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TEACHING AND LEARNING RELATIONAL PRACTICE

Shari Couture and Karl Tomm

“Instructive interaction is impossible. All we can do is create contexts for learning.”

—H. Maturana (personal communication,
June 22, 1983)

“Knowledge is not handed over but co-constructed through mutual talk.”

—D. Paré and M. Tarragona (2006, p. 3)

Educators teaching relational practice encourage students to move away from skin-bounded individualistic understandings and focus on behavioral couplings in the interpersonal space. The IPscope (see Introduction and Chapter 1) is a pragmatic tool that helps both teachers and students conceptualize this interpersonal space. At the Calgary Family Therapy Centre (CFTC) we utilize this lens to invite our students into rich conversations that give priority to expand their relational understanding of both problems and solutions.

Most of us are socialized into habits of perceiving and understanding other persons as separate individuals. For the most part, these habits are non-conscious. They are also quite pervasive and strong. As a result, it is usually difficult to enter into, to hold onto, and to work within a *relational perspective*. We do not expect our students, or ourselves, to ever completely escape individualistic habits of thought. However, by using the IPscope we can cultivate perceptual and conceptual counter-habits to challenge our strong individualistic tendencies. This helps us become more flexible and think relationally, as well as individually.

In this chapter we will expand on what we mean by shifting from the individual to the relational and describe how educators can invite learners to use the IPscope lens when moving toward more systemic understandings and practices. We discuss a variety of teaching/learning activities, heuristically conceptualized within seven domains. In our description of each

domain we highlight Wellness Interpersonal Patterns (WIPs) that teachers and students engage in with each other to cultivate a generative learning process. A key element of this teacher/student WIP is our commitment to co-create a collegial environment that invites genuine teamwork. Our student interns are all at the graduate level and most of them bring a great deal of knowledge and many rich life experiences with them when they first arrive at the CFTC. We acknowledge their pre-existing knowledge and endeavor to extend our skills together. Throughout this chapter we also offer both a learner's and a teacher's perspective in using the IPscope and end with a discussion of implications for both educators and students.

A Gestalt Shift

Although my colleagues and I (Karl) originally developed the IPscope framework for use by experienced therapists, we created it within a teaching program, so it also became a learning tool for new practitioners. We eventually used the IPscope as a perceptual/conceptual instrument to guide students to make a shift from seeing problems and solutions as located within individuals, to understanding them as relational patterns in the interpersonal space. Both of us (Shari and Karl) see this change in seeing and understanding as a figure/ground gestalt shift.

The distinction between figure and ground relates to the fact that perception is relative rather than absolute. Simply expressed, something can be considered soft or hard only when compared to something else. A boiled egg is soft in comparison to a walnut or rock, but hard in comparison to a raw egg or warm butter. Perception results from the contrast of a figure from a background. What ends up being the figure—that is, what we give priority to and focus on—depends on how we perceive, and construct, the world around us at any particular moment. Indeed, the process of focusing itself “hardens” the figure while the background simultaneously “melts” further away. This is not a new concept in psychology (Koffka, 1935). Most readers will be familiar with the well-known gestalt image of two facial silhouettes versus a black chalice or vase in between (see Figure 3.1).

Depending on a person's focus, the faces can become the figure as the black chalice drifts into the background, or the shape of the vase can become the figure while the faces dissolve into the background. Most observers can deliberately “will” themselves to see one or the other and can move back and forth between the two perceptions with relative ease. However, the same ease is not usually forthcoming with respect to perceptual movement between an individualistic perspective and a relational perspective when doing therapy. If the two faces are taken to represent the individual perspective of seeing the characteristics of two separate individuals, and the shape of the black vase is taken to represent the nature of the relationship between those persons, most observers tend to

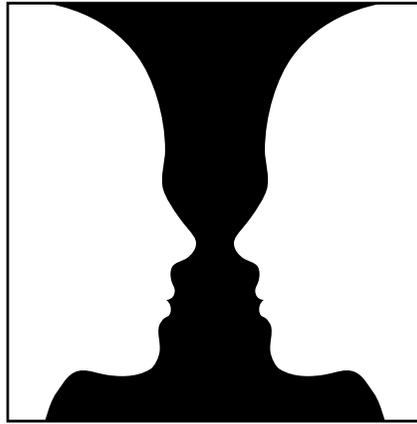


Figure 3.1 Figure-ground gestalt shift from faces to relationship

get stuck in seeing the individual faces and have difficulty seeing the shape of the vase—the relationship between them.

