

# COLLABORATIVE GROUPWORK WITH MULTIPLE FAMILIES

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## PREAMBLE

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I've been procrastinating writing this paper for several weeks. When procrastination is getting the better of me, it's usually because I think I've got to get it "perfect". The fear of "not getting it perfect" takes over and immobilizes action. Thankfully, a client reminded me of this pattern.

Rather than start the paper, I thought I better name this perfectionism, kind of get it out in the open where I can keep an eye on it so it doesn't sneak up on me and stop me from writing this paper. Simply doing that much enabled me to write the above. I know there is much more to come. By attending to perfectionism, it loses some of its power over me. The next question I'd ask is, "What would be a sign to you, Chris, that perfectionism was just a bit less successful in stopping you from writing this paper?" I respond, "I'd write four pages before I went to sleep today." "Wow! That's quite a lot for one day," I reply. "Perhaps. I write three pages in a journal when I awake every morning, so writing four doesn't seem like too much. Besides, it's kind of fun writing on this new computer. I bought it because I thought 'If I'm going to write papers, consult, and stay in contact with like-minded colleagues, I better get a decent computer'. It's a gesture to myself that says, 'I'm taking you seriously'."

The above is an example of a problem that many writers face – the blank page, or writer's block as it's more commonly referred to. Thinking about how to get "unstuck" from problematic patterns is where I've found constructivist thought helpful. The transcript above illustrates how I externalized perfectionism. Externalizing, or naming the problem gives me a sense of control over it (White & Epston, 1990). Rather than something intangible and nebulous, I can visualize what perfectionism looks like. It's a real opponent on the battlefield that I can stand up to. I might have asked myself if there were any recent examples of me getting the upper hand on perfectionism? If there was, this recent success might have invited me to feel more hopeful that I could reduce the effects of perfectionism in my life.

Because I saw I was strongly motivated, I wondered what would be a sign that I was winning the battle? This question invited me to ponder what future action would demonstrate I had defeated perfectionism. Future-oriented questions reflect the work of solution-oriented therapists, who explore what successful behaviour would look like with clients (deShazer et al., 1986; Berg & Miller, 1992). I find it helpful to visualize myself completing the desired action. Like a bulls-eye, painting a picture of the desired outcome brings the target more in focus and fosters success.

Lastly, I created a bind by buying a computer. In the transcript above, I framed it as a way to honour my potential, to "take myself seriously" (White, 1990). Because I was raised by loving, Catholic parents, I know that guilt can be a strong motivator. Moreover, there was an ethic of frugality in the family. One did not spend great sums on something that was going to be of little practical use. Thus, I knew it would create a bind if I bought an expensive computer and didn't use it (Watzlawick, Weakland, & Fisch, 1974). I hope this serves as an interesting anecdote not only to how I battle perfectionism, but more importantly, how a number of models can simultaneously inform therapeutic consultation.

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## CONTEXT

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I have been working with groups of adolescents and their families in children's mental health and child welfare settings for over twelve years. It's always baffled me when parents, siblings, teachers, social workers, and probation officers would tell me they have not seen any improvement in the youth referred for group therapy despite one or more cycles of "treatment". Strangely enough, the youth could role-play desired behaviour in the group environment. I began to wonder how the skills practised in the group were not generalized to the youth's everyday interactions? I started to wonder if someone was lying?

I was searching for the "truth". Looking through a post-modern lens, truth is relative to one's point of view (Smith, 1997). Many people can observe the same event and make different "truths", or meanings of that event. Each person's history, values, and beliefs affect how we view the world. Moreover, as we tell stories again and again, one's "truth" or version of the story shifts through the re-telling. Thus, post-modernism provided me with a new way of understanding how youth and adults often reported highly different stories of the same event. More importantly, it pointed to the possibility of increasing the generalization of skills practised in the group by involving more of the youth's therapeutic system (Frankel et al, 1997).

This paper will discuss how I attempted to become more collaborative in the delivery of social skills training to early-adolescent boys at a children's mental health centre in southern Ontario. My employer told me that social skills are a deficit area for almost all of the residential and community-based clients. The language of "deficit area" illustrated my employer's modernist view that these youth were broken, and it was up to us to "fix" them. In his view, the therapist would deliver the skills to the youth thereby decreasing their "deficit area", and improving their ability to function successfully in social situations. I delivered groups like this in the past and knew well the strengths and challenges of the model. For example, the groups always looked "under control", meaning there was little problematic behaviour which usually impressed my superiors. The youth could even be taught to model successful behaviour through role-plays. Nonetheless, I was confronted by the problem of few adults noticing any change in the youth's behaviour.

