
A Practical Guide to Family Therapy

Structured Guidelines and Key Skills

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Chapter 2

Structured Guidelines for the First Session of Post-Milan Systemic Therapy

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Introduction

This chapter will outline a structure for the first session of systemic family therapy. Whether you are working on your own or in a therapy team, these guidelines will be useful. This structure is also well suited to single session therapy models (Hymmen, Stalker, & Cait, 2013). Structured guidelines provide a useful place to begin developing skills and can provide an anchor to manage the complexity of interviewing a family. They can also support learning and provide an important developmental step for new therapists (Rhodes, Wallis, & Nge, 2008).

We will begin by covering some key theoretical ideas that lay a foundation for the structure of session one. This will not be an exhaustive discussion of theory as this is not the purpose of the book. Further suggested reading to build firm foundations can be found at the end of the chapter. At its most basic family therapy is about trying to understand and support change to occur by viewing the situation in its context. Context considers many factors and aspects such as who is living together, extended family, family of origin, and the psychosocial context, such as school or work, plus the influences that society and culture bear upon the family. This contextual emphasis on people's problems has its roots in systems theory but in the post-Milan systemic frame also encompasses broader social and psychological theories (Pocock, 1995).

Key theoretical ideas in systemic family therapy

Contemporary family therapy models encompass a broad range of theoretical influences including attachment, psychodynamic theories, neurobiology, and developmental theory, but developed in the 20th century through two primary influences: systems theory and cybernetics. Systems theory describes the mutual influence that parts of a system have on each other, and the larger systems of which they are a part. Central tenets of systems theory include the importance of system stability and that systems operate based on feedback loops (communication) between the parts to navigate change with the goal of returning to and maintaining stability (Bateson, 1972). These ideas were originally applied to the functioning of biological systems (Von Bertalanffy, 1968) but were utilised by family therapists to understand and explain family systems. A second related influence came from the field of cybernetics. Cybernetics (Weiner, 1961) was the study of communication and control, particularly as it applied to self-regulated systems or mechanical systems in which feedback in one part of a system generated an action in another part of the system automatically.

Cybernetics' most important contribution to family therapy theory was the notion of circular rather than linear causation. That is, influencing and being influenced happen recursively in a system. Applied to human systems, these ideas can start to help us to identify and understand interactions between family members that come to therapy. Seven questions are proposed below to translate this theory into practice.

What influence do family members exert on each other?

Family members engage in processes of mutual influence. Some of these processes are overt, such as rules around family routines, behavioural expectations, or who is the decision-maker for particular issues. Some are more implicit or covert, such as who you can share difficult feelings with or which issues to avoid in order to manage conflict. These rules, be they explicit or implicit, are recursive in that they influence people's behaviour, thoughts, and feelings towards others in the family and vice versa. This process of mutual influence occurs through feedback loops (verbal or non-verbal communications) which either increase or decrease certain behaviours in family members. Over time many of these feedback loops become habitual and awareness of them is not necessarily conscious. Mutual influence via feedback loops can help us start to understand how systems remain stable or change because the feedback loops try and regulate what is occurring for the system (Jones, 1993).

The concept of mutual influence implies that influencing between people in a system is equal. However, a moment of thought into the types of problems families present with for therapy makes it clear that some members of a system are, or act, more powerfully than others. Adults, for instance, usually have more power than children. A perpetrator of family violence exerts unequal power. Feminist critiques have written extensively about these issues emphasising the weakness of systems theory in this area and noting the importance of understanding power issues in interpreting family dynamics (Mackinnon & Millar, 1987). Other chapters in the book will deal with this issue in detail, but it is important to think about when a theory, such as systems theory, can help our understanding or hinder seeing things appropriately (Carr, 2000).

What happens when a family is faced with change?

Systems theory emphasises the importance of stability (homeostasis) as a primary goal for a system (Jackson, 1968). Applied to a family system, this means members will respond to their circumstances in a way that strives to keep stability. Challenges to stability are normal and come from within as people need to make developmental or life cycle adjustments or can come from the influence of social networks or culture or via an unexpected event. If an event occurs that has a significant impact on the family system, it is often referred to as a nodal point (Vetere & Dallos, 2003) whether an expected event like a life cycle change or an unexpected event like a crisis.

When confronted with a change or a challenge, the family will endeavour to maintain stability via their feedback loops. If the change is manageable for the family, a new homeostasis will develop through the process of natural growth or morphogenesis (Dell, 1982). However, if the change is unmanageable or threatening, then feedback loops will develop to try and maintain stability; for example, a parent spends large amounts of time at work due to the threat of losing a job. This may cause anxiety for the child who perceives this

absence as related to the parent's relationship difficulties. The child may respond by having behavioural difficulties to invite the absent parent to return so the parents can work together to help the child. So, in this way, a problem may develop that helps solve a bigger problem for the family system, thus striving to bring stability, i.e. reduce the impact of the stressful change.

Why do problems develop for some families and not others?

All family systems face points of change and challenge and many of the changes families confront are similar to families in all walks of life. However, not all families need to seek clinical help when they get stuck. Given this, why then do some families get stuck? This question is not easy to simply answer without seeming to dismiss the complexity of family experiences; however, we do have some clues from the theory discussed so far. If we leave aside for a moment the personal, economic, and cultural resources that families have, such as their pre-morbid stability, strengths, and psychosocial factors such as wealth and education, it seems that a key issue is the flexibility of the family system to make the required adjustments when confronted with a particular change (Tomm, 1984). Of course, all those other factors we mentioned previously will play a role, but the issue of family adaptability and flexibility helps us to think about why some families get stuck and others do not (Carr, 2000). It may help to visualise a map where some families can see a path through the issue, even though challenging, and others are stuck finding directions for the territory they need to navigate.

Who or what is to blame if problems develop?

You will remember earlier that the key contribution of cybernetic theory to family therapy was the notion of circularity. Problems cannot be seen in linear ways as simple cause and effect if we hold to a circular way of seeing interactions. The strength of seeing interactions between people as circular is that blame cannot be attributed to one person's behaviour per se. Circularity allows you to think beyond surface appearances and descriptions of how the interactions between people are connected. In effect, the pattern of interactions can become the problem rather than an individual person. This notion allows us to develop systemic empathy as we consider each person's perspective on the family's concerns and how it makes sense to them. Circularity can help us appreciate that even illogical, seemingly hurtful behaviour can make sense and have a purpose from another's perspective. These notions of circularity directly influence how we will interview the family in therapy and the types of questions we will ask as we aim to help family members understand each other's point of view and behaviour and importantly the meaning they are ascribing. More on this later in the chapter.

