding the way in which feedback is given so that the family will find the process useful. These are discussed in Chapter 8.

Reframing

By reframing the family situation, or part of the situation, the counsellor presents a new perspective to the family for their consideration. As an example, consider the conflictual relationship between Sean and Mark in the example given previously. Members of the family are quite naturally perceiving this relationship negatively. It may be that both Mark and Sean would like to have a better relationship, similar to the relationship they had in earlier days. However, it could be that neither Mark nor Sean have discovered how to adjust their relationship so that it is relevant for the current developmental stage of the family. Sean is now in pre-adolescence. As a reframe, the counsellor might tentatively suggest the following:

'I'm not sure whether I am right or not because I'm not a member of your family, but I notice that Mark and Sean spend a lot of time arguing with each other. I have heard that in the past when Sean was younger that they had a very good relationship and did things together. I am wondering whether they both want to have a similar relationship with each other now that Sean is getting older and haven't discovered how to do this, except by arguing. I would be interested to hear what other members of the family think.'

The example above illustrates how a counsellor can tentatively suggest that maybe Sean and Mark would like to have a good relationship but don't know how to achieve this. This new perspective might have an influence on Sean and Mark's attitude to each other, and might also help other members of the family look at other explanations for their behaviour.

Relabelling

Relabelling refers to changing the label attached to a person or problem without necessarily moving from an individual to a systemic level. For instance, an undesirable behaviour may receive a positive label (Weeks and L'Abate, 1982). As an example, the previous reframe of Sean and Mark's attitude to each other includes relabelling each of their behaviours in terms of wanting to have a relationship with each other rather than wanting to fight with each other.

Externalizing the problem

Externalizing the problem involves separating the problem from the individual or family. It is easy for a family which is experiencing a problem to come to the conclusion that

their family is a dysfunctional family. This description of the family in terms of pathology is unhelpful as it does not promote optimism about the possibility of change. Instead of describing the family as a dysfunctional family, externalizing the problem results in a new description. The family is now separated from the problem and is described not as a 'dysfunctional family' but as a family living with a problem. Once the problem has been separated from the family, the family is empowered to deal with the problem rather than believing that there is something wrong with them.

“Externalizing separates the problem from the person or family”

In a similar way, when looking at individuals in the family, it can be useful to externalize the problem. In the example used previously, instead of describing Sean as a bad-tempered boy, by externalizing the problem we can describe Sean as someone who lives with anger. Sean can then be valued as a person who has the opportunity to discover ways to overcome the effects of a problem, instead of being seen as someone who is intrinsically bad-tempered.

KEY POINTS

- The relationship counsellor needs to be familiar with a full range of traditional counselling skills.
- Circular questions are particularly useful in relationship counselling as they enable family members to share their perspectives with each other and encourage communication.
- Listening and observation enables the counsellor to develop a picture of the nature and processes of interactions in the family.
- Validation confirms that the information has been heard and also increases the likelihood that other members of the family will pay attention to the information.
- Making information newsworthy amplifies information so that it can be brought to the attention of the family.
- Feeding back observations of family processes raises the family's awareness of these processes.
- Externalizing the problem removes negative connotations about a person or the family so that the problem can be addressed.

QUESTIONS FOR GROUP DISCUSSION OR STUDENT ASSIGNMENTS

1. Choose two different counselling skills that you believe would be particularly useful in relationship counselling. Describe a family situation where each of these skills could be used and explain what outcome you would hope might be achieved through using the skills.
2. Choose a problem of your own. For example, you may have problem concentrating when studying. Give the problem a name (the concentration problem could be called Mr Distractability). Write down an imaginary dialogue between yourself and the problem where the problem tries to convince you that it forms a useful function and you argue back. After writing down the dialogue, comment on the process you have used and any outcome for you.