Bumping into this problem again and again was a blessing in disguise because it prompted me to rethink how to increase the likelihood that the adults around a youth might notice the times when he/she demonstrated improved behaviour. I did this by expanding my sense of who was the customer. The modernist assumption would be the youth is my customer because it is he/she who needs fixing. Through an interactional or constructivist lens, I saw many customers – youth, parents, siblings, and professional helpers. By involving interested people and youth, it increased the likelihood that the changes youth made could be

noticed, desired behaviour witnessed and reinforced, and the skills generalized and celebrated beyond the group setting (Frankel et al, 1997; Pffifner & McBurnett, 1997).

Central to how I view problem/solution formation is the viewing/doing cycle (Eron & Lund, 1996). For example, how we view, or understand a person's intent and behaviour affects how we respond to them. Similarly, how they see us behaving, what they believe we think of them, and what they think of us shapes their interaction. Thus, persons who view each other positively are more likely to notice the desired behaviour of their counterpart. When either party is viewing another negatively, it can be helpful to explore both parties' "preferred view" (Eron & Lund, 1996). Preferred view is how we would like to view ourselves and be viewed by others. Inviting clients to explore and share their preferred views can be a simple and powerful way to elicit more desired behaviour. Moreover, there are many playful ways to engage clients in the exploration and exchange of preferred views.

This paper will explore ways to:

- Collaborate with adolescents and parents to investigate new ways of viewing and behaving with each other
- Elicit and utilize metaphors to explore problem and solution formation
- Use play to build rapport and foster creativity
- Discuss undesired behaviour without shaming
- Avoid the pitfalls of overplanning
- Ensure clients ‘get what they came for’

Transcripts and narratives of groups will illustrate ways to work collaboratively. I’m grateful to the families who agreed to allow me to use this material.<sup>1</sup>

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## GROUP FORMATION

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Upon meeting a youth and parent(s) for the first time, I like to thank them for their interest in the social skills group and spend the first few minutes getting to know them. This might involve some discussion about interests, activities, or even what the parent appreciates about the youth. My intention is to establish rapport by expressing curiosity about their lives. Because youths’ voices can become marginalized more easily than those of adults (Hicks, 1997), I take special care to listen to the youth, even if he/she is not particularly forthcoming. Moreover, knowing a person’s interests is helpful place to start searching for useful metaphors.

To investigate what clients want to get from the group, I ask, “What do you hope to get from coming to the group?” Not only does this question focus the discussion on what is commonly understood as the client contract, it can elicit information about levels of motivation, the client’s view of the “problem”, and positions the therapist within the group rather than as an expert/leader. Often, the parent is more interested in the group as a way to get her/his child to behave better. If the youth is reticent, one could ask, “Are you here voluntarily, or did someone make you come here today?” Knowing how much a client is motivated, and for what, greatly affects whether or not the group will be useful to the client. Many youth who report they are at the interview involuntarily, may still be interested in the group. Often their interest can be elicited by asking, “How interested would you be in getting your Mom/Dad/Teacher/Probation Officer off your back?”, or “How interested are you in getting anger/violence/disrespect out of your life?” Appealing to youth’s desire for freedom, or inviting them to battle against something undesired can be a helpful frame to invite customership.

Discussing desired outcomes from the group experience is a way to deconstruct utopian, or “all or nothing” thinking (Watzlawick, Weakland, & Fisch, 1974). Inviting clients to think of achievable, behaviourally-focussed goals avoids the false promises of idealism, and may increase clients and therapists’ sense of hope. This can be done by asking, “If anger was pushing you around a little less, what might you doing differently?” Scaling the effects of the problem can also be useful at this point to bring greater clarity and encourage client and therapist to go slowly. After clients have thought of some “signs” that things were getting a bit better, I ask, “Are there any recent times you can think of when things were more like you’d prefer them to be?” If the client can even think of one time, I’m curious to know, “What was happening at that time that made

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<sup>1</sup> Names have been changed to protect the identity of the clients, although some people were so excited that they were going to be famous that they wanted their real names used.

things go better?”, “What was your contribution? , and/or, “How did you stop things from getting worse, or going the way they usually do?” These questions elicit exceptions to the dominant or problem story (White & Epston, 1990).

Exceptions to the dominant story introduce ambiguity about notions like ‘things are always bad’. For example, it is common for adults to say things like, “Johnny always picks on his sister”, “Sue has a bad attitude”, and “The kids are always fighting and bickering”. Sound familiar? Statements like these leave little or no room for desired behaviour and unintentionally reify the problem. Exceptions to the problem story tamper with the frame that the problem is always happening, orient clients to notice desired behaviour, provide clues to overlooked or abandoned solutions, and foster hope by drawing clients’ attention to times when their lives were more as they would prefer.