How does change occur in family therapy?

Given the theory we have highlighted so far, we can expect change to be triggered when the meaning around the symptom or situation changes for one or more people in the system, which leads to a "difference that then makes a difference" (Bateson, 1972). Once this occurs, the feedback loops maintaining the problem can no longer stay the same, so something must shift. From an individual's point of view, each person in the family

holds an explanation that makes sense to them for the situation, and that is only one description of the problem. When stress builds, capacity to think of alternate explanations usually diminishes. With each person holding a different explanation or meaning, the family ends up in what Tom Andersen (1991) described as a “stand still situation”. If new meanings are to emerge that lead to change, then conversation between people is the conduit for shifting meaning. Whether the conversation helps trigger a change or it is a conversation that consolidates or notices a change, meaningfulness is at the heart of systemic family therapy. So, change can be thought of as occurring via one or more of these pathways.

- 1 Firstly, by one or more family members acting differently and thus changing the pattern around a problem. Because of mutual influence, a change for one person should lead to a change for others. Thus, we may ask people to act differently and try out new ways of doing things to disrupt a pattern and we can then get them to reflect on the impact to understand the meaning of the new behaviour.
- 2 Secondly, change can occur via insight into the meaning of the problem. This is a change at a level of meaning about interactions between people and the problem and therefore can lead to a change in interaction around the problem. This news of difference might come from thinking, feeling, or behaving differently in oneself or in the experiencing of another.
- 3 Thirdly, change can occur through re-remembering (Madigan, 1997) past strengths and interactional patterns that the family preferred but have been lost because of the challenging nature of a change they have had to navigate. Re-remembering can of course lead to news of difference as the family recognises they can find a way through difficult situations.

Change in the presenting symptoms is a first order change and change that is deeper and involves a change in the underlying pattern of a problem is referred to as second order change (Carr, 2000). With a second order change comes the hope that the capacity to navigate future changes and challenges has increased.

Do therapist’s views exert an influence?

Early systemic thinking and first order cybernetics concentrated on the observable patterns in the family. The therapist was considered an outside observer of the family system, an expert in the objective analysis of family processes and able to determine how to change the system. This perspective had some critical flaws. How do we separate our own family experiences, culture, and social position from what we observe? First order cybernetics has been challenged by both constructivism and social constructionism. Proponents of constructivism have argued that people actively construct meaning from what is around them; that is, everyone develops their own reality or truth. In addition, our individual constructions are made within our social world with all its influences (Gergen, 1994). Our ideas are shaped by receiving and expressing ideas via language (verbal, non-verbal, or written). These influences have led to a reconsideration of the therapist’s influence in family therapy via second order cybernetics (Atkinson & Heath, 1990).

Second order cybernetics (Keeney, 1982) asserts that the therapist is not separate from what is observed, but plays an active role in constructing the observation (Jones,

1993). This viewpoint acknowledges that the therapist does exert influence and has to be careful not to think they are acting objectively or without power. The second order cybernetic perspective shapes the interview process in contemporary systemic therapy leading to a more curious and “not knowing” stance with a strong emphasis on reflexive questions as the primary tool to help the family discover their own solutions (Tomm, 1987a, 1987b, 1988). The most important application of second order cybernetics is for the therapist to ensure that they balance their perception of what is happening with a curiosity that helps the family work out what is true for them (Hoffman, 1985). While at the same time, we need to recognise we have experience and insights that may be useful to the family and power from our role that needs to be managed effectively (Gibney, 1996).

What influence does the family have on its social systems and vice versa?

Family therapists need to be mindful, both of the relationship between family members and the relationship of the family to its wider context. Just as people in a family influence each other in a reciprocal way, a similar exchange occurs between the family and its social systems. Patterns or problems in the family can be replicated in different parts of the system (Carr, 2000). In this way, the family can influence the therapy team’s functioning and vice versa (Hardwick, 1991) or a school context may replicate the dynamics of the family. For example, the school may be inconsistent in applying behavioural strategies in a similar way to the parents. Similarly, the social constructionist position reminds us that societal structures and discourses influence us all deeply (Gergen, 1994). Families often accept “truths” that reflect these influences, accepting cultural, gender, and socio-economic expectations that affect their capacity to solve their difficulties.

The first session

What is the purpose of this session?

There are three main purposes for session one. The first is to engage the family in the process. The second is to assess and understand their difficulties. The third is to begin to invite change. While engagement or joining is typically thought to occur at the beginning of each session, it is an ongoing process throughout the process of therapy. The first session is critical to ensuring that a family returns, providing hope that things can change and developing their commitment to work with the therapist towards their goals (Weber & Levine, 1996).

The second purpose is to assess the difficulties the family is bringing to treatment. The initial referral information often provides a description of the “problem” from the family’s or referrer’s point of view but Session One allows this to be explored in detail. The goal is to bring an interactional context to bear on the information that is being reported so that the therapist and the family come to recognise the circular nature of the problem and the interactional patterns that maintain the problem. This is achieved from an empathic position that does not ascribe blame to any one person or event, but via the process of the session helps the family gain insight into how the problem functions.

The third purpose is to prompt the beginnings of change by introducing alternative ways for the family to think and feel about the problem. In systemic family therapy, there is not a separate assessment and intervention process but both processes are reciprocal throughout the therapy process.

What is the theory behind this session?

In the first section of the chapter, some key concepts have been articulated that are meta-concepts embraced by several family therapy models to varying degrees. The session structure that follows is most closely aligned with post-Milan systemic family therapy. This model emphasises some additional concepts that provide a foundation for the first session structure. They are briefly outlined here and detailed in the session description.

Hypothesising is a way for the therapist to think about the meaning of the presenting problem for the family. Hypotheses should be relational and create a notion about the function of the presenting problem. Hypotheses guide the therapist to ask questions to determine which hypothesis fits for the family's situation and is useful to them. In a post-Milan framework, the ideas from many psychological and family models can be utilised to understand the family's problem (Brown, 1994; Sadler & Hulgus, 1989; Palazzoli, Boscolo, Cecchin, & Prata, 1980; Cecchin, 1987; Carr, 1997; Cecchin, Lane & Ray, 1992).

Circularity refers to how problems are explained, as mentioned before, but extends to describing how the interview process is conducted. This is done by using circular questions that draw connections and distinctions between people (Brown, 1997a, 1997b). The assumption is that this circular approach to interviewing releases information about relationships and this information creates a difference that redefines relationships, thus allowing for changes (Palazzoli, Boscolo, Cecchin, & Prata, 1980).

