

The Complexity of the Alliance in Family Therapy Practice

*Genuine responsibility exists only
where there is real responding.*

(Martin Buber, Dialogue, 1947)

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Hi Peter,

Thank you for the session yesterday.

...

We are nowhere nearer to a solution, and God knows that there probably is no solution for our problem, but –for the first time in our long career of consulting psychiatrists and psychologists- we felt understood, rather than blamed. These professionals don't understand how all their hypotheses about the causes of our problems and all their advises about what we should do have hurt us. They did not seem to see how much we have done already. They even did not seem to be interested in how we suffer.

Thank you.

Jenny (the mother of Annie)

Being a family means
you are part of something wonderful.
It means you will love and be loved for ever.

No matter what.



So much more... (clip)

See my You Tube channel:

<https://www.youtube.com/channel/UC6NbPwSifBGwC0KCHnYiN6w>

So much more 1

Then our therapist said: “*Maybe family therapy might be a good idea for you...*”

I glanced at my daughter. ...

...I snapped at him: “*Is it my fault that Jenny does not eat?*”

...he said:”*Family therapy only makes sense if we succeed in talking differently here.*”

So much more 2

Then I saw Jenny. She looked at me
and in her eyes I saw hope.

...I was overwhelmed by all the love I feel for
her in my heart.

So much more 3

I addressed the therapist: “*So you think family therapy might help us?*”

“*Also my husband?*”

Yes, ... He has no time for things like that?

... Maybe that's one of the things you can talk about together.

So much more 4

(Mother's inner conversation about her husband)

Sometimes I wish that he would take some time just to listen to what I have to say about what weighs on me.

I would love him so much more.

Psychotherapy research

Outcome research

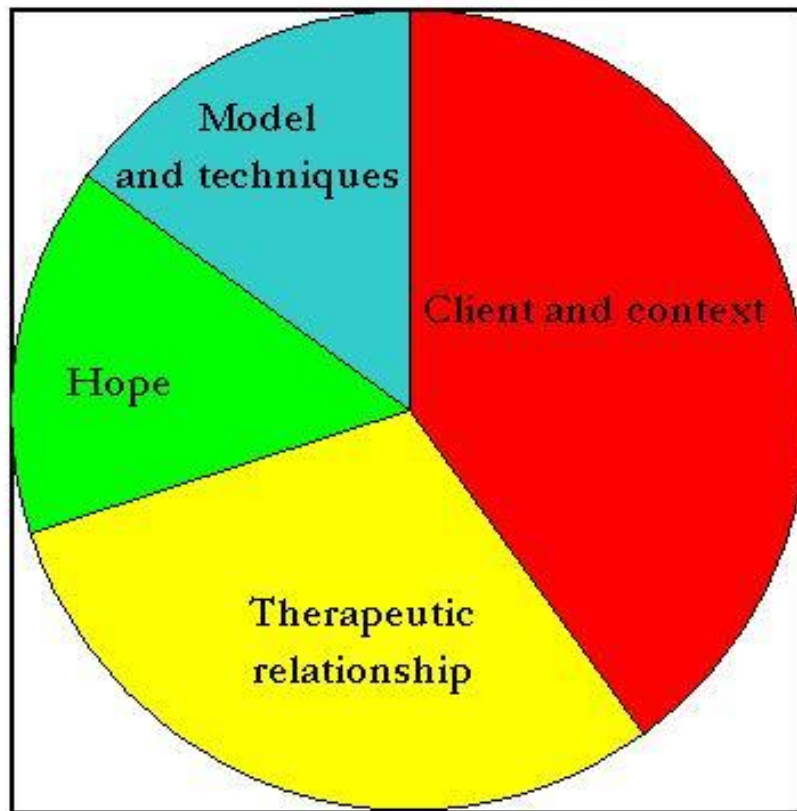
RCT research shows:
psychotherapy works!

But:

1. In terms *absolute efficacy*: It works, but not very well (effect size .80).
2. In terms of *relative efficacy*: There is hardly any difference in effectiveness between models (Dodo bird verdict).

Outcome research

Factors in therapeutic change...



- **Client and context**
- **Therapeutic relationship**
- **Hope**
- **Model and techniques**

(source: Asay & Lambert, 1999)

The therapeutic alliance (1)

A collaborative relationship

– a sense of partnership...

2 aspects (Bordin):

1. Agreement about therapeutic goals and tasks
2. Positive affective bond (acceptance, empathy, respect, caring, trust, ...)

The therapeutic alliance (2)

The quality of the alliance predicts outcome.

In particular:

The alliance as experienced by the client is predictive of the therapeutic outcome.

This highlights the importance of the therapist's flexibility to attune to the client and his/her needs, preferences, vulnerabilities, etc.

The therapist then...

The therapist has to be flexible... (Norcross & Lambert, Beutler, ...)

The therapist has to be responsively open to the feedback of the client, and customize his/her way of working as much as possible to the unique client in front of him/her.

Therapy then...

Therapy is more than the administration of an effective treatment to a patient.

The importance of the connecting with the client's own resources, of being responsive to the client and attune to him/her.

