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The Joy of Collaboration

Rolf Sundet

University College of Buskerud, Institute for Research in Mental Health and Substance Abuse, Family Section, Dept of Mental Health for Children and Adolescents, Hospital of Drammen, Vestre Viken HF.

” a collaboration – by some called therapy”

T. Andersen

Themes today

- The joy of collaborating with families – the clients; children and adolescents, their parents and other important kin.
- The joy of having collaboration at the centre of our work and at the centre of research on psychotherapy
- The joy of working collaboratively within a team of colleagues
- Some worries

The Family Section

Egil Øritsland, Olaug Thue, Lars Robert Lund, Hilary Wongraven, Toril Svantorp, Randi Hjortland, Rolf Sundet

A core idea of the Family Section

To base therapy on the family, that is:
A family based therapy
What does it mean?

My good fortune

I was given the opportunity to do a study of our practice by interviewing my colleagues and 10 of the families that have attended our section to get their perspective on what is helpful therapy

Therapeutic work: The family perspective

”The helpful conversation”	**”The helpful participation”**	**”The helpful relationship”**
Asking questions, giving time and structure the work (10 families)	Using professional knowledge (10 families)	Generating collaboration (10 families)
Giving and receiving feedback (8 families)	Having many possibilities (10 families)	Giving of oneself (6 families)
Reformulation (6 families)	Understanding through participation (8 families)	Fighting violation, disparagement and degradation (6 families)

Therapeutic work: The therapist perspective

“To get a taste of it”	**“The lingering conversation and the big tool box”**	**“To be where people are”**
Sharing experiences	Questioning	Listening, taking seriously and believing
Participating	Lingering	Being flexible
Attaining mutual definitions	Content	Generosity
Blurring the differences	Nuancing the nuances	

These perspectives highlight:

The Family perspective:

The relationship, the participation, the conversations and that their constituents must be intertwined and adapted to the family

To fight violation, disparagement and degradation

The Therapist perspective:

To get a taste of it: You have to get personally involved

The big toolbox: Collaboration through the use of tools

Nuancing the nuanced: A non-pathologizing take on therapy

To monitor process and outcome and lack of change actualizes therapist change

The use of diverse metaphors

Metaphors from:

Communication, information, cybernetics and systems theory

Structure determinism, autopoiesis and non instructive interaction

Constructionist, narrative, dialogic and post modern ideas

Developmental theory

Evolutionary theory

The medical perspective

The social perspective

The psychological perspective

A warning

When you have only one theory, it easily becomes the truth, so in order to retain something as a theory you need to have at least two theories

Pluralistic way of working

A pluralistic way of working can be defined in the following manner:

"The assumption that different clients are likely to benefit from different therapeutic methods at different points in time, and that therapists should work collaboratively with clients to help them identify what they want from therapy and how they might achieve it". (Cooper and McLeod, 2011,p.*7-8).*

Pluralism

Inspiration for this assumption can be found in the philosophical position of pluralism which holds the belief that any significant question can be answered in a variety of legitimate way (Rescher, 1993).

The concept of evidence in psychotherapy research

- Evidence based methods (Theory specific manualized methods–ex. MST, PMTO)
- Evidence based practice (Intertwining best research knowledge, clinical experience, and user preferences and needs, and must include practice based evidence -- patient focused research – Anker et al.,2010, Lambert, 2007, m.m).

The joy of research
Therapeutic relationship: Norcross and Wampold, 2011

1. The therapy relationship makes substantial and consistent contributions to psychotherapy outcome independent of the specific type of treatment.

2. The therapy relationship accounts for why clients improve (or fail to improve) as much as the particular method.

3. Practice and treatment guidelines should explicitly address therapist behaviours and qualities that promote a facilitative therapy relationship

The therapeutic relationship

4. Efforts to promulgate best practice or evidence-based practice (EBPs) without including the relationship are seriously incomplete and potentially misleading.

5. Adapting or tailoring the relationship to specific patient characteristics (in addition to diagnosis) enhances the effectiveness of treatment

6. The relationship acts in concert with treatment methods, patient characteristics, and practitioner qualities in determining effectiveness. A comprehensive understanding of effective (and ineffective) psychotherapy will consider all these determinants and their optimal combination.

The therapeutic relationship

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Practitioners should routinely monitor patients' response to the therapy relationship and ongoing treatment. Such monitoring leads to increased opportunities to repair alliance ruptures, improve the relationship, modify technical strategies, and avoid premature termination (Lambert, 2010).

	Elements of the relationship	Methods of adapting
Demonstrably effective	Alliance in individual psychotherapy	Reactance/resistance level
	Alliance in youth psychotherapy	Preferences
	Alliance in family therapy	Culture
	Cohesion in group therapy	Religion and spirituality
	Empathy	
	Collecting client feedback	
Probably effective	Goal consensus	Stages of change
	Collaboration	Coping style
	Positive regard	
Promising but insufficient research to judge	Congruence/Genuineness	Expectations
	Repairing alliance ruptures	Attachment style
	Managing countertransference	

Collaboration

- Homo economicus
- Homo reciprocans

Mysterud, 2003

Collaboration

Collaboration=working together

- Mutualism (turn-taking, jointly responding to the other's response, intersubjectivity)
- Common goal
- Difference ("We are all similar in that we are different")

The importance of worrying

Worry about your own practice--distrust clinical judgments – seek feedback

Worry about what you are part of – have political reflexivity about your life and job context – speak up

The medical model

The double role of the medical model:

- A linear sequence of assessment, diagnosis, treatment which deals with illness, disease, ailments and maladies
- Bureaucratic decisions and responsibility

The medical model and the medical community are figures of open and hidden power that rules and influences daily practice

Worries

Discursive dominance: The medical model

Bureaucratic consequences:

Individualization, medicalization & standardization

How to relate to discursive dominance?

Poststructuralist thinking implies, when confronted with dichotomies, a moving away from oppositional relationships and towards supplementary relationships

Two supplementary discourses

The discourse of repair and fixing exemplified by the medical model and mode of thinking

- -Increased focus on standardization of procedures
- -Patients must fit criteria of inclusion
- -The relevance of context is reduced

Two supplementary discourses

A bring forthist discourse or a discourse of bring forthism exemplified by the idea of an ontological constructionist realism: To bring forth, build, generate, and construct the living and experiential realities of our ordinary, daily lives.

Two supplementary discourses

As cultural, social and psychological beings we are not simply part of nature, we are nature, and as nature we bring forth nature.

I suggest that a lot of family therapy practice, including our own, is a realization of such a position and discourse

Consequences for training and the future of the field

We must train to be promiscuous and loose in a systematic and structured manner, that is;

we must train in as many ways of working as possible without developing loyalties

and train to bring forth a therapy that changes according to the responses of the client and family, and the outcome of the therapeutic work at any point in time


Thank you!