Neutrality describes the disposition of the therapist in the interview process. The therapist should be in a meta-position to the family in terms of their beliefs and interactions (MacKinnon & James, 1987). The purpose of this position is to not be drawn into siding for or against a person or an issue so that the family can consider their own beliefs and patterns (Tomm, 1987a). Neutrality is maintained by a *curious position* that invites openness, and therefore information is shared between family members, and with the therapist. Neutrality does not imply that the therapist has no viewpoint but is utilised to put the focus on validating the family member's views (Campbell, 2003). Neutrality is not meant to suggest that the therapist is morally neutral about safety issues such as violence and abuse in the family or wider social system (Campbell, 2003; Jones, 1993).

Strategising implies an active and interventive role for the therapist and differentiates family therapy from non-directive counselling (Tomm, 1987a). The therapist is informed by the principles of hypothesising, circularity, and neutrality but acknowledges a clear role as a change agent, albeit through collaborative conversations with the family.

Relational ethics in post-Milan systemic therapy involves remaining true to systemic thinking as the underlying framework for therapy but importantly recognises the feminist and social constructionist critiques of systems theory (Brown, 1994). Therefore, post-Milan systemic therapy emphasises the therapist taking an active position against violence, abuse, and power dynamics and being attuned to larger sociocultural narratives and their own power and privilege.

What are the steps and questions to use for this session?

While the aim of this chapter is to detail Session One, the thinking and skills used can be employed across future sessions. The Session One structure outlined tries to achieve a balance between content and process. This balance is important so that it is not just assessment but remains therapeutic. The session plan outlined is designed to support a transition from the least to the most intense subject matter over the course of the interview. For example, a discussion of the presenting problem occurs first, and more sensitive relationship issues are left to near the end of the session.

The structure also provides a scaffold for the therapist to stay focused and not become overwhelmed by one aspect of the family's presentation. Without this, it is very easy to get lost in one issue and then a systemic focus does not develop. This session format takes about 1.5–2 hours to complete but is well worth it given the foundation it creates. It could also be done across two meetings if needed.

Step one – Pre-session preparation

The first step is to draw a genogram of the family so that you can get a visual picture of how people fit together from the referral information. Clearly, the amount of information can vary greatly but you need to have enough to start thinking about how the presenting problem might make sense or function for the family. Once you have drawn up the genogram, the next step is to hypothesise.

Hypotheses are about trying to understand systemically what the problem means or what the relational function is for the family. Hypotheses should try and include all parts of the family so that it is systemic (Palazzoli, Boscolo, Cecchin, & Prata, 1980). A useful way to think is how the problems might be “helping” the family with their situation (Brown, 1994). This is a key premise in systemic therapy that people act with good intentions even when their behaviour seems unhelpful. For example, we may see a father's withdrawal from home to work as a way of reducing conflict in the marriage, thus preserving the family. Hypothesising also functions to get our own biases out in the open. Without hypothesising, we are more likely to join the family system unwittingly by being caught in our own blind spots. For example, we might over empathise with the mother and take a position against the father because the father's withdrawal reminds us about our own family dynamic as a child.

Hypotheses are ideas that help guide and organise the interview. The therapist should mediate against becoming attached to specific ideas, by generating more than one hypothesis, including those in direct opposition to each other. Hypothesising serves to tune the therapist into interactional processes that might otherwise get missed in a session and should be constantly revised throughout the session as the family describes their experience. If you are struggling with the specific hypothesis, then thinking about a theme that unifies the information you have can be a useful starting point like adjustment, transition, grief, disconnection and then develop a greater understanding of the specifics with the family in the interview.

A strength of the post-Milan systemic framework is that hypotheses can be developed from a multitude of different traditions or lenses. These can include:

- Developmental and life cycle theories
- Cultural perspectives

- Psychodynamic theory
- Attachment theory
- Sociological/feminist perspectives
- Previous clinical experience
- Other family therapy models constructs.

Some key questions to begin hypothesising include:

What effect is the problem having on the family?

Does the problem help the family in any way?

What might it mean for them at this particular point in time?

Are there wider systems issues that relate to the presenting problem?

It can be useful to shift your language and think about people “showing” behaviour or feelings rather than “being” their behaviour or feelings. For example, if we say Mary is *showing* sadness rather than Mary is sad, it allows relational meaning to become more prominent because it prompts us to ask, who is she showing (Jones, 1993)? We can generate hypotheses utilising the following format:

Tom shows increasing misbehaviour (symptom) at home as a way to invite firmer boundaries (outcome) by his parents to make him feel more secure (meaning) because he is worried about his mother’s apparent sad mood and his father’s increasing work hours (relational connections).

Hypotheses should be written in a way that positively connotes the symptom or presenting problem as helping in some way. With the example above, we would be thinking about the need to test ideas including the parent’s relationship, parenting style, and the relationship quality between the parents and the child. While the hypothesis is written from the viewpoint of the symptomatic person, there is circular intent. For example, did the misbehaviour lead to the mother’s low mood and the father’s withdrawal, or did the mother’s low mood reduce her parenting capacity, thus leaving the child to need to draw in the father, etc.

Step two – Providing a format for the session to the family

Step two is to give the family a sense of structure for the session. This is important because it is the start of setting some rules for the therapy sessions. Families are often very anxious about what is going to be discussed, so settling things quickly is important. Essentially you want to communicate that

- Everyone will have the opportunity to participate.
- Session will go for approximately x amount of time and what the end of the session will involve, such as a reflecting team or end of session break before feedback.
- Discuss confidentiality and its limits.
- Any other housekeeping items such as a team behind a one-way screen or that the meeting is being recorded, etc.
- If a team is involved, provide an opportunity for the family to meet the team.

Step three – Engaging all family members

The third step is to engage or join with each family member. The aim is to make a personal connection with each family member. Some key questions you can use include the following:

Parents

What do you do during the day?
How do you find that?
Do you have anything you do just for you?

Children

Where do you go to school, what is it like?
What do you spend time doing outside school?

Aim for questions to be open and neutral so that you can lean in the direction of the client's response. For instance, the questions *What do you do during the day? How do you find that?* allow you to avoid judging whether a parent is working or is home with children and allows them to say whether they like or dislike something. Given that the goal is engagement, following the person's lead is key. If you ask, "how do you find school?" and the person responds negatively, exploring that response will be more engaging than responding with a positive like "what do you like about school?" If the response is ambivalent, then we can ask about both likes and dislikes. You can also start to think about your hypothesis and gather information. For instance, if part of your hypothesis involves a parent being distant and unavailable, then inquiring about work hours may provide some helpful information.