→ Concept of *responsive attunement*

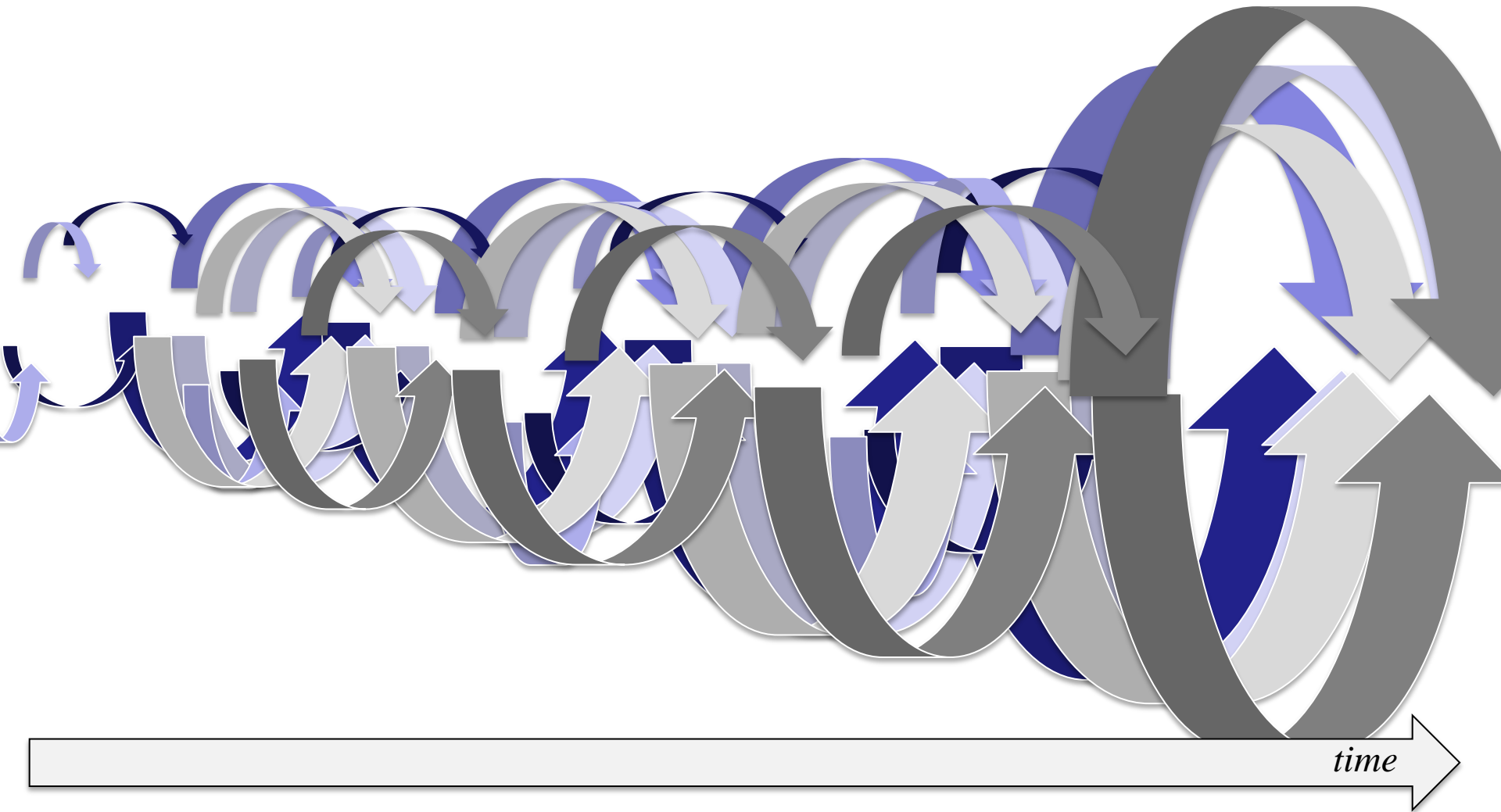
Responsive attunement

Responsive attunement

*a process through time
and that creates something new.*

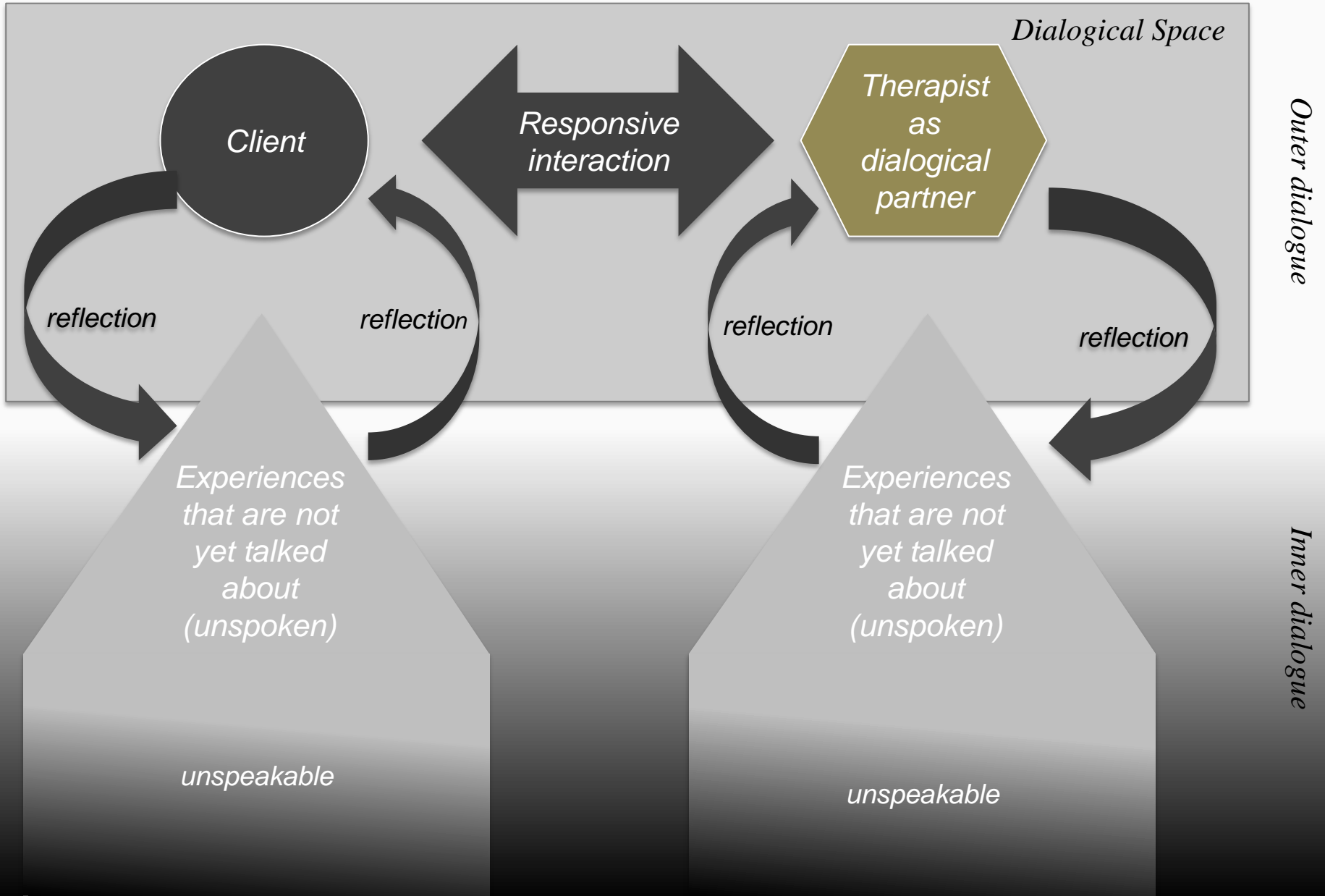
- *Complexity*
- *Implicit, bodily knowing (instead of explicit knowing)*
- *Orientation towards each other (instead of intentionality)*
- *Always to some level unpredictable*
- *Impossible to control.*
- *Trust as a pre-condition; and even more trust as a result.*