It can be helpful to explore clients’ previous experience with therapy to know more about their expectations and preferences. Many of the families I meet have had a range of therapeutic contact with outpatient clinics, in-home workers, and residential treatment, and can be viewed as “therapy veterans” (Duncan, Hubble, & Miller, 1997). Knowing what was more and less helpful to the client can be useful in investigating if the group might be a good fit. This can also be a good place to discuss any hopes the client has that the group will be the answer to all their problems. Scaling how much change the client desires so they can *cope* is a way to concretize how much change would be acceptable. Deconstructing utopian thinking, contracting small, behaviourally observable goals, and urging clients to ‘go slowly’ may, paradoxically foster overachievement (Watzlawick, Weakland, & Fisch, 1974). For example, it is common for clients to report they have done much more than the tasks discussed in a previous session when therapists use the above tactic. Furthermore, it suggests that a small change can often make a big difference, particularly if the shift is witnessed positively.

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## EXPLORING THE NATURE OF CHANGE

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Many of the families I’ve met are very frustrated by the way things are, and indicate that they are “worn down” from years of struggle against “the problem”. I’m often amazed that they have not given up. Inviting clients to re-examine past, present, and future stories can facilitate new understandings about our ability to change and rediscover hidden sources of hope.

One way to re-examine stories about our lives is through the following art activity:

### **I was, I am, I will be**

Each participant divides a large sheet of paper into three sections and writes, “I was, I am, and I will be” at the top of the page. Each person can select how to express their story, ie., collage, drawing, painting, or sculpture. Often, this activity elicits evidence of the dominant and new story (White & Epston, 1990), or the divergent and preferred view (Eron & Lund, 1996). Youth and parents can be invited to interview each other about their views, thereby increasing opportunities for mutual understanding, respect and cooperation. One parent, Dale, commented, “I never realized how much I’ve changed since I was a teenager! I was in a lot of shit back then.” Many group members are struck by how much they’ve changed. This can be an opportunity to speculate about how likely it is that their current predicament will pass? Kiefer’s collage depicted a history of parental conflict culminating in divorce. When asked, “How are things different now?”, he answered, “They’re way more calm.” Kiefer’s comment that things are “more calm” illustrated pre-session change (Weiner-Davis, deShazer, & Gingerich, 1987), which can be amplified to foster hope and a sense of momentum toward a better future.

Some group members stated that there was comfort in knowing things will change. When asked how this knowledge about change affected her sense of hope for the future, Vivian

commented, “I may get a piece of that beach after all.” Vivian’s “beach” represented a “sense of peace” she hoped to have in the future. Asking clients to recall any recent times that things were a bit like they would hope they would be in the future can yield exceptions to the problem story. When Vivian was asked about any recent times when she had that “sense of peace” she collaged, she said, “Only when I’m sick in bed all day.” This seemingly benign exception proved to be an important clue to how Vivian could get more “peace” in her life. Inviting clients to envision how they would prefer their lives to be, and asking them to describe these preferences in great detail is akin to painting a vivid target which can be more easily struck. When ‘painting the picture’ of how clients would prefer their lives to be, care should be taken to ensure vision of the future does not become idealized. Hence, I asked Vivian how she could get *more* of that beach, that sense of peace in her life. Thus, the goal of life becomes less something we arrive at, and more a process of continuing refining, an ongoing project.

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## ELICITING AND UTILIZING METAPHORS

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I get ideas for possible metaphors from knowing the interests/activities of clients. Utilizing metaphors which are meaningful to clients can facilitate playful investigation of problems and possible solutions. Inviting clients to play can increase investment in the process, and provide access to a potent source of solutions – imagination (Johnson, 1986). Furthermore, it provides a way of talking about undesired/desired behaviour which is less shaming. Many adolescents blame forces beyond themselves for undesired behaviour. Externalizing the exploration of undesired/desired behaviour through metaphor can encourage open dialogue and reduce defensiveness.