Another important aspect of engagement is to start setting some implicit rules for the session. This is done by creating a structure for the family, for example, speaking to one person at a time, interrupting other family members who interject during the process, and having people answer the question you have asked. In this way, people are learning that the session will be orderly, that everyone will get a turn, and that people will be treated fairly. An effective way to deal with interruptions is to say – *I know you have things you want to say but at the moment just let me ask x? or I'm going to get around to everyone?*

Similarly, if people are not answering your question or being tangential, redirect them back to the question. If we do not manage these process issues early on, the session can get out of hand quickly and your position as the conductor of the session can easily be undermined. Essentially, we want to take a position where the family owns the content, but setting up an effective and safe process is the therapist's responsibility. If we can manage these sorts of process issues, we also send a message to the family that we are competent, confident, and can handle difficult discussions and dynamics. This is the beginning of creating a safe space that contains emotional vulnerability (Bion, 1962).

Other issues to consider in this part of the interview are who do you engage with first and what about missing family members? An effective way to decide on whom to speak to first is to choose the parent that you have not had contact with before the appointment. This can help maintain your neutrality. You can also think structurally and begin with the parent who seems to hold the greatest influence or the parent who may need this recognition to engage and then the other parent and then the children in age order. It is

important to recognise that this choice is not about gender per se, if choosing to speak to the father first for instance, but should be about the family's values or culture, with the aim to make engagement easier in the initial stage of the interview. There is plenty of time to challenge gender roles and other social constructions as therapy proceeds. Family members or other important adults not in the session should also be introduced. You often get a sense of this in the referral information, and they may feature in your hypotheses. There may be a parent, siblings, or grandparents not living in the current household. Children often enjoy introducing these people. One can ask – *are there any other people in the family that are important to introduce to me?*

Finally, despite all these issues, engagement should not be a large part of the session. A beginning therapist often spends too much time on this part of the session. We do not want to inadvertently convey the idea that we are not ready to talk about why the family has come.

Step four – Exploring concerns of family members

The fourth step is to explore the family's concerns. The aim of this part of the session is to get a rich description of the presenting problem. It requires persistence to get past behavioural descriptions to their meaning, effect, and relational contexts. One should start with the adults when exploring concerns to emphasise the authoritative role of the parents. It may also be useful to commence with the least reserved parent, breaking the ice for others to follow, or the parent who you feel will put "issues on the table" more easily. Criticism or high expressed emotion must also be managed at this early stage, by stepping in to manage interruptions or help family members explore and take responsibility for their own emotions.

The process of exploring concerns starts with an open question, such as – *what is concerning you most at the moment?* It seems to work more effectively to leave it this open and just see what the response is. The response may be about an individual or can be relational from the start. To resist joining the family system, we would not start with, *what is concerning you about (child)?* With this question, you can easily end up with a description that is directed at the identified client and the wider context is diminished. Anything that you do not understand should be followed up. The simplest way this can be done is to ask – *what do you mean or can you help me understand?* A useful principle that applies here, but throughout the whole session, is to use simple questions where possible and keep more complicated question types for when they are really needed. This can make our questioning more impactful and effective and the tone of the session more conversational for the family.

From the initial question, it is then a matter of getting underneath the voiced concern to more relational issues. This is done by taking each concern and listening to the response for information that contains either affect or relationship material and then focusing in with follow-up questions such as – *what concerns you most about x? What is your worst fear about it continuing?* If there are a range of concerns, you can ask that they be ranked from least to most worrying or use a forced choice question to create a hierarchy between two, for example – *are you more concerned about the fighting or the effect it is having on the relationship?*

The aim is for each person in the family to speak about their worries. It is not enough for the second parent to say they agree with the first parent who spoke. If this occurs ask – *can you describe the concern in their own words?* The mechanism of change in systemic therapy is to create new perspectives for each person in the family and this can only happen through the injection of information. The simplest way to help a parent who is happy to agree with their partner is to ask them to describe their concerns in their own words.

It is common in the initial stages of the interview for family members to be reluctant to speak. This is most often the identified client. A useful way around this is to employ a particular questioning style synonymous with systemic therapy, namely dyadic and triadic circular questioning. Dyadic and triadic circular questions (Tomm, 1985; Brown, 1997a, 1997b) can be used to help with resistance but they also release information into the system because they are inviting one person to comment on how they think another person or pair is thinking. Triadic circular questions have a format that asks one person outside a relationship about two people in a relationship and dyadic circular questions ask one person about another person. A dyadic circular question in this context would have the following format:

Therapist asks person A

If I was to ask B what his concerns were at the moment, what do you think he would say?

Therapist asks person B

How does what A said fit for you?

To employ this technique, it is essential that the therapist interviews person A until enough information is released that person B feels that they can respond. The interviewer needs to keep an eye on person B while talking with person A and to look for body language that indicates a shift. Most noticeably person B may get a tear in their eye if very emotive, or it is usually much more subtle at this stage in the session and be just a small shift in the seat or some eye movement. It is important when you ask a circular question to find out from the person who was spoken about what they think about what was reported. This should be done as neutrally as possible, rather than asking if they agree or disagree. This gives a more open flow and allows for new information to come out. We tend to rely a lot on using the simple question – *how does that fit for you?*

Finally, as the sensitivity of material in the session increases, it is important that the therapist is monitoring content and process. Where possible, we want to get underneath any high expressed emotion or criticism and connect it with relational descriptions. For instance, if people are showing anger, they may also be feeling sad about a change or situation. A mantra for managing the process is to “lean into any affect”, following emotions where possible. When emotion or affect is occurring, it is useful to consider whether you are hearing or seeing a surface emotion (secondary) or deeper emotion (primary emotion). A surface emotion is often the emotion that covers the more vulnerable emotions. For example, anger is often an easier emotion to show than sadness. A second way to lean into relational descriptions is to listen for attachment orientated words like lonely, missing, caring, connected, etc. and then highlight those words to recognise their significance – “*Missing your mum, can you say more about that?*” The “rules” that were set up in engagement, such as having people answer your question and interrupting without upsetting people, become even more crucial as the session goes on.