Process of responsive attunement

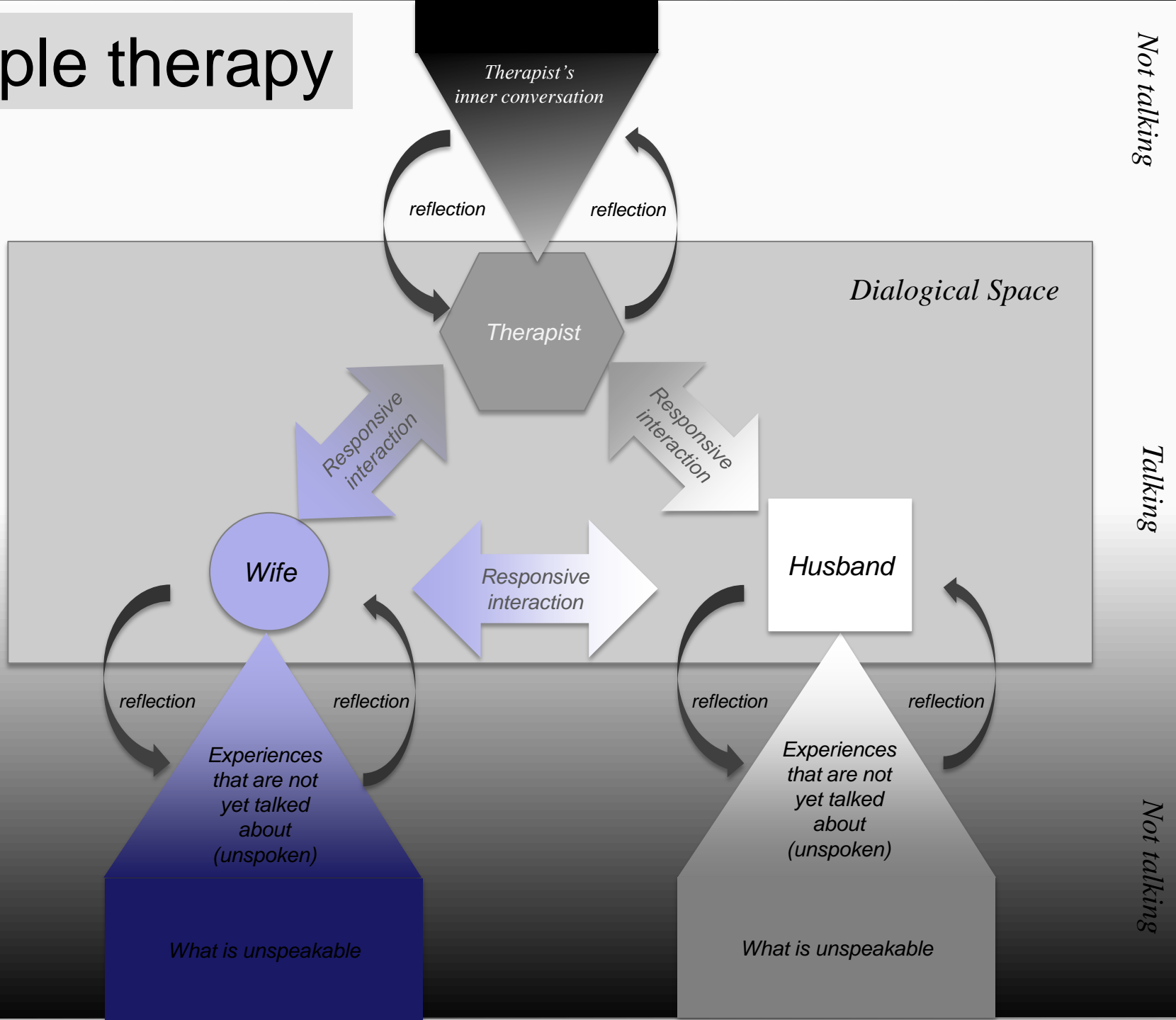


The Complexity of the Alliance in Family Therapy

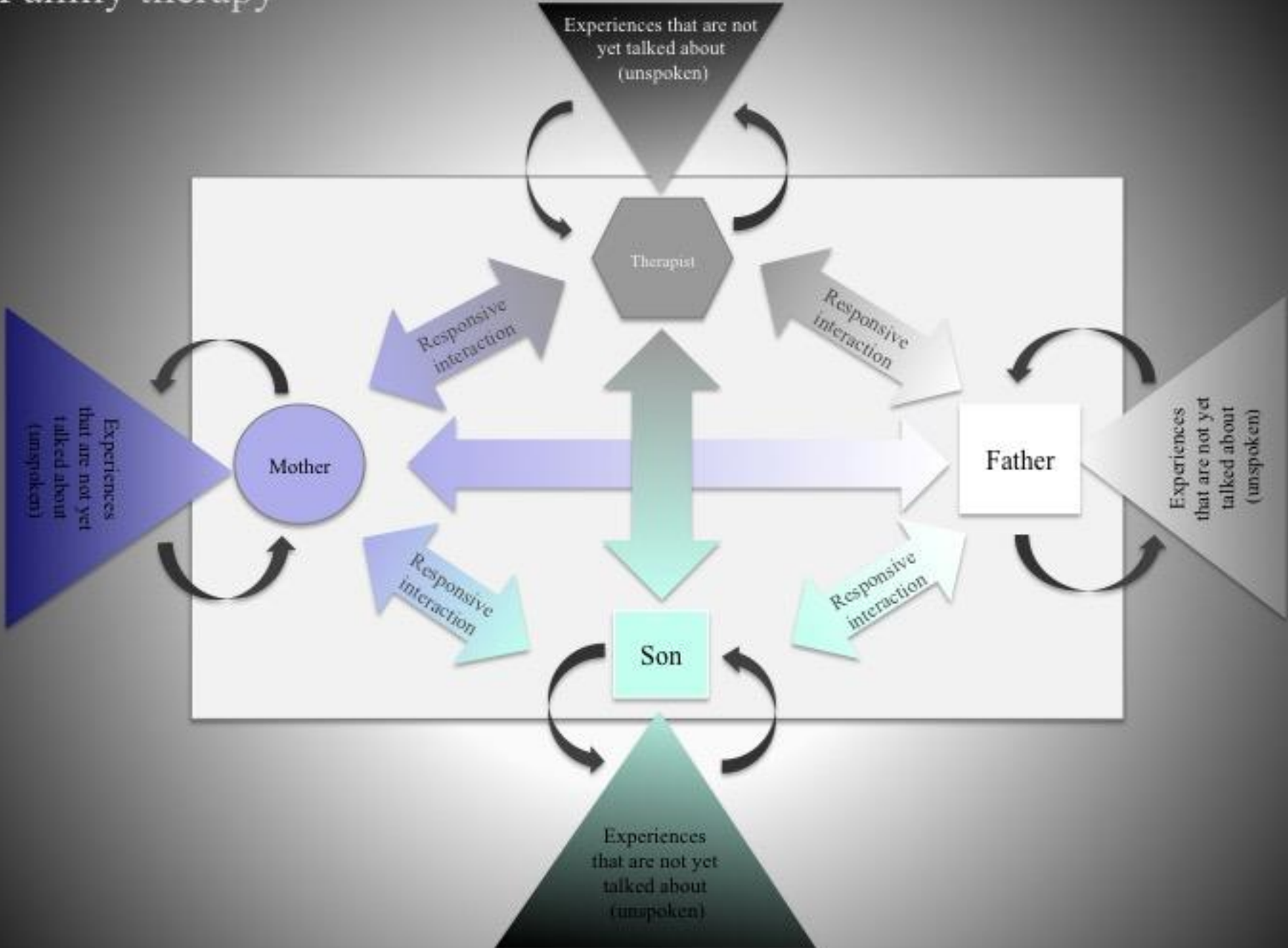
Individual therapy



Couple therapy



Family therapy



The family in the first session...