Suggesting/discovering metaphors which resonate with several clients is tricky. I proceed tentatively to guard against imposing my “good idea” on clients. One fruitful metaphor sprung from the youths’ common interest in video games and racing cars. The group went to the arcade and “played” with different ways of driving. From this seemingly benign play came a new way of exploring and talking about behaviour, as illustrated in the following narrative:

*Parents and youth were given the task of assembling a “Hot Wheels” track so that the cars circled the track continuously. Initially, the youth were on the floor while the parents stood and watched. After repeated unsuccessful attempts to use all the pieces of track provided, facilitators asked if the youth would like to consult their parents. Parents proceeded to get down on the floor and begin “playing” with their children. Silently, I wondered how much of an exception this was to the problem story? After several minutes, youth and parents began to collaborate on possible ways to configure the track. Later, I invited the group to notice the “flow” of their solutions, and examine the effects of each different solution. The experience was utilized again when we explored the merits of “do more of the same/do something different” (Fisch, Weakland, & Segal, 1982). In addition, Hot Wheels provided an opportunity for the group to develop metaphorical language (eg. Slippery corners, icy patches, open road) which allowed for desired/undesired behaviour to be examined in a more playful, less defense-provoking way.*

The following transcript illustrates how Allan expands the metaphor as he describes how he kept himself “on track”:

**John (youth):** *What was the problem?*

**Allan (youth):** *Norbert came up and tapped me or something, or the staff did something I didn't like. The problem kept coming back, but I just stayed there and kept doing the same thing over, like swearing. But now, I'm working harder, so it goes around (gestures that his 'car' goes around a track on the chalkboard) once and then tries to go around another time, like this, and then I go in here and do the STOP, THINK, GO.*

**Chris (therapist):** *Hey John, do you know what that reminds me of when Allan goes in there? If Allan's problem is like a car going around a track, when he pulls off the road it's like he's going into the pit stop.*

**Michelle (therapist):** *(to Allan) When you're going around the track, how do you know when to go into the pit?*

**Allan:** *I crash. I went around and I was going around good until I got to this part (of the track), and then I crashed.*

**Michelle:** *What is it that happens to make you stop?*

**Allan:** *I start at it, I'm doing well, and then I crash.*

**Michelle:** *So I'm unclear, how do you know you need to go into the pit?*

**Allan:** *My car stalled.*

**Michelle:** *What about you and the problem? How do you know the engine has blown?*

**Allan:** *I start yelling. I thought Steve knew I was mad, but he didn't, so when I was going by he hit me with his book.*

Prior to this passage, the idea of the pit stop had not occurred to us. In further sessions, the ‘pit’ became an important metaphor to explore signs of ‘engine trouble’ prior to a ‘blow out’, and what is useful to do when one decides to go into the pit. Clearly, the metaphor of the racetrack was meaningful to Allan, and provided a playful way to investigate the problem and possible solutions.

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## UTILIZATION OF PLAY

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Play is a way to enhance creativity, rapport, collaboration and skill development while having fun. Inviting youth and parents to explore problems/solutions in a playful context can reduce anxiety and promote access to a wellspring of possibility – imagination. Furthermore, play provides access to a number of pathways of learning: language, visual, kinesthetic, and auditory. Because many people have preferred ways of learning, varying the medium allows for these preferences to be utilized (Gardner, 1983 & 1993). Lastly, play opens a space beyond self-imposed limits where we can give ourselves permission to experiment and practise preferred ways of being.

When introducing play in a group context, attending to the group's stage of development and members' trust level is critical. For example, at the formation stage, group members usually know little of each other and are less trusting. By emphasizing self-play activities (eg. collage, painting, storytelling) and non-physical cooperative games, facilitators take care to introduce activities which match members' comfort level. Because adolescents and parents are known to each other, dyadic play can usually be introduced more safely during the beginning phase. The following are two examples of cooperative games that invite collaboration, trust, and listening skills:

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### THE SHNOODLE

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I learned this storytelling game from Yvonne Dolan. It can be played in dyads or larger groups. One person begins by making a short, *descriptive* statement of a shnoodle. It can be anything! The next person must begin their response by saying, "Yes! And a shnoodle....". The purpose is to co-create a shnoodle, and develop a "yes set" between members (Miller, Hubble, & Duncan, 1996). Activities or questions which invite a "yes" response build consensus and foster cooperation.

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### MUSICAL CHAIRS, WITH A TWIST (JUDSON, 1984)

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Played most successfully with a group larger than six, this is the same as regular musical chairs except the *chairs* leave the game instead of players. For example, if there are eight players, there can be eight chairs to start. After the music is stopped and everyone has sat down, remove a chair from the game. The next time the music stops, one person will have to sit on another's lap! Continue to eliminate chairs until the final round when the entire group sits on one chair, gently. I introduced this game during the beginning phase of a group of adolescent boys and their parents/caregivers, most of whom knew each other prior to the group. My own twist was to have the group chant, "What is it that you want, and how will you know that you got it?", to the provocative rhythms of African drumming.