Step five – Understanding the start and effect of the problem

The fifth step is to try and understand the onset of the presenting problem. Theoretically, this is the point at which the family’s map or rules could not adjust to changing circumstances or a challenge that was upon them. Identifying nodal points punctuates the family’s

Table 2.1 Four categories of onset events

Onset type	Examples
1 Life cycle/ developmental change	These are natural changes that happen for all families such as births, deaths, marriages, adolescence, and leaving home but they can be times of incredible stress
2 Relational break	These are changes or challenges that are relational such as attachment disruptions, relationship breakdowns, separation/divorce, and specific events such as infidelity. They can occur in the family living together or across generations
3 Trauma/crisis	Traumatic onset events can range from involvement in natural disasters, accidents, intentional trauma such as violence and abuse, unexpected deaths, or other losses, such as work, financial, or the onset of health difficulties
4 Chaos	Families who have a chaotic lifestyle often have no specific onset events per se. They have always lived with difficulties, relational stress, and tragedy of one kind or another. Their difficulties are often intergenerational with common themes and patterns in their family of origin. There can be a connection between social disadvantage and this type of family experience

story and helps them begin to think about why things changed when they did. This starts to reframe the problem away from the symptomatic individual and locate it in the wider family or system. Onset events often fit into four categories that can overlap. While not exhaustive, Table 2.1 provides a way to organise your thinking and thus help the family think through the effect of various onset events.

There are two steps to exploring onset. The first is to identify events or issues. This is often very clear, especially if it involves a crisis or identified trauma event, but on other occasions may require some curiosity on the part of the therapist to help the family identify possible changes or events (words like stresses, strains, challenges built into an open question is often a good prompt). For example, the impact of a developmental change may be hard to identify or if a historical change, like a separation, that children coped with at the time, it may now seem insignificant to parents, but impact in a new way now the children are older. Step two is to explore the effects of the various onset events on family members and relationships. This process can of course happen reciprocally. Step two is enhanced by employing circular questions as these continue to expand the interactional frame that is likely to help people think and feel differently about their and other people's positions.

The following questions can be used to explore onset events:

When did you first notice what was happening or that things had changed?

Why do you think the problem began then and not at (another time)?

What else was happening for you as a family at that time?

Were there other stresses/strains/challenges for the family at that time?

The effects of onset events can be explored using the dyadic and/or triadic circular questions. The benefit of using circular questions at this point in the interview is their capacity to release information not previously known or considered by family members. Remember, it is the experience of hearing new information that can make create the opportunity for change in systemic therapy, i.e. the difference that makes a difference (Tomm, 1984).

This is another part of the interview where we want to lean into affect and relational descriptions as noted above.

Dyadic circular questions ask one person about another person such as:

Therapist asks person A

If I was to ask B what effect x had on him, what do you think he would say?

Therapist asks person B

How does what A says fit for you?

Triadic circular questions ask one person outside a relationship about two people in a relationship, for example:

Therapist asks person A

What effect do you think (event) had on things between person B and person C? What did you see or hear that makes you think that?

Therapist asks person B

How does what A says fit for you?

Therapist asks person C

How does what A says fit for you?

The flow in this part of the interview depends on integrating the information you are hearing, with the process occurring between people in the room, the affect generated, and the hypothesis you are exploring. It can be challenging for the family to have to connect events and feelings together. It can be useful to explore the intentions behind why people acted the way they did and the meaning ascribed to the onset events. This often creates news of difference because it begins to loosen up the meaning of events for family members.

An enduring concept for this session and the whole of therapy is that empathy and understanding have to match the level of challenge. In other words, the more you want to put difficulties or issues on the table or help people face up to behaviours or events, the more the engagement and warmth of the therapist are relevant to holding the space for the conversation. This helps the family feel safe and mediates against the family rejecting the connections you are trying to help them make.

It is important to note that while the aim in this part of the interview is to mediate against scapegoating or blame in the family by creating a more circular view of problems, this is to be actively avoided if there is violence or abuse of any kind. These issues are discussed in detail in other chapters but if safety issues, or violence, or abuse are disclosed, family therapy may need to go on hold until safety is restored.

Step six – Eliciting a sequence of interactions around the problem

Step six aims to elicit information about the interactions that occur around the problem. The previous section of the interview focused on the start and effect of the problem, and step six focuses on the interactions that maintain it. Sequences of repeated actions and behaviours are an aspect of all interactions between people. Breunlin and Schwartz (1986) identify four time periods in which sequences can occur. The first are sequences that range from seconds to hours (S1), the second from a day to a week (S2), the third from several weeks to several years (S3), and the fourth across at least one generation (S4). Here we are concentrating on the exploration of S1 sequences. In simple terms, the sequence imbeds the interactions or behaviour in a wider context. The sequence explores behaviour but also the intentions behind behaviour and thus releases information about the meaning people in the family have ascribed to each other's actions.

There are some rules of thumb for setting up the sequence.

- 1 Identify a specific incident that is directly related to the main presenting problem. To start ask a question that focuses on the behaviour in question such as, *Can you tell me about a specific incident when x was at its absolute worst?* Without asking about the worst occasion, you are likely to get the fragment of a sequence. This is because when behaviour or a sequence of behaviour is entrenched, some steps are not necessary as they become automatic over time. We may miss an important step to understanding if we explore one of these more low-key occasions.
- 2 Sequences involving as many family members as possible are likely to be the most useful. Even if family members were not present, their absence may still be indicative of an interaction with others. Siblings are often a rich source of observation in a sequence and so endeavour to help the family choose a time when more rather than less people were involved.
- 3 Start the sequence when things were calm and track it through until calm has returned. Understanding the situation before the sequence starts can provide important context. An argument with a teenager at bedtime, for example, may create resentment expressed as school refusal in the morning. The time in the latter stages of the sequence as the escalation diminishes often elicits information about communication patterns in the family. For example, do people apologise, do they withdraw, do they pretend it did not happen, or do the difficulties cease on the surface, but the feelings remain unresolved until the start of the next sequence. If you visualise a clock from 12-3 is the pre-sequence context, 3-9 is the sequence in focus and 9-12 is what happened after the event in focus (to return to normal routine or not).
- 4 The sequence should focus on behavioural descriptions and avoid generalisations. The questioning style should be curious but seek to make the behaviour concrete in the context of the example given. It can help to think about the sequence being on video and you have the remote control so you can slow all the interactions down frame by frame.

Endeavour to show interest in everyone's view, minimise interruptions and side tracks. It is crucial to linger over inconsistencies in how people describe what happened and help them reflect on what they were thinking, feeling, and trying to achieve or communicate

through their actions. It is in the inconsistencies where new information is most likely to reside and the place where people's intentions or the message they were trying to send may be more important than their actual behaviour.

The following questions are a starting point for working with the sequence.

What did x say/do?

If I was a fly on the wall watching, what would I have seen you do next?

What happened next?

What effect did that have?