Tension between talking and not-talking

Talking

Not talking

OPEN

+

STORY

HESITATION

-

CLOSED



Case



Hesitations

Hesitations

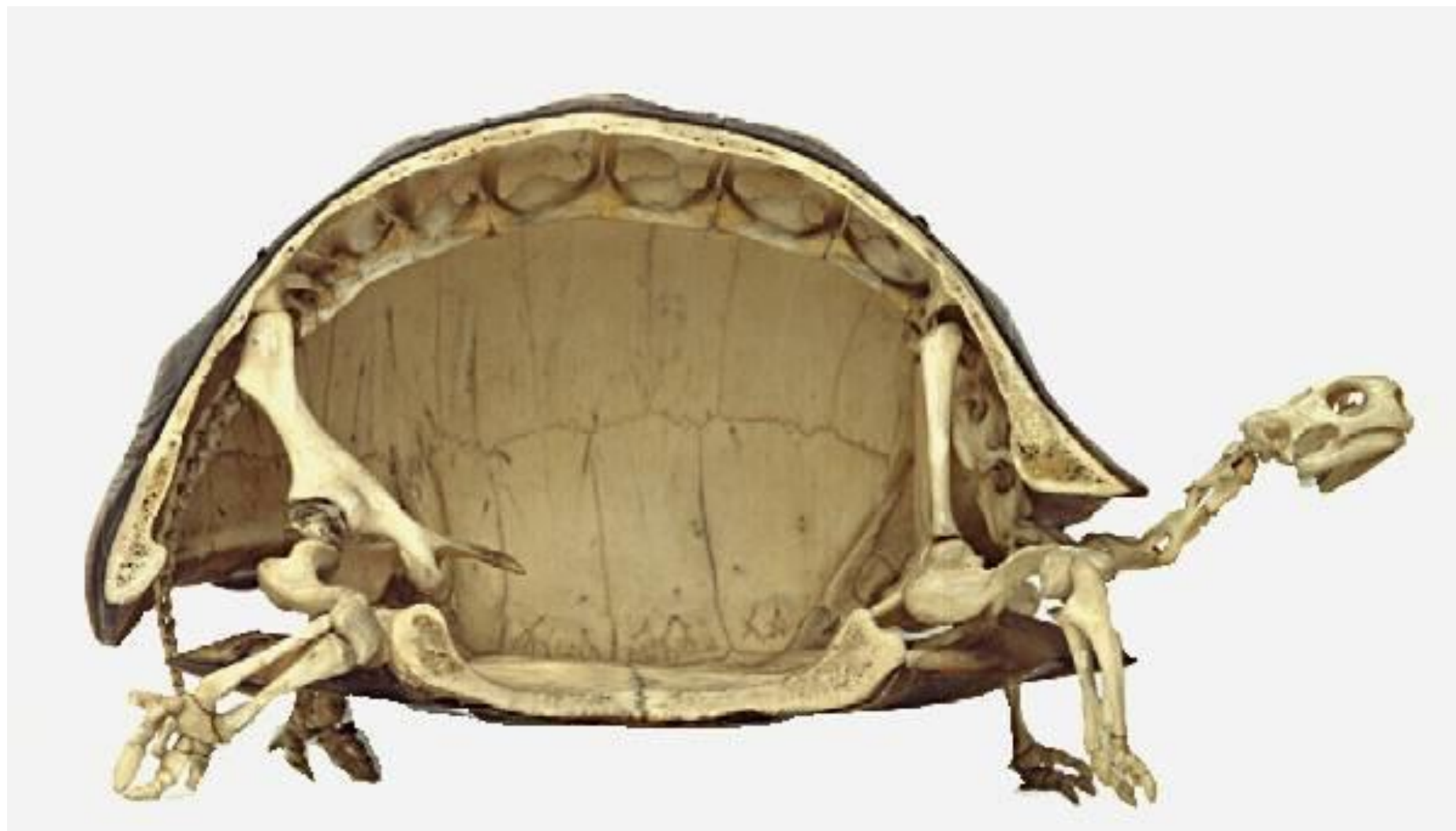
Hesitations are ambivalences: « yes but no »

(sometimes divided over different family members)

Many forms:

- hesitations to engage in therapy
- hesitations to speak or silences
- hesitations to do an assignment

-...



How to deal with hesitations

- Accept hesitations as a legitimate way to protect oneself/one's loved ones
- Explore what are the good reasons to hesitate (usually self-protection or protection of loved one)
- After exploring, it is probably better not to side with the « yes », but rather to keep the « yes » and the « no » together

Responsivity

in family therapy practice

The complexity of dialogue

Before the words... (*inviting*)

- Creation of a dialogical space in which things can be said.