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### ROLE PLAY, VIDEO FEEDBACK, AND THE GROUP AS REFLECTING TEAM

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Role-play can be a powerful medium to explore dominant and alternate stories. Clients often report role-playing with a family member/caregiver makes the experience "more real". Exploring alternate, more preferred ways of being with members of the client's therapeutic system may increase the observation of more preferred behaviour beyond the group setting (Frankel et al, 1997; Pfiffner & McBurnett, 1997). By encouraging attention to desired behaviour, it can create an attitude of positive expectancy and promote acknowledgement when it occurs. Furthermore, inviting clients to assume roles other than themselves gives access to other vantage points. Similarly, clients are given more points of view through video feedback and the reflections of group members. Utilizing different vantage points can be an effective way to elicit overlooked solutions, deconstruct undesired patterns, clarify intentions, and promote mutual understanding and desired behaviour (Eron & Lund, 1996).

The following is a narrative of the second role-play (same event) between Moe and his mother, Diana. After the first role-play, both players described their behaviour as “off-track” because of the long screaming match, non-compliance, and lack of compassion. For the second role play, roles were reversed to provide an opportunity to view the situation from a different vantage point, and offer information about preferences to each other in a less threatening way.

*Moe returns on a cold winter's night from walking the dog. He buzzes from the lobby of their apartment because he lost Diana's keys during the walk. Moe apologized and explained his predicament through the intercom with a petulant tone of voice. Diana calmly asked Moe to retrace his steps and look for the keys. Moe refused because he is “too cold” and began to cry. Diana let Moe into the building and the conversation continued in the apartment. Moe loudly told his story. Diana repeated her request for Moe to immediately look for the keys. Moe refused again, despite Diana's explanation that both her home and work keys were on the ring. Seemingly exasperated, Diana phoned her mother. The grandmother talks to both parties. After the call, Diana firmly stated that Moe can go to bed immediately and he will look for the keys first thing in the morning. Moe said, “Yes, Mommy” as he sobbed and shuffled his feet on the way to his room.*

Interestingly, Diana and Moe described the above as “much better” than how arguments usually were between them. When asked, “How do you account for the improvement?”, Diana said that as “Moe”, she did not resort to “hitting”. Moe stated as “Diana”, he noticed “Moe” was “more cooperative and willing to accept responsibility” when “Diana” was calmer. After Moe and Diana reflected on the role-play, the remainder of the group was invited to offer support and ask questions. All group members identified with the difficulty of managing one's anger when our possessions were lost or damaged. One youth wondered if Moe felt like he “really let his Mom down”, and another member asked, “What could Moe do to overcome his feelings of failure?” In my view, Diana and Moe became more attentive to ‘ways they could stay at their best when others were at their worst’ (Eron & Lund, 1996) after the session. Both reported improved home visits, and I observed Moe and Diana “staying on-track” when the other lost their temper. Utilizing peers as a reflecting team can be a powerful way to normalize problems that are often viewed as catastrophic, and explore/ elicit preferred ways of being in a compassionate way.

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## **TALKING ABOUT UNDESIRED BEHAVIOUR WITHOUT SHAMING<sup>2</sup>**

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The above is a good example of how to encourage dialogue without shaming. Usually, I begin debriefing a role-play by asking the players questions like the following: “What did you like about how you handled that situation?”, and “What do you think the other players appreciated about how you were in the role-play?”. If a person is having difficulty locating what they did well, I might invite them to consider, “How could you have made the situation worse?”. After a role player has responded, I invite silent observers to respond to the same kinds of questions. Not only does the process give clients different vantage points for information, it often is a source of support and normalization, not unlike the benefits of a reflecting team (Anderson, 1995). These kinds of questions invite us to locate our sense of mastery, even when things have gone much worse than we might have hoped. For example, the youth who had a tantrum can be invited to notice how they stopped themselves from getting physical. By remaining curious about how clients were able to

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<sup>2</sup> I am indebted to Jim Duvall (Brief Therapy Training Centres– International) for his mentorship in developing these ideas.

perform as well as they did, we invite them to notice their competence and invite a preferred view of self.