It is not only our Western socialization to think in individual terms but also our perceptual senses of vision and hearing that bias us to primarily see separate persons and to remain relatively fixed in an individualistic perspective. Thus there is a need for proactive tools and learning experiences to enable practitioners to “see and hear” what a relational perspective might yield (i.e., to see the “shape of the vase” in a specific relationship). It will always remain relatively easy to return to an individual perspective from time to time and see the shape of the individuals. However, once the capacity to see a relationship has been well established, it becomes possible to work from either stance in a complementary manner (i.e., attending to both individuals and relationships in the ongoing course of therapy). We believe that students can accomplish this gestalt shift more easily when they work together with instructors using the IPscope lens as a teaching/learning tool.

Our Collaboration

In keeping with this figure/ground conceptualization, we have intentionally paired two authors in this chapter who see through two lenses of a different sort. The first author, Shari Couture, will speak from a position of someone who has relatively recently been introduced to this conceptual orientation and who continues to find this gestalt shift central in her work with families and in supervising students. The second author, Karl Tomm, will offer his insights as an experienced practitioner and teacher using the IPscope framework for 25 years. In this chapter we will periodically interject our personal experiences and perspectives through

an improvised conversation. We hope that our embedded interactions might provide a way for you as a reader to access some of the thinking behind our writing and at another level allow us to perform what we see as a major part of the teaching/learning at the CFTC: the generative interaction between educator and student.

*Early Conceptual Developments: Creating
a Framework to “See Systemically”*

As a young academic psychiatrist, I (Karl) tried to integrate my existing knowledge of psychodynamic mechanisms, cognitive processing, and behavior theory using a cybernetic metaphor of feedback loops. I was trying to simplify and clarify my understanding of the importance of relationships in an individual patient’s experience and mental well-being for my own work, and for the purposes of teaching medical students and residents in psychiatry. The first result was a model of Circular Pattern Diagramming (CPD) for relationship assessment (Tomm, 1980). Even though CPD served me well for several years, I eventually abandoned that model for a number of reasons. One had to do with its implicit grounding in objectivist assumptions. If something is taken to be objectively true, then we are stuck with it as a “reality,” and the degrees of freedom for alternative realities and potential change are reduced. Another reason had to do with insufficient focus on the interpersonal aspects of the process that could provide adequate resistance to counter my persistent non-conscious drift toward individualistic thinking. It was only when I learned to focus more rigorously on the complementary coupling of reactive behaviors of two or more persons that I was able to dissolve the background of skin-bounded individuals and distinguish “the pattern that connects” (Bateson, 1972, p. 8) more clearly. The creation of the IPscope made it easier for me to “see” the systemic process, in terms of making interpersonal rather than person-based distinctions. When I was able to bring the interpersonal patterns (IPs) into the foreground of my own work with families, it became easier for me to help my students see them as well.

Making the Conceptual Shift

I (Shari) was an intern at the CFTC over 13 years ago, yet my learning experiences remain surprisingly vivid in my mind. Since my training, I have been practicing as a family therapist and I currently am a therapist and supervisor at the CFTC. I am in a novel position to comment on the experiences of learning at the CFTC as both learner and teacher. My own gestalt shift has changed my practice and ultimately my ability to help others make these changes in understanding.

I would like to offer an example to illustrate how I found myself re-conceptualizing client problems in new ways at the CFTC. I was studying a video of a family interview that took place after the son was released from the hospital where he had been admitted because he was cutting his arms. The therapist (Karl) asked questions that highlighted a Pathologizing Interpersonal Pattern (PIP), which I conceptualized as *the son communicating feelings of doubt that he could keep himself safe coupled with the father communicating certainty that the son must keep himself safe* (i.e., follow a safety contract). Karl's use of circular questions clarified the interactive PIP of *paternal demanding coupled with adolescent withdrawing* that invited more of the same stuck interactions. He also used reflexive questions to bring forth a Healing Interpersonal Pattern (HIP) in which the father could downgrade his stance of certainty and move from demanding his son's safety to understanding his son taking small steps (with some help from dad) to keeping himself safe. The more the father replaced demands for his son's safety with tentatively asking about his experience, the more the son replaced withdrawing behaviors with a willingness to take some small steps forward in dialogue with his dad.¹