When the words are spoken... (*responsive*)

- Passive/receptive (not-knowing)
- Active/reflective (therapist's inner conversation)
- A response acknowledging the other and inviting him/her to further tell his/her story

Project feedback orientation

*With Karine Van Tricht (Belgium)
and Rolf Sundet (Norway)*

Responsivity

- *An implicit, bodily process; happening as it were automatically in the interaction with the family members.*
- *Still, moments of reflection can be created in which the responsiveness can be evaluated and optimized.*
 - *In my inner conversation: I reflect on my relationship with the family members*
 - *In supervision*
 - *In dialogue with the family members (e.g. using feedback instruments)*
 - *...*

Evidence based practice

- RCT research is important because it shows that psychotherapy in general **works**– *but this kind of research has limitations (e.g. focus on the average patient instead of on the unique patient, doesn't teach us exactly what works, limited external validity, ...)*
- **Feedback oriented therapy** – *the client's feedback as a guide... is efficient, has beneficial effects, and connects better with the essence of psychotherapy as it focuses on the unique patient.*

The creation of a feedback culture

- *Not only a question of using rating scales or feedback instruments.*
- *How can we make space in the therapy for the feedback of all family members?*
 - *A big challenge: the critical voice of the hesitating family member?*



- *Another big challenge: the child's voice.*



→ a specific approach is needed in which a feedback culture is created with the family

Some instruments

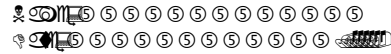
New instruments that fit the specificity of the family therapy setting...

- *Worries Questionnaire – Adults*
- *Dialogical Feedback Scale- Adults*
- *Dialogical Feedback Tool- Children*

Worries Questionnaire

The Worries Questionnaire

(WQ - Rober & Van Tricht, 2015)



A family therapist is someone who talks with families, when someone in the family is worried about something. Before therapy starts we want to ask the following questions.

Who in your family is the most worried at the moment?

- me
- someone else

How worried is that (most worried) person at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Can you describe in a few sentences what the most worried person is concerned about?

Can you describe in a few sentences why the most worried person thinks therapy can be useful or not useful at this moment?

If you are not the most worried family member, how worried are you at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0 1 2 3 4 5 6 7 8 9 10

If you are not the most worried family member, can you describe in a few sentences what you are concerned about?

If you are not the most worried family member, can you describe in a few sentences why you think therapy can be useful at this moment; or why you think it might not be useful?

Worries Questionnaire (WQ)

Introduction:

A family therapist is someone who talks with families, when someone in the family is worried about something.

Before therapy starts we want to ask the following questions...

WQ: In 2 parts

- Part 1: *who is most worried and about what is he/she worried?*
- Part 2: *how worried are you and about what are you worried?*

WQ – filled before the 1st session

- *Filled out the therapy starts.*
- *Send by e mail, with the invitation that the questionnaire is filled out by all family members, and send back to us.*

WQ – in the 1st session

Dialogue with that family members of the WQ in the first session about the similarities and differences between the different WQ's.

- *“What strikes each of you?”*
- *Everyone's voice counts; also the childrens' and the identified patients'*
- *First focus on hesitations and the good reasons to keep silent/not to go in therapy (often voiced by one of the children/youngsters)*



Case Sax family

The Sax family was referred by the family doctor because...

“Eva seems to be developing an eating disorder”.

The Worries Questionnaire: Case Sax family

	The most worried family member			You	
	Who?	About what?	How worried? (0-10)	About what?	How worried? (0-10)
Mother	Me	Eve's eating. She hardly eats anything. It is as if she has anorexia.	10		
Eva (IP)	Mother	About me.	10	She does not trust me and she controls me all the time	7
Sister	Mother	She is worried about Eve.	8	We have to talk about mother, because since our father left her, she seems depressed and I'm afraid that she drinks too much	8

Case Tex family

The Tex family was referred by the psychiatrist because of the schizophrenia of the 18-year-old son.

The Worries Questionnaire: Case Tex family

	The most worried family member			You	
	Who?	About what?	How worried? (0-10)	About what?	How worried? (0-10)
Father	Son	The trauma of our son because of his hospitalization in psychiatry and medication	10	I want to find an alternative for a psychiatric hospitalization	10
Mother	Father	Psychosis son	8	How can we understand and help him?	8
Son (IP)	Me	My parents. They don't understand me.	8		
Sister	Father	Future son.	8	Father who is unhappy and obsessed by his son	8
Brother	Father	Future son.	7	Obsession of father and his (un)health. This therapy will only have sense if we address father's problems.	3

Dialogical Feedback Scale

Dialogical Feedback Scale (DFS)

- Filled out at the end of every session
- Introduction of the instrument: *“This instrument will help us to reflect on the session. In that way we can re-orient the therapy in a direction that is more useful for you as a family. I invite each of you to fill it out now.”*

Dialogical Feedback Scale (p.1)

The Dialogical Feedback Scale (DFS - Rober & Van Tricht, 2015)

Name:

Date:

1. Were you able to talk about what you wanted in the session?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>										<i>Totally</i>

A word of explanation:

2. Did you feel understood by the therapist(s) during the session?

0	1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>										<i>Totally</i>

In this area I didn't feel understood:

In this area I felt understood:

Dialogical Feedback Scale (p.2)

3. Did you feel understood by your partner / the other family members during the session?

0	1	2	3	4	5	6	7	8	9	10	
<i>Not at all</i>											<i>Totally</i>

In this area I didn't feel understood:

In this area I felt understood:

4. What *surprised* you most during the session?

5. What *moved* you most during the session?

The Dialogical Feedback Scale (DFS - Rober & Van Tricht, 2015)

Name:

Date:


1. Were you able to talk about what you wanted in the session?

0	1	2	3	4	5	6	7	8	9	10	
<i>Not at all</i>											<i>Totally</i>

A word of explanation:

2. Did you feel understood by the therapist(s) during the session?

0	1	2	3	4	5	6	7	8	9	10	
<i>Not at all</i>											<i>Totally</i>

In this area I didn't feel understood:	In this area I felt understood:
	





This is the first point of attention in the next session

3. Did you feel understood by your partner / the other family members during the session?





In this area I didn't feel understood:	In this area I felt understood:

4. What *surprised* you most during the session?



*This often orients the next session.
Often something new, hopeful
that might be explored
and shared in the family*

5. What *moved* you most during the session?




*This often orients the next session.
Often something new, hopeful
that might be explored
and shared in the family*

DFS – the next session

At the beginning of the next session:

Dialogue with the family members about the feedback of the previous session

- Be interested in the family members' questions and in particular their criticism, disappointment, ... 
- Use their feedback to orient the therapy process: *What strikes them/us? Is there something we need to talk about before we start the session? Etc.*

Dialogical Feedback Tool

Dialogical Feedback Tool (DFT)

- Filled out at the end of every session
- Introduction of the instrument: *“This instrument will help us to reflect on the session. In that way we can re-orient the therapy in a direction that is more useful for you as a family. I invite each of you to fill it out now.”*

Dialogical Feedback Tool (1)

Name: %.....%

Date: %.....%

Dialogical Feedback Tool
(DFT; Rober & Vanricht, 2015)

These characters were present in the therapy session today...%

This one comes out like this %✍️.%
What would he say about the session?%



This one comes out like this %<%%
What would he say about the session?%



Dialogical Feedback Tool (2)

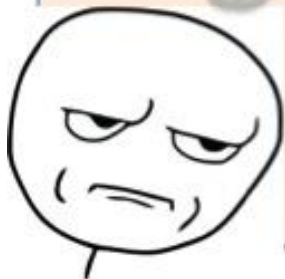
Name:

Date:

Dialogical Feedback Tool
(DFT; Rober & Van Tricht, 2013)

These 2 characters were present in the therapy session today...

What does he think about the session?





What does he think about the session?



DFT – the next session

At the beginning of the next session:

Dialogue with the family members about the feedback of the previous session

- Be responsive towards the childrens' unique way to communicate, and be curious. 
- Be interested in the family members' questions and in particular their criticism, disappointment, ... 
- Use their feedback to orient the therapy process: *What strikes them/us? Is there something we need to talk about before we start the session? Etc.*