The second part of the debriefing process which I use is exploring what could be done differently. I use questions like, “If you could do the role-play again, is there anything you would do differently?”, or, “Hindsight being 20/20, is there anything you would change about how you responded in that situation, so you could be more as you would prefer?” After the role players have responded I invite the observers to comment. Admittedly, this can be tricky in some groups because clients can feel overwhelmed with advice from other group members. If facilitators model respectful ways of giving feedback, often members can respond in ways that offer compassion and curiosity. Not only do these questions invite clients to consider what they could do differently in a similar situation, they utilize the client’s knowledge. Secondly, there is no mention of any behaviour being a mistake. By accepting where clients are in the process, I hope to encourage the view that the group, and perhaps all of life, is a process of ongoing practice (Durrant, 1993). By paying attention to the process, clients are invited to let go of the pressure to “get it right”, and attend to what small steps they can take toward a more preferred state.

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### **AVOIDING THE PITFALLS OF OVERPLANNING**

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Planning a group’s agenda more than one session at a time is a great way for facilitators to feel organized and “in control”. Regrettably, the more fervently we set the agenda for our clients, the more we risk losing their interest, motivation and rapport. As clients’ interest, motivation, and rapport decline, facilitators may notice more undesired behaviour and might begin to view group members as “resistant to change”, or “not group-ready”. Clients might tell the facilitators the group is not useful.

Since our intention is to be of service to our clients, it may be useful to know what they are customers for. Beginning with interest, we know that it is prudent to start where the client is - that is, to begin working on the concern that is most troublesome to him/her. By doing this, the therapy is responsive to the client’s wishes and more likely directed by his/her desires. Research by Miller et al., suggests clients are more motivated to work on goals that are of the greatest interest to them (Miller, Duncan, & Hubble, 1999). By utilizing what the client is interested in working on, this can enhance not only his/her motivation, but also rapport with facilitators. By starting where the client is, therapists implicitly (and perhaps explicitly) demonstrate they are listening and respecting the client’s preferences. For example, most of us have been approached by “pushy” salespeople at one time or another. If we remember how unpleasant (and perhaps ineffective) that approach was, it provides us with a clue about how to approach our clients. From my experience, the more successful salesperson asked me questions about my interests and preferences, and then skillfully utilized the information to draw my attention to what might be of the greatest interest to me. This approach enhanced my liking of them and I was more likely to find what I was looking for quickly because the salesperson took the time to listen to what I

wanted. Miller et al., (1997) found that after extra-therapeutic events, rapport is the greatest contributing factor toward positive outcomes in therapy. If our intention is to ensure clients found our service useful, then utilizing their interests and desires is a way to be mindful of our intention.

In preparing for a session, I have an outline of activities that the group might wish to do, based on the previous session's suggestions and themes. Within this outline, there are several options so the group can express their preferences. For example, I may have materials on-hand to facilitate an art activity, role-play, or a cooperative game. Occasionally, the groups abandon the entire outline and do something completely spontaneous, like making an elaborate snow and ice village complete with snow sculptures to ward off evil spirits (ie. undesired behaviours). Brainstorming potential ideas/activities with clients and colleagues can enhance one's preparedness to utilize the spontaneous preferences of the group. My intention is to invite group members to feel ownership and control over the group process by allowing the expression of their preferences. Most often, this enhances interest, motivation, and rapport with facilitators and reduces the hazards of over planning.

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### **UTILIZING RITUALS**

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Rituals can be a powerful way to witness and celebrate moments of transition. They can invite gratitude for the blessings we've been given by opening space to reflect on past, present, and future. Rituals can be a way to ask for what we desire, or mark an agreement. Employed regularly, rituals have the potential to increase our attentiveness to a preferred way of being. Practised in groups, rituals provide a community of witnesses that reinforce a transition and increase its significance.

I think about rituals in two types: process and rites of passage. Process rituals can be used regularly to provide an opportunity for clients to reflect, notice and celebrate that for which they are appreciative. By noticing what we could feel grateful about, a climate of hope and thankfulness is developed. Commenting on our contribution to that for which we are grateful can orient us to personal agency. The following is a process ritual I've shared with groups for many years:

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### **THE DREAM CANDLE**

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I light a fancy candle, turn off all the lights, and invite the group to sit around it in a circle. I preface the ritual with a story about light being a powerful form of energy, which human beings have gathered around for millennia. I wonder aloud if light could be a physical manifestation of the Divine, like the Force in Star Wars, or Jesus' statement that He is "the light of the world?" (John 8:12). Then I ask if we could draw power from the light? Could we use that power to fuel us as we pursue our dream? How could we show gratitude to the

light for the energy we received from it? What would be a gesture of faith to the light that our request has been granted?