Before coming to the CFTC, I had worked in an agency with adolescents who had been removed from their homes. Our focus in working with these youths was intrapersonal, to the point that even when the family was involved, I was more of an advocate for the adolescent, working to help clarify his or her individual experience for the family to accept. Initially, when I worked with families at the CFTC I felt the usual strong pull to work intrapersonally, especially when (as in the previous example) the adolescent's safety was at risk. As with many professionals, this is what I had previously been trained to do. The pull to concentrate on the adolescent's individual experience left me with a blind spot regarding how interpersonal patterns between family members fueled this young person's feelings of doubt and his impulse to self-harm, and how a focus on relational patterns could enable something different. Even worse than simply remaining in the dark, a solely intrapersonal focus left me at risk of unintentionally joining the father's pattern of demanding too much from the adolescent. With the IPscope lens I was able to fill in the blind spot—that is, see the shape of the vase—and re-conceptualize the son's behaviors and feelings as part of an interactional pattern with the father (or the therapist). I could then orient to the possibility of joining forward-moving Transformative Interpersonal Patterns (TIPs; see Chapter 5), rather than add to the repetitive pathologizing pattern.

Karl: This is a good example of the conceptual shift we are talking about (i.e., to notice interpersonal patterns rather than focus on intrapersonal, skin-bounded qualities and characteristics). From

what you recall, Shari, what stands out the most about your experience in making this shift?

Shari: One memory that remains very clear in my mind was an instance in which you were offering us, as students, a framework to understand our learning process. You described a series of steps in learning from non-conscious incompetence, to conscious incompetence, to conscious competence, and finally to non-conscious competence (see Figure 3.2). I vividly recall identifying with a feeling of conscious incompetence when working within systemic understandings and frantically trying to cultivate movement to the next two stages. To help us move forward despite the unsettling experience of incompetence, you offered these steps within a conversation in which we discussed this as a typical, almost inevitable, part of the learning process. As such you invited us to join you in exploring how we could begin to try on our new IPscope lens to move toward greater competence.

Karl: Other students have described a transient experience of feeling de-skilled after they have been at the CFTC for a few weeks trying to use the IPscope. Not only were they striving to implement not-yet-developed systemic interviewing skills, they felt they had actually lost their prior individually oriented interviewing skills. Did you experience anything like this?

Shari: Yes, absolutely. I had already been working in the mental health field for a number of years. I started my internship at the CFTC feeling as though I was at least consciously competent as a clinician and perhaps felt as though I periodically even practiced in the realm of non-conscious competence. At the CFTC, however, I definitely felt the growing pains of feeling consciously

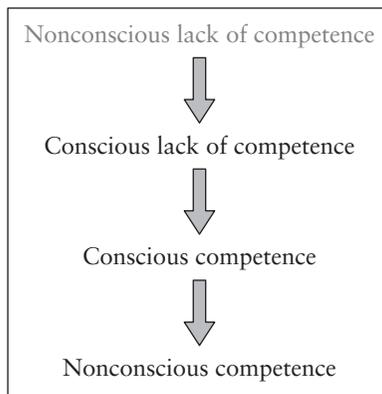


Figure 3.2 A heuristic sequence in the development of knowledge and/or intuitive skills

incompetent as I made the difficult stretch to identify relational patterns through the IPscope. This is an experience I hear current students consistently describe during supervision. In my role as a teacher now, my past experience as a learner at the CFTC helps me empathize with them as they negotiate this difficult gestalt shift.

Karl: Is there some way that the striving for interpersonal competence could actually undermine prior individually oriented skills?

Shari: Interesting question, Karl. This is exactly how some students often experience it. For example, as students attempt a shift to an interpersonal focus they often forget or stop using useful questions coming from narrative therapy to externalize problems from individuals (White & Epston, 1990) or from solution-focused therapy to notice exceptions (de Shazer, 1994). Because of the challenges in making the shift to the interpersonal most of the students' energies are directed at seeing the interactional patterns. But once the students start seeing the shape of the vase and begin to move easily between the intrapersonal and interpersonal, they seem to remember those forgotten skills again. The previous intrapersonally oriented skills become interpersonal skills as they are integrated within the IPscope framework. For instance, students start using externalizing questions to separate PIPs from family members and solution-focused questions to bring forth HIPs.