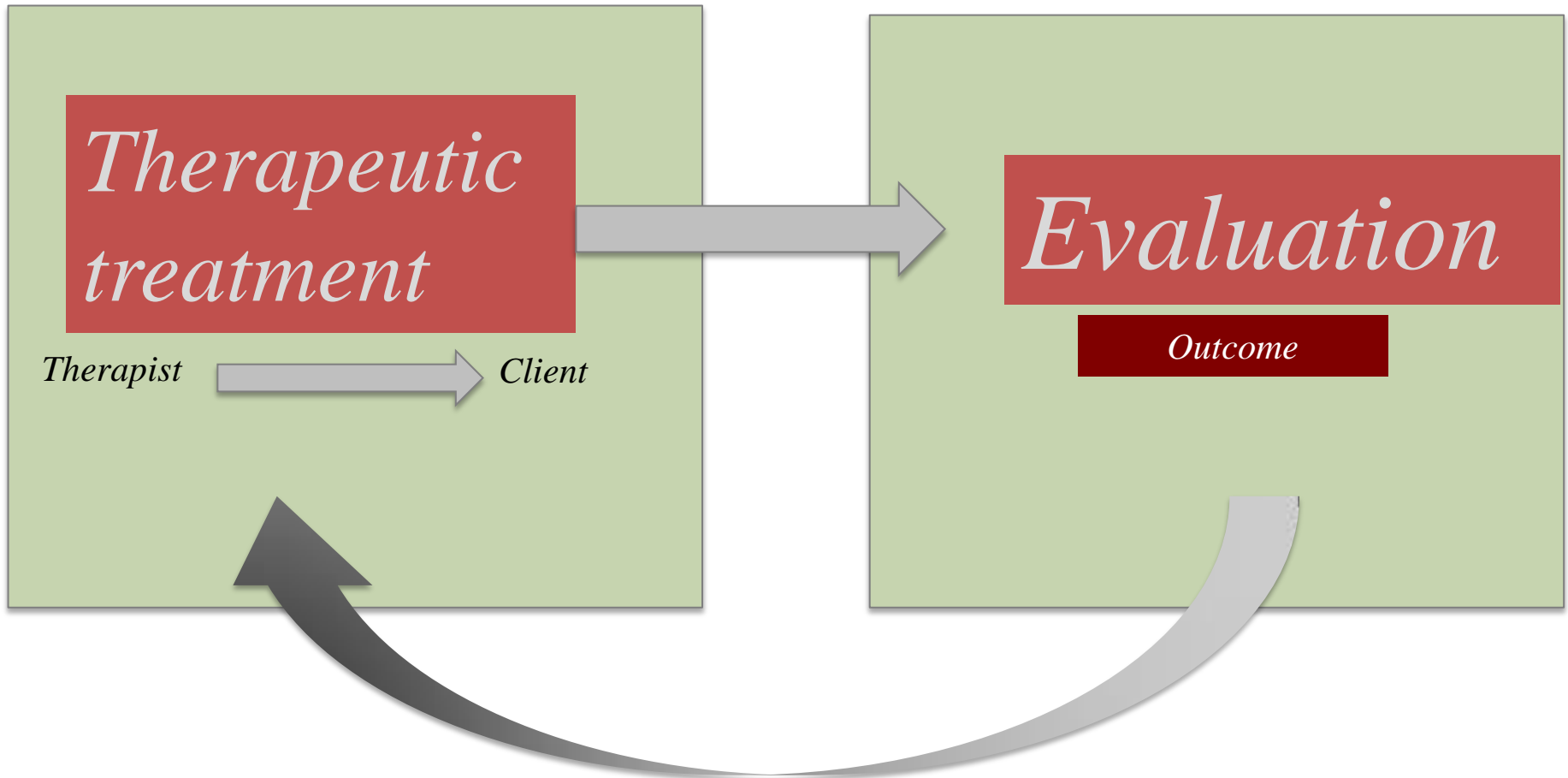
**Dealing with
the client's “no”**

Dealing with negative feedback (video)

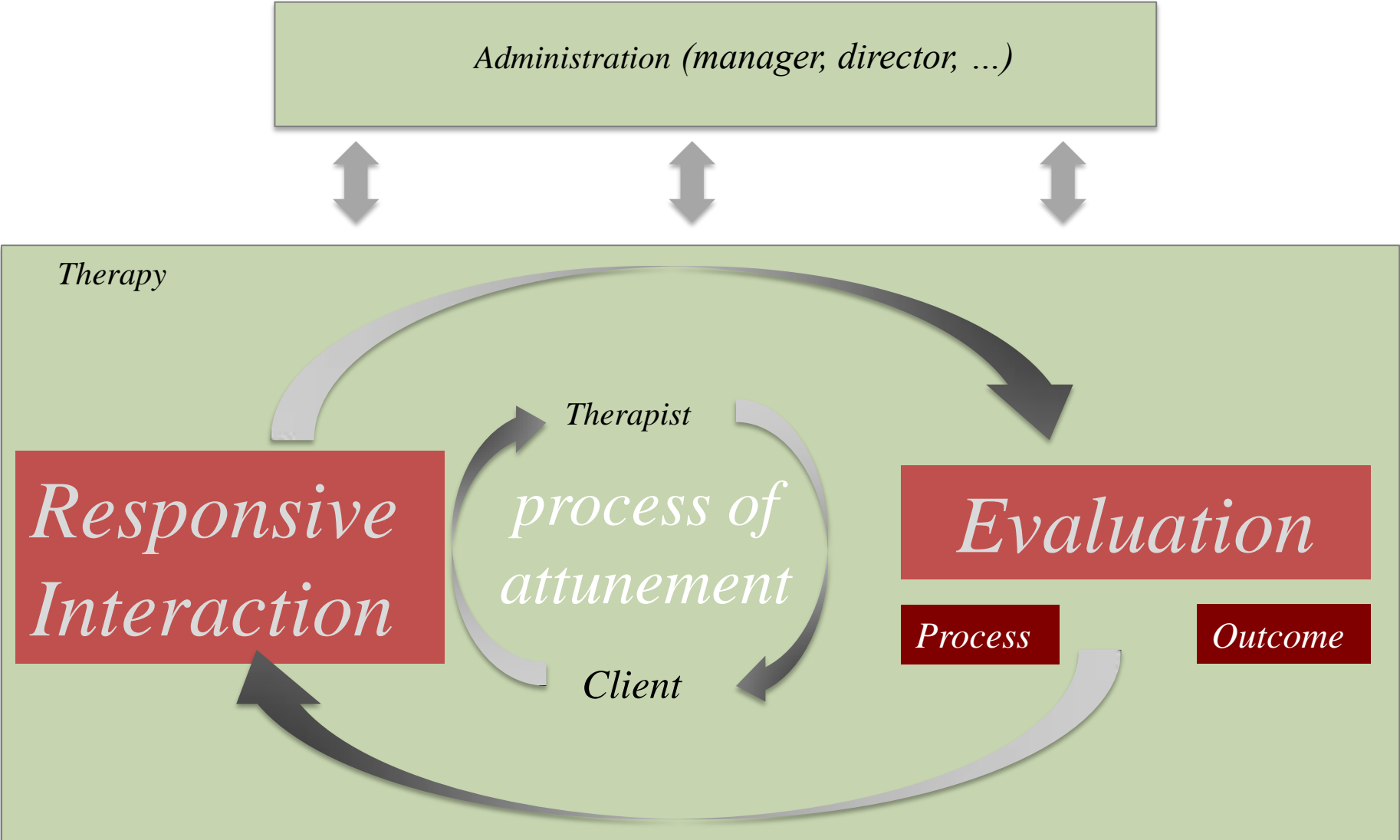
Traditional model of outcome management

Therapist + Client

Administration (manager, director, ...)



Our model of feedback oriented family therapy



“Genuine responsibility exists only where there is real responding.”

Responding to what?

To what happens to one; to what is to be seen and heard and felt.”

(Martin Buber, *Dialogue*, 1947)

More information

Book:

Peter Rober (2017). *In Therapy Together: Family therapy as a dialogue*. London: Palgrave Macmillan.

Website:

www.intherapytogether.com