What did you see happen?

Where were you when that took place?

How would you describe it from your point of view?

What were your intentions in doing that?

What were you trying to say/communicate?

Step seven – Exploring family relationships

Step seven is to explore the relationships between people. Relationship discourses should occur every session (MacKinnon, 1998) because changes in closeness often begin problems and conversely can be the solution. The specific investigation of relationships is intentionally towards the end of the session for two reasons. The first is that we may have understood certain relationship patterns in the interview to this point and can therefore make this part of the interview more precise in exploring specific relationships. The second reason is that relationship-specific discussions are usually the most emotionally intense, and the session format is designed to warm people into discussing more difficult issues as they get more comfortable in the process.

Relationships can be explored with a technique called a relationship scan¹ that is built around the use of triadic circular questions. Start with the relationships that are the easiest and move towards the relationships we see as most problematic or hottest. This allows the family to warm into the task but also gets the relational language in use before more difficult issues are explored. You would normally start with the nature of relationships in the present, but you can also collapse time (White, 1986) and move from the present to the past and the future depending on the information gained, the hypothesis, or how interventive you intend to be (Tomm, 1987a, 1988). The questions in Table 2.2 can be adjusted depending on the time period.

In the case of larger families, it may not be possible to explore every relationship. Time can be reduced by either scanning a limited number of key relationships or by ranking them in order of difficulty. Ranking can still be done using circular questions in the following way:

To mother: If I was to ask father who he is closest to in the family at the present moment, what do you think he would say? Who next? and then who, etc.

To father: How does your wife's ranking fit for you? How would you rank who you are closest to?

To father: If I was to ask mother who she is closest to in the family at the present moment, what do you think she would say? Who next? and then who, etc.

To mother: How does your mother's ranking fit for you? How would you rank who you are closest to?

Table 2.2 Exploring family relationships

Format	Question
1 Setting up	<i>"I would like to get an idea about relationships in the family. I'm not asking about how much people love each other but rather how close people are at the moment"</i>
2 Triadic circular question to a person outside the relationship	To mother <i>How would you describe the relationship between Mary and father?</i>
3 Make description concrete	<i>What do you see or hear happening between them?</i>
4 Use the scaling question to make the description concrete	<i>On a scale of 0–10 where 0 is not close and 10 is very close where would you put their relationship?</i>
5 Check with people inside the relationship and make their observations concrete	To father <i>How does mother's description fit for you?</i> <i>How would you describe the relationship in your own words?</i> To daughter <i>How does mother's description fit for you?</i> <i>How would you describe the relationship between you and your father now?</i>
6 Move to next the dyadic relationship	To father <i>If you were to describe the relationship between Mary and mother, how would you describe it?</i>
7 Repeat the steps for each relationship in the family	

Step eight – Closing the session with reflection and feedback

Step eight involves reflecting on the session and giving the family feedback. The aim is to bring all the parts of the interview together providing a reflection and feedback that is both systemic and interventive for the family. This may have several aspects such as a reflection on how the problem the family brought to the session might make sense or invite the family or a particular family member to engage in a task. Reflections or feedback are going to generally align with how we are expecting change to occur as discussed earlier. A reflection will generally be quite tentative and will invite the family to reflect on their situation. Feedback has a more direct quality and often involves giving an opinion or requests that the family do something more specific. Reflections need to be given tentatively because from a second order cybernetic position we cannot know if what we are thinking will fit or resonate with the family. Remember the "difference that makes a difference" is the difference that the family responds to not what the team or therapist holds on to. This will be reflected in the language we use – *"I wonder if..., What comes to mind is..., I am not sure if this is on the right track but I was thinking..., I hope this is a helpful thing to say This might seem a bit strange but..."*. Any reflection and feedback are an offering to the family to get them to reflect and make a 'change'. Table 2.3 outlines the key points to cover.

A feature of system family therapy is to positively connote or reframe the problem (Jones, 1993). For example, we may frame behaviour problems as inviting the parents to work together to increase the child's security and strengthen their relationship, rather than saying the child is misbehaving and they need to take control. It can also be useful to think about what is the immediate need that has evolved from the session, such as the focus above on

Table 2.3 Key points for giving feedback

<i>Key point</i>	<i>Rationale</i>	<i>Reflection</i>
1 Affirmations	There should be a compliment for each family member about their participation or character that came through in the session. It is essential to be able to say something positive to everyone as this is part of having systemic empathy for the family	<i>What strengths have different family members demonstrated today?</i>
2 Concerns	The concerns of each family member should be revisited. Primarily this is to let the family know you have been listening. However, you can also use this to help them see common issues they share	<i>What concerns have the family got at the present moment?</i>
3 Onset	Reflect on any events/experiences that were significant nodal points emphasising the effect these events had on relationships and problem development	<i>What were the significant nodal points that contributed to problem development?</i>
4 Message	In this part of the feedback, it is important to link the concerns with the onset events/circumstances, the sequence, and the relationship scan, in order to explain the presenting problem to the family. It is important to only say things that there is evidence for from the interview. Where you can, remembering the family's actual words or metaphors really helps communication to occur	<i>How do you make sense of the presenting problem and why? Is there a metaphor that would be useful to communicate the ideas?</i>
5 Positive connotation	This is the point where the meaning you have made of the problem needs to be delivered back to the family. This may not make sense to them when they first hear it and that is okay. It is meant to be "news of difference" and perturb the current family system in order to stimulate change. It is important that the message and positive connotation are given tentatively such as "...in a funny kind of way it's almost like...". This helps the hearing of the message but also reflects the theoretical position of systemic therapy where reality is constructed through interaction and cannot be observed by the therapist. Hence, a tentative and curious stance allows ideas to be put forward – some will resonate and others will not	<i>How is the presenting problem "helping" the family?</i>
6 Task/ritual	Giving a task or a ritual is not essential but can often be helpful in assisting the family to think through the information you are feeding back. They can be very simple or complicated. For example, a common task may be to set up an activity between two people who need to improve their relationship. It is not really important whether the task is done or not; it is just another way of injecting new information and often the family will take an idea you have given and change the task to suit them better	<i>Is there an activity that would highlight the positive connotation for the family between sessions?</i>

reconnection or safety, but also give feedback on what might be the “bigger picture” such as the need to develop more open emotional expression and communication as a unit. This signalling can help the family feel that you have understood the spectrum of issues that may have occurred in the discussion. The reflection and feedback can be given in several formats, depending on the availability of a co-therapist, a reflecting team, or a sole therapist.