Creating Optimal Conditions for Learning

At the CFTC we have carefully designed our physical space to maximize observation and reflection of our practice with two-way mirrors and videotaping capabilities in every interviewing room. Within this architectural space we have cultivated a culture of openness and collegiality. Staff clinicians continually create opportunities for students to utilize this design to observe other therapists practice, invite them to work as a part of a team in their own and other's work with families, and offer many opportunities for students to immerse themselves in ongoing conversations about systemic theory and practice.

In order to provide more detail about how staff and students accomplish this at the CFTC, we will describe our training activities in seven interrelated domains: situating, lecturing/listening, demonstrating/observing, involving/doing, supervising/reflecting, documenting, and searching/researching. We are not suggesting that these domains function separately or in a step-wise sequence but rather as dynamically interrelated aspects of our teaching and learning activities. We conceptualize these domains as coupled IPs because each one consists of WIP-like couplings between students and instructors. In doing so, we are emphasizing a central aspect of the training at the CFTC in fostering generative WIPs between students and

teachers: recurrent learning interactions between educator and learner. In the following sections, we will describe these domains and give examples of how teachers and students negotiate learning in their own interaction patterns.

1. *Situating (Seeking Preferred Influences Invites Responding With Valued Influences)*

Shari: I would like to ask you, Karl, to comment on how you came to situate yourself at a place like the CFTC in the first place.

Karl: As a learner myself, I came to realize that the single most significant action I could take to influence the direction of my own learning was to place myself in a situation in which the context of that situation would have the kinds of ongoing influences upon me that I wanted. For instance, when I first joined the Department of Psychiatry at the University of Calgary in 1972, I felt an enormous amount of pressure to “fall in line” and enter into a traditional pattern of hospital-based psychiatric practice and work with individual patients. However, I knew that I wanted to evolve in a different direction—namely, to learn more about families as systems, and about family therapy. So I consciously and deliberately set about collecting a group of like-minded family oriented colleagues around me, locally, nationally, and internationally. I started a clinical family therapy program and hired colleagues from various disciplines who shared my passion for systemic understanding. I designed a physical space with several two-way screens and video cameras to maximize opportunities for team members to observe each other’s work. In addition, I actively encouraged openness by exposing my own clinical work, by welcoming feedback, by explicitly acknowledging my interviewing mistakes, and by sharing the learning that I derived from them. These initiatives contributed to the conditions for my own continuing development as a systemic therapist. Unwittingly, I was fostering a WIP of *seeking and welcoming feedback coupled with giving feedback for new learning*, which is a pattern that continues to benefit all of us and especially our students. What about you, Shari? Did you, and the students you know of, make deliberate decisions to situate yourselves here?

Shari: Like myself, most current students describe initially choosing the CFTC for its systemic focus. One student recently described the CFTC as “offering an intense immersion in systemic ideas where students are surrounded with like-minded people whose theories and practice hang together congruently.” At the same time,

students also come to highly value the enactment of WIPs (like the example Karl just mentioned about *welcoming and appreciating feedback coupled with offering feedback*) and the people at the program who cultivate an open, team-oriented environment. Practitioners and students at the CFTC describe the program as having “a culture of openness that seems to just come with the place.” One recent student drew an analogy with the saying, “it takes a community to raise a child,” and her experience at the CFTC where she felt like she was “part of a community that raised a therapist.” Another recent graduate described valuing our open-door policy; if she felt stuck, confused, or a need to debrief, she could consult any staff member. Karl, you mentioned how the architectural design of the physical space at the CFTC enables practitioners to work collaboratively. You designed the space to encourage seeing through many different eyes. However, could you comment on how locating oneself in such a physical space does not guarantee that the people within this space will experience the intended benefits?

Karl: I am glad you are highlighting this, Shari. I have visited some programs that are designed with two-way screens but seldom actually use them. Within our context, both student practices and instructor practices are regularly observed, reflected upon, and enhanced through live supervision, reflecting team process, and the review of recorded sessions. All the students and staff are recognized as full members of the team and collectively support one another in the work we do in trying to help families.