I invite members to share their dream. This can be something big, which may require many steps or small, and achievable in a short time. The process can be similar to the development of preferred view, or the Miracle Question in that clients envision how they would prefer their lives to be (Eron & Lund, 1996; Berg & Miller, 1992). Some groups can pursue even further investigation into the meaning of these 'dreams' in their lives through questions of relative influence (White & Epston, 1990). For example, I might ask, "What difference would it make to you if you noticed your dream was coming true?" and, "How would it matter to those people around you (eg., your family) when your dream starts to happen?" Lastly, members can be invited to recall if there were any recent moments when the desired dream appeared in their lives? Clients can sometimes recall these exceptions, or unique outcomes (White & Epston, 1990) which provide a sense of momentum and hope. The following narrative illustrates the ritual:

*More than anything else, Moe (fourteen years old) wanted to return home to live with his mother, "like a normal kid." He had been living in children's mental health centres for approximately seven years. During the group cycle, his mother Diana reconsidered the possibility of Moe's return home and her assumption of full care for him. The child welfare agency involved in their lives preferred to make Moe a ward of the state. After several months of exploration, Diana agreed to allow the state to assume legal guardianship of Moe. Both Diana and Moe said they feared losing the closeness they enjoyed, despite the difficulties they had living together. During successive Dream Candles, Moe spoke openly about his desire to return "home", even after the decision was finalized for him to become a crown ward. In the following weeks, Moe learned that not much changed in his relationship with Diana after crown wardship. Through the Dream Candle process, Moe began to shift his 'dream'. He wanted to remain close with Diana and eventually return to live with her, and in the near future, he hoped to move to a foster home and make a more 'normal' life.*

*The last Dream Candle of the group cycle took place in the oldest cemetery in town, on a cold spring night. The light from the candle lit the faces of nearby tombstones that were taller than us. Moe took me aside before he spoke to practise how he could say his 'dream'. Teary-eyed, Moe repeated his dream to return home to live with Diana. However, he added that moving to a foster home would be a sign that his dream was coming true. When asked, "What difference would that make to you? To Diana?", Moe said he wanted to be a 'normal' kid, go to normal class at school, and live in 'real' home (presumably without staff). He went on to say that he wanted Diana to be 'proud' of him, and show her that he could live in a 'normal' home. The group reflected on our shared desire to win the acceptance of our parents, and wondered from where Moe got his sense of hope, after more than seven years in institutions? These questions framed Moe's life as a struggle and him as a fighter, a survivor, and a hero. Pathologizing traits such as stubbornness were reframed (Fisch, Weakland, & Segal, 1982) as persistence – critical for the journey ahead. Moe beamed. When asked, "What could you do now as a gesture of faith that your dream has begun?", Moe said he could get a girlfriend. He added that having a girlfriend is what 'normal' teenagers do.*

*Several months later, Moe moved to a foster home several hours away. He attends a regular school class, has friends, and visits Diana bimonthly on weekends. Recently, Moe and Diana visited. Diana talked incessantly about Moe's recent achievements, as Moe listened sheepishly. They reported their relationship hadn't been better. Diana added, "I'm so proud of him." Moe said he is 'working on' getting a girlfriend.*

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## WHIPPED CREAM PIE

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This is an attendance ritual (rite of passage) I have celebrated with clients at the end of a group cycle. At the beginning of the cycle, group members are told the rules of the ‘game’. Anyone getting perfect attendance (during an eight-session cycle) can throw a whipped cream pie in the face of one of the facilitators. If a member misses a group for reasons other than illness, the facilitator can throw a pie in the member’s face. Interestingly enough, in multiple family groups youth and parents wanted to throw the pies at each other, leaving only those with perfect attendance to throw them at my colleague and myself.

Strategic therapists might call this game a soft punishment (Price, 1996) because it is the result of a ‘breach of contract’ by the members, yet the ‘punishment’ is virtually benign (and fun!). In the game of surviving a child’s adolescence, Whipped Cream Pie invites parents and youth to explore more playful ways of utilizing power and accountability.

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## CIRCULATING THE NEW STORY

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News and therapeutic letters (White and Epston, 1990) can be an effective ways to circulate questions which invite members to be ‘on the lookout’ for evidence of the ‘new story’.<sup>3</sup> Letters can offer support by attempting to normalize behaviour that is ‘off track’, and deconstruct the myth that perfection is attainable. By inviting clients to view themselves and others compassionately, I hope support opens the way for new ways of thinking or seeing. These shifts in the viewing cycle can increase recognition of desired behaviour, provide tangible evidence of the emerging ‘new story’ (Eron & Lund, 1996)<sup>4</sup>, and bear witness to clients’ struggle against the ‘problem story’ (White & Epston, 1990).