Sole Therapist

On many occasions a therapist will conduct the first session without the luxury of a co-therapist or reflecting team. This places pressure on the therapist to conduct the session, engage in a process of progressive hypothesising during the session, and then provide feedback at the end without assistance. It may be useful instead to take a short break of 15–20 minutes, taking time to reflect on the initial hypotheses, how they have changed throughout the session, and how you want to reflect to the family.

Reflecting Teams

Two types of reflecting teams are used in systemic family therapy. Originally, a team would observe the session behind a one-way screen and consult with the therapist at the end of the session away from the family, and then the therapist would return and give feedback, so the family would be on their own for 15–20 minutes. As giving feedback evolved, this was seen as lacking transparency and reflecting teams changed to have the family (and their therapist) swap rooms with the team and observe the team giving feedback through a conversation together (Anderson, 1995). This approach is more transparent and allows for the family to be provided with a wider range of ideas to stimulate change. Once the team discussion is complete, the two groups swap rooms again and the family can then reflect on the reflections with the therapist. Each family member should be invited to respond briefly rather than engage in any further long therapeutic conversations. Further conversation at this point can risk diluting the effect of the reflections and extending the first session unnecessarily.

Interestingly, families recognise positive effects from either model of reflecting (Mitchell, Rhodes, Wallis, & Wilson, 2013) with the presence of a team heightening the experience and supporting change. Training teams may find it useful to follow the guidelines for reflecting teams provided in Table 2.4. The lead team therapist should begin the

Table 2.4 Training therapists in reflecting team conversations

Training therapists in reflecting team conversations

1 Affirmations	What impressed you about the family today?
2 Concerns	What concerns do you think they brought to the meeting?
3 Message	How do we make sense of the difficulties they are experiencing?
4 Positive connotation	In a funny kind of way ... It is almost like ... I'm not sure but ... (then deliver positive connotation)
5 Task	What ideas did we have about where to from here?

Post-reflecting team with therapist and family

6 Family impressions	What stood out to you from what the team said? Or what struck you about the feedback?
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conversation and use similar questions to those below to keep some structure in the feedback by asking other team members questions. Ways of reflecting with families continue to evolve and reflections throughout the session, rather than at the end, is a more recent development outlined in detail in Chapter 13.

Step nine – Post-session reflection

Step nine should involve processing the interview, reflecting on the family's response to feedback, and contemplating future sessions. Reflecting teams should also review their own interactions and any parallels with the family system. Sole therapists or teams may recognise new strengths in their work or uncover biases that had led to a particular response by the family. In some cases, these biases may reflect an attachment to one specific hypothesis, and on other occasions they may reflect blind spots emanating from the specific culture of a therapist, their values, or their own experience of family life.

Step ten – Optional – Therapeutic letter to the family

The use of therapeutic letters has been documented by both systemic and narrative therapists (Morgan, 2000; Kindsvatter, Nelson, & Desmond, 2009; Wojcik & Iverson, 1989; White & Epston, 1990a; Wood & Uhl, 1988). As a way of intervening at the end of Session One, we routinely use such a letter. A therapeutic letter to the family should reiterate the feedback. It is a very useful way to stimulate further thought and reflection. This can be pivotal in helping the family remember what was said during the interview and feedback. Many families will be overwhelmed by the feedback and just will not remember the details. The letter format does not need to be any different from the live feedback that was given. The written tone should be similar to the way the feedback was given. Address family members by first name. It is not meant to be like a professional letter you would write to the referrer. To receive the letter before the second session often provides a very useful starting point for the next meeting as you can ask the family, *from the feedback or letter what stood out to you from the feedback last session?*

Conclusion

This chapter has outlined eight key theoretical ideas that describe systemic family therapy in the post-Milan tradition. Rationale and structured guidelines for conducting the first session of post-Milan systemic family therapy have been detailed that include a number of core skills that can be utilised in all sessions of therapy. A clear, structured approach to interviewing can aid therapist development (Rhodes, Wallis, & Nge, 2008), help manage anxiety, and lead to increased confidence to be more spontaneous and responsive to family needs in session. It can also provide a means of ensuring basic competencies for therapists working together, students in training, and those engaging in research. This format would complement the guidelines already published in the Systemic Family Therapy Manual (Pote et al., 2000). A competency chart for this session is given in Table 2.5.

Table 2.5 Post-Milan systemic family therapy first session competency chart

Step	Aims	Key questions/notes	Competency	Achieved
1	Pre-session preparation	Draw a map of the family and note key relationships	Correctly construct the genogram	
	a. Genogram b. Hypothesis	Develop systemic understanding to guide the therapist's thought and interview process <ul style="list-style-type: none"> Bring thinking biases out into the open Note: Hypotheses are progressive and will change with the information gathered in the interview	Develop more than one hypothesis Convey hypothesis utilising systemic thinking with possible positive connotations Consider personal blind spots	
2	Provide a format for the session	Outline format for the session	Convey a clear structure with key items covered – format, confidentiality, end of session process	
		Outline confidentiality Outline team (if appropriate) and end of session process	Respond to family anxiety appropriately to contain it as needed	
3	Engage all family members	Engage family members	Use open questions as much as possible	
		Begin to set ground rules for the therapeutic process – one person talking at a time, everyone to participate, answering a question when asked	Make a personal connection with each person Demonstrate warmth and interest in each family member Contain family members by conveying you are confident with the process Deal with interruptions appropriately without damaging engagement	

(Continued)

Table 2.5 (Continued)

Step	Aims	Key questions/notes	Competency	Achieved
4	Explore concerns of family members	Understand concerns	Elicit each family member's concerns	Follow affect as required by leaning into deeper emotions
		Develop a focus on relational concerns	Get underneath stated concerns to relational concerns	
	Deepen engagement through discussion of difficult issues	What is concerning you for the family at this point in time?	Use questioning styles effectively and correctly	Use questioning styles effectively and correctly
		What is concerning you the most? How concerned are you?	E.g. circular questions, forced choice questions, ranking questions, focusing questions	
	Maintain neutrality	Start with broad open questions and narrow them down to specifics	Maintain neutrality by demonstrating curiosity	Continue to manage the process
		Monitor evidence for hypotheses	Continue to manage the process	
	Monitor evidence for hypotheses	Spend equal time with all family members	For example, interruptions and high expressed emotions	Demonstrate curiosity regarding onset effects
		Interruptions are best dealt with by saying something like "I can see you have a lot to say and I will ask you about it in a minute"	Show capacity to consider events related to the four categories	
	Monitor evidence for hypotheses	Use circular questions – circular questions create an atmosphere of openness and "news of difference"	Explore the effects of events on individuals and relationships	Use circular questions effectively to develop news of difference for events and meanings
		Use circular questions – circular questions create an atmosphere of openness and "news of difference"	Follow affect as required	
5	Understand when the problem began	Understand the point of change (nodal point)	Remember four types of the onset to consider	Life cycle/developmental change
		Explore the effects of onset effects on individuals and relationships	to consider	
	Build empathy in family members for each other through creating new perspectives on events and their effects	Why do you think it happened then and not now?	Why do you think the problem is worse now rather than a year ago?	Relational breaches
		What else has been happening for you as a family since the problem began?	Be curious about the problem and its place in the family	
	Look for connections between the onset events and the presenting problem	Remember four types of the onset to consider	Remember four types of the onset to consider	Trauma/crisis
		Move the presenting problem from the individual and locate it in the wider family system either due to circumstances or specific actions	to consider	
	Monitor hypotheses with evidence	Monitor hypotheses with evidence	Follow affect as required	Chaos
		Monitor hypotheses with evidence	Follow affect as required	