Shari: Yes, Karl, and this comes back to how the people at the CFTC co-create this collegial environment by engaging in a student/learner WIP inviting teamwork. Although there always is a certain amount of hierarchy within a training program, speaking as a person who has experience as both a teacher and learner at the CFTC, I think there is a continual effort to enact WIPs to balance this hierarchy with contestability. For example, students are asked to give feedback to staff members in relation to our clinical work, in reflecting teams, observations, research projects (see Chapter 10) and this feedback is valued and utilized. Eventually, within this interactional pattern, students offer their feedback in a collegial manner and this is coupled with acceptance and serious reflection on the feedback. Ultimately, mutual participation in this WIP invites supervisor versus student lines to soften and helps the team move toward what Chang and Gaete call “co-vision” (see Chapter 9).

2. Lecturing/Listening

Parallel to our practicum or internship style of learning, we provide a formal theory course with a series of lectures to offer an intellectual understanding of systemic interaction and of systemic therapy. All interns at the CFTC are expected to take this course. Lecturing may seem incongruous with our acceptance of Maturana's theoretical insight into the impossibility of direct teaching, or passing knowledge from one person to the next through the one-way delivery of instruction. However, while lecturing may appear like a one-way process, it can also be conceived of as a series of WIPs in the classroom, such as *talking coupled with listening*, *leading coupled with following*, *modeling coupled with copying*, and *asking coupled with answering*. From a systemic perspective, it is not just an instructor offering knowledge and skills; the students bring forth the instructor as knowledgeable through their attention, interest, questions, and responses (Bavelas, Coates, & Johnson, 2000).

Because of the high degree of consensual coordination that is possible through language, lecturing can be helpful in providing conceptual structures or what Shotter (2008) called *conceptual prosthetics* to stabilize and hold the experiential learning: prostheses through which "like telescopes or microscopes in other sciences, we can 'see' influences at work which would remain otherwise rationally-invisible to us" (p. 60). This is especially true when, while lecturing, we regularly describe clinical situations to provide clarifying examples of the applicability of the concepts and the PIPs framework. The instructor's orientation to continually apply systemic concepts is eventually passed to the students who are asked to integrate what they have learned in a written assignment of a clinical study at the end of the course.

Karl: One of the students' questions that inevitably comes up in my lectures is "how do you identify a PIP when you are working with a family?" In my clinical experience nowadays, PIPs and HIPs usually just "pop" into my mind as I sit with a family and watch the process.

Shari: Yes, that may be your experience now, after looking through the IPscope for so many years. Students, however, need more direction than waiting for PIPs to pop into their heads. Can you offer the reader more information on how you teach students to notice these interaction patterns?

Karl: When a student asks, "Where do I start to identify a PIP?" I suggest that a good place to begin is with one's intuition about the most intense negative emotion among the participants of the interaction. Once this emotion has been identified, one looks to

selectively identify various behaviors that manifest that negative emotion. The next step is to search among these manifesting behaviors to identify those that evoke high levels of reactivity among other participants in the interaction. Then, one looks for specific complementary behaviors among those reactive behaviors that are most liable to reinforce the evocative behaviors. One keeps searching for specific evocative behaviors and specific reactive behaviors that appear to be mutually reinforcing until such interconnected behaviors come clearly into focus. Finally, one imagines a coupling of exemplars of the two types of behavior in the form of gerunds into a recurrent interpersonal pattern and a PIP “pops up,” like magic, as a relational stability (see Figure 3.3).

Shari: Could you give the reader an example?

Karl: Sure. Similar to the case you discussed earlier, a family comes in with concerns about an adolescent son. The parents begin complaining about the boy’s lack of application at home with chores and at school with homework. Meanwhile the son looks down at the floor. The father barks out, “Pay attention!” and comes across as extremely frustrated. I intuit that he is very angry. I notice his raised voice and his pervasive criticism of the boy. These behaviors express his anger and evoke occasional scowling by the boy. The father demands a clarifying response when the boy scowls, and the boy reacts by turning away. His scowling and withdrawal behavior appear to reinforce the father’s harassment and criticism and feed the intensity of the anger. I note that the father’s incessant pressuring reinforces the boy’s resisting and the resisting in turn reinforces the pressuring. So in my mind’s eye the pressuring and resisting become coupled, and the pattern pops up as a PIP for me to work with.