Furthermore, letters are an easy way to circulate the language of a therapeutic metaphor. In Appendix 1, the language refers to the metaphor of driving on a racetrack, eg. slippery patches, crashes, going too fast. As discussed earlier in this paper, keeping less shaming language in circulation can provide ways parents and youth can speak more openly about desired/undesired behaviour. Lastly, readers will find the inclusion of a comic in the newsletter. Not only does humour provide a way for us to cope with difficult situations, it can offer support and open space for new ways of thinking. The comic strip in Appendix 1 is a humorous way of normalizing/exploring several issues – the generation gap, the nature of preferences, and the viewing/doing cycle.

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<sup>3</sup> See Appendix 1 for an example of a newsletter to families.

<sup>4</sup> I am indebted to Jim Duvall (BTTC – I) for sharing his ideas about the three- step process of change: support, cognition, and behaviour.

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## EVALUATION

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Evaluation tools are a good way to check with clients to ensure they are “getting what they came for.” My preference is to solicit feedback verbally during the session, and use formal evaluation tools at the end of each session. A verbal “check-in” in session can be as simple as, “Are we ‘doing/talking about’ the kinds of things you hoped to today?” Currently, the formal evaluative tools I use are the Outcome Questionnaire 45.2 (Lambert & Burlingame, 1996) and the Johnson (Hoffman, 1996). The OQ 45.2 is completed prior to sessions by parents (there is an OQ 45 Youth which I haven’t been able to get as yet). It asks a series of questions which measure the degree of somatic distress, quality of interpersonal relationships, social role adjustment which are added for a total score. Because the OQ 45.2 graphs have a normative cutoff, clients can compare their scores to other people who seek therapy and monitor progress. Clients can be invited to comment on their contribution to improvements, how they’ve stopped things from getting worse, or how they’ve done so well in spite of the problem. Lastly, the OQ 45.2 assists therapist to ensure clients experience improvement. If no improvement is reported by the client or the OQ 45.2 after three sessions, the therapist might consider changing his/her tact. Research on outcomes suggests a protracted therapy, where the client reports no improvement, may decrease clients’ belief that change is possible, and that therapy can be useful (Duncan, Hubble, and Miller, 1996). Because we are bound ethically to ‘do no harm’, clients that report/show no improvement after six sessions can be referred elsewhere. This practice attempts to protect clients’ hopefulness about their future, which research suggests is a strong indicator of positive outcomes (Hubble, Duncan, & Miller, 1999).

In contrast to the OQ-45.2 which measures the effects of the presenting problem, the Johnson tracks therapist – client rapport, task congruence, and hopefulness, strong predictors of positive outcomes in therapy (Hubble, Duncan, & Miller, 1999). In addition, it provides an opportunity for the client to tell the therapist about their experience of the therapy. The feedback can be humbling at times (I know from personal experience), but it can bring the idea of “client-driven” therapy out of the realm of rhetoric.

Lastly, at the end of the group cycle clients are invited to comment on ‘what they appreciated about the service?’, ‘what could be different?’, and scale the severity of the problem. Not only do consistent use of evaluative tools assist therapists to monitor clients’ progress, it provides an ongoing way for therapists to regulate the service so that it is meaningful to clients.

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## SUMMARY

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The shifts I made toward increasing collaboration in my practice enabled my experience with clients to be focused, useful, and mutually satisfying. Remaining attentive to what clients want from therapy assisted me to locate motivation in voluntary and involuntary customers. Being genuinely curious about clients' interests enhanced rapport quickly, and provided a well-spring of possibility for therapeutic metaphors. Working playfully within metaphors invited continued interest, stimulated creative thinking, and provided a respectful way to talk about desired and undesired behaviour. Rituals seemed to amplify the significance of change and provided a forum to witness and support these shifts. Lastly, consistent evaluation ensured the process had continued meaning and usefulness for clients.

Personally, collaborative practices reduced the pressure I felt to solve my client's problem. By assuming a curious, "not knowing" stance (Anderson & Goolishian, 1992) the process of locating a satisfactory level of comfort with a problem is shared with the client. Paradoxically, as I remain "not knowing", clients are increasingly open to exploring their own unique solutions, and the process of therapy is co-created. My understanding of the difference between how I used to work and my current practice is the difference between a fixing/helping frame and a service frame. From a fixing/helping frame, the responsibility for solving the problem is primarily the expert's and we risk marginalizing the voice of the client. From a service frame, responsibility for the therapeutic conversation is shared and all voices are valued (Remen, 1999). Collaborative practices move the talk about "client-driven" service beyond the realm of rhetoric.

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