(Continued)

Table 2.5 (Continued)

Step	Aims	Key questions/notes	Competency	Achieved
<p>6 Elicit a sequence of interactions around the problem</p>	<p>Understand the influence of the presenting problem/primary concern in the present Imbed behaviour in a context Identify patterns in family interactions Monitor evidence for hypotheses</p>	<p>Sequence focus on behaviour:</p> <ol style="list-style-type: none"> 1 Start a sequence from when things were calm through the problem and back to calm 2 Get a behavioural description but in interactional terms (avoid generalisations) 3 Show interest in all family members' views 4 Stop interruptions as necessary 5 Find out what all family members' actions were <p><i>Can you help me understand what it is like when things are at their worst?</i> <i>Has there been a time in the last week or so when it has been particularly difficult?</i> <i>What do you see happening at that time?</i> <i>What did x say/do?</i> <i>What did you see happen?</i></p>	<p>Facilitate the family choosing an appropriate event for the sequence Stay focused on the event and avoid generalisations Elicit concrete descriptions of behaviour Explore the message and intentions behind people's behaviour</p>	

(Continued)

Table 2.5 (Continued)

Step	Aims	Key questions/notes	Competency	Achieved
<p>7 Exploring family relationships and connections</p>	<p>Exploring family relationships to place relationships centre stage for the family Identify strong and weak family connections Identify relationship changes over time Monitor evidence for hypotheses</p>	<p>The basic premise of family therapy is that changes in relationships create and solve problems. This also includes relationships outside the family, e.g. school, etc. “I would like to get an idea about relationships in the family. I’m not asking about much people love each other but rather how close people are at the moment” Ask open questions first following up with closed questions</p> <ul style="list-style-type: none"> • To mother – <i>how would you describe the relationship between Mary and father?</i> • <i>What do you see happening between them?</i> • Then ask a scaling question to represent the relationship • On a scale of 1–10 where 1 is not close and 10 is close, where would you put their relationship? • Now ask the people in the relationship • To father – <i>how would you describe the relationship between you and your daughter now?</i> • On a scale of 1-10, etc. <p>Move to the next relationship, etc. Collapse time as appropriate</p>	<p>Set up the relationship scan appropriately Scan relationships from coldest to hottest Utilise triadic circular questions effectively Elicit rich descriptions of the relationship dyad under focus Demonstrate an appropriate use of scaling questions Recognise when to collapse time and seek description either in the past or future to intervene</p>	<p>Achieved</p>

(Continued)

Table 2.5 (Continued)

Step	Aims	Key questions/notes	Competency	Achieved
8	Closing the session with feedback	Summarise the session content and process		
		Provide systemic feedback for the family problem	1 Affirmation – one for each family member	Cover the main points of the session so that the family knows the therapist/team was listening
		Punctuate the meanings around family problems	2 Concerns – outline concerns as you have heard them	
		Invite candidate “news of difference”	3 Onset – outline events/issues and effects on family/relationships	Provide a message that is systemic and links presenting problem with new information from the session
			4 Message – is what you want to say to the family that pulls together the elements of the interview in a coherent way. Note: the evidence has to come from the interview	Ask each family member what they think about the feedback
			5 Positive connotation – this is the final comment at the end of the message that redefines the problem for the family. That is, it should be experienced as a “new” for the family about how it connects people’s feelings/behaviour so the focus is not just on the symptomatic family member. This final part of the message needs to be tentative, e.g. “It’s almost like.../I don’t quite understand but.../in a funny kind of way it’s like...” This helps the message to be reflected on by the family. Plus the reality is we cannot know the “truth” only what think we observed and heard	Terminate the session effectively without entering further discussion/debate
		6 Task – this is not essential, but it is a way to get the family experimenting with a new position/role, etc.		

(Continued)

Table 2.5 (Continued)

Step	Aims	Key questions/notes	Competency	Achieved
9 Post-session reflection	<p>Review family response to interview process and message</p> <p>Evaluate initial hypotheses post session</p> <p>Conceptualise what future issues may need to be focused on</p> <p>Identify any practical issues to follow up on.</p> <p>Evaluate team processes/supervision issues.</p>	<p>Six key questions for self-reflection</p> <ol style="list-style-type: none"> 1 What did I/we learn from the interview about the meaning of the family's difficulties? 2 What would I/we like to see change for the family over the course of therapy? 3 What was my personal response to the session? And are there any issues of transference/countertransference to consider? Are there any safety/risk issues that need to be followed up on? 4 Are there areas for further reflection for me as a therapist from seeing this particular family? 5 What is one question I/we would take to supervision regarding this family? 	<p>Demonstrate capacity to reflect on family interview</p> <p>Identify interview strengths and learning edges for further work</p> <p>Identify personal/professional issues that need to be brought to supervision</p>	
10 Therapeutic letter	<p>Reinforce the message from the session</p> <p>Stimulate further reflection and possible deviations for session 2</p>	<p>Words on a page do not fade from consciousness as easily as the words in the session</p> <p>The letter should be personally written without professional jargon. Use a similar format as the feedback after the session</p>	<p>Demonstrate a personal writing style</p> <p>Write a message in a tentative way that matches the verbal feedback given</p>	

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Resources

The following books provide excellent overviews of family therapy theory. The key papers referred to in the text are listed in the reference list.

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Note

- 1 Based on The Relationship Scan developed by Laurie MacKinnon. See Chapter 4 (James & MacKinnon). The format in Table 2.2 deviates from the original by checking with people inside the relationship about whether the description fits.

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