- Intuit the strongest negative emotions that seem to be active in the main participants of the interaction.
- Identify observable behaviors that reflect these negative emotions.
- Selectively focus on those behaviors that trigger a high level of reactivity from the other participant, and name a key behavior from each participant, that appears to reinforce the negative behavior of the other.
- Bring forth and highlight the coupling of exemplar behaviors that produce a recurrent pattern of interaction (using gerund descriptors whenever possible).
- Ask a series of circular or triadic questions to confirm or revise one’s emerging understanding of the PIP.

Figure 3.3 Steps to construct a PIP

Another more conversational means to identify a PIP entails asking a series of circular questions. The interviewer takes note of a problematic behavior X and asks the person enacting X, “When you do X, what do other people typically do?” This is a proactive behavioral effect question, which could then be followed by a reactive behavioral effect question like, “And when he/she reacts with Y, what do you typically do?” to track sequences of interaction that come full circle. Alternatively, the interviewer could engage in triadic questioning where he/she could ask third parties about the interaction between two other parties to disclose the PIP, “When (Person A) does X, what does (Person B) do?” and “When B reacts with Y, what does A do?”

Shari: And what do you tell the students about how to formulate HIPs?

Karl: If we sincerely believe that all families already have healing patterns as part of their repertoire (see Chapter 1), we will search for and identify those pre-existing competencies within the family. We selectively look for and attend to spontaneous positive transactions in the session, or notice events that could be framed, or reframed, as positive. For instance, we ask questions about how they typically recover from their problems, and selectively talk their own HIPs back into action. Grounding ourselves in our genuine passion for helping clients in distress, positions us to accomplish this more easily.

Shari: Noticing or asking about the accomplishment of the family’s unique HIPs coupled with family members sharing or enacting these HIPs is a very common TIP we engage in at the CFTC. The circular questions (i.e., behavioral effects questions, triadic questions, see also Chapter 4) we previously discussed as useful to identify PIPs can also be instrumental in conversationally bringing forth HIPs. They help students initiate systemically focused conversations that coax awareness of both pathologizing and healing patterns of interaction. The work you present on reflexive questions gives additional concrete guidance for students to initiate transforming conversations with families (Tomm, 1987a, 1987b, 1988). Karl, we have discussed attending to the HIPs families are currently enacting, but what if the therapist can’t see sufficient evidence of the family’s own HIPs?

Karl: There is a sequence of concrete cognitive steps (see Figure 3.4) that a therapist could take to try to construct a HIP on behalf of the family. The first step is to imagine a behavior that contradicts or is incompatible with one of the behaviors in the PIP, and which could potentially serve as an “antidote” by squeezing out or precluding the performance of the PIPish behavior. The

next step is to find a complementary behavior that could couple with the antidote to stabilize it as a recurrent preferred behavior. Going back to the earlier example, parental “giving space” for more autonomy or “gentle inquiring” about the son’s experience could probably qualify as antidotes because they would be incompatible with the father’s pressuring. And “taking initiative” or “responding” could be antidotes for the boy because they are incompatible with his resisting. These antidotes are then connected invitationally to generate a HIP of inquiring coupled with responding (see Figure 3.5). This imagined HIP then gives me guidance in formulating my questions to possibly bring the pattern forth in the family interaction.

Teachers providing lectures in which they describe central concepts help students become co-oriented with the instructor in the basic theory. Questions from the students are extremely important in this lecturing-listening process

- Search for evidence of the family’s own healing behaviors and draw them out (by noticing positive initiatives and asking a series of circular questions).
- If the family’s healing behaviors are not readily identifiable, imagine a possible behavior that would contradict or preclude one of the behaviors in the PIP.
- Search for a complementary behavior that is also inconsistent with the PIP behaviors and that could reinforce and stabilize the imagined healing behavior.
- Couple the healing and complementary behaviors in an imagined interaction pattern (using gerund descriptors whenever possible).
- Exploit opportunities to ask reflexive questions to bring forth the component behaviors of the imagined HIP.

Figure 3.4 Steps to bring forth a HIP

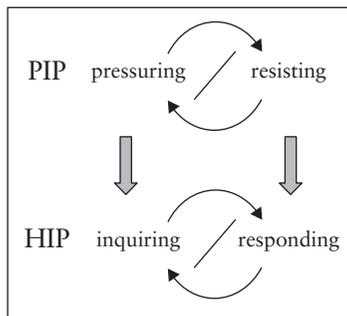


Figure 3.5 Possible movements from PIP to HIP

because they give the instructor an opportunity to listen to the listening of the student and get a sense of what is being heard, what is being misunderstood, and what is being missed. Providing ample opportunities for students to ask questions is, of course, essential to allow the interactive learning (WIP) of *asking coupled with answering* to emerge.

3. *Demonstrating/Observing*

As soon as the new interns arrive at the CFTC, they are invited to sit in the therapy room with a therapist or observe through a two-way screen. In this way, they are able to watch interaction patterns among family members and between families and therapists that have been discussed in class and see what they look like in actual practice. We encourage the interns to observe each of the therapists on staff and eventually other students, to witness different interviewing styles, yet see how we all hold a systemic perspective in common. Sometimes a senior therapist or supervisor will sit behind the mirror with a group of students and comment on the process in the session as it is unfolding, thereby providing an opportunity for students to see through the eyes of the supervisor moment-by-moment. In addition to the obvious invitation to observe clinical process and clinical practice in these situations, supervisors simultaneously extend other covert invitations for students to observe and learn through their acts of supervision, teaching, and reflection.

An extremely important ritual at the CFTC is the weekly “screening” interview. Therapists (and eventually students) are asked to identify a therapy process with one of their families that seems to have become stuck and invite that family in for a consultation by a senior therapist while the whole team, including the students, observes behind the two-way screen. The therapist and consultant describe and demonstrate their work and at some point during the interview the team offers an open and spontaneous “team reflection” for the family (Andersen, 1987), which will be described next. The weekly regularity of these meetings provides continued opportunities for demonstration and observation that helps us learn from each other and extend our skills in seeing through the eyes of others. While students may appear most attentive to, and conscious of, the content of the consultation they are listening to, they are actually more like sponges, continuously absorbing many details of the ongoing therapeutic process. Learning through watching occurs at many levels, and much of it occurs outside of conscious awareness, (e.g., noticing body posture; head, hand, and leg movements; facial expressions; eye movements; tone and rate of speech; coordinations among family members; therapist timing and interruptions).

4. *Involving/Doing*

For students at the CFTC, the first active involvement with actual families occurs indirectly through participation on reflecting teams, which is a valuable transitional step between observation and actually conducting therapeutic interviews. Reflecting team activity occurs not only during official screening interviews but also on an ad hoc basis when there are two or more persons observing a session. All of the interview-room-plus-observation-room couplets have reversible mirror and sound systems, so a therapist could call upon the observing group² at any time to switch the lights and sound and offer their comments about the family's situation.

In our typical procedure of utilizing a reflecting team, we begin by introducing ourselves to the family through the screen and then deliberately turn inward toward one another to discuss our impressions of the family's situation within a closed circle of the team. This places the family in a more obvious observer position, which allows more of their mental energy to flow into deeper listening (instead of simultaneously devoting energy toward preparing responses while listening, which occurs in an ordinary face-to-face conversation). For the reflection itself, we start with selective acknowledging and affirming responses that are grounded in actual events during the session, taking care to comment on every family member present. This helps provide a positive base upon which subsequent and perhaps rather challenging comments could more readily be accepted. Beginning deliberately with positive comments also serves to help reflecting team members overcome their own problem-focused noticing habits.

We then give team members full freedom to comment on whatever resonated for them during the session and encourage them to do so in a conversational manner with one another. For instance, if the family's situation re-activates memories of a personal life experience of a team member, that person is encouraged to briefly comment on the salient personal connection. In this way, family members see team members as human beings in a common journey of living, rather than as professionals passing judgment, which often comes as a significant relief for families. Team comments about the family are offered in a subjunctive mode of tentative expressions like "it seemed to me . . ." and "I wonder whether . . ." rather than objective certainties, to allow more space for observing family members to "take it or leave it."

When the emergence of new ideas begins to wane (usually after 5–10 minutes), any team member could ask, "Should we give it back to the family now?" as a signal to invite any final comments. Then by reversing the lights and sound again, the reflecting team gives back the initiative to the therapeutic system. Typically, the therapist then asks each family member (usually from the youngest to the oldest) about his or her

- Therapist inquires about the family's interest in a reflection.
- If interested, reverse the lights and sound system.
- Team members introduce themselves through the mirror.
- Close the team circle, placing family in observing position.
- Begin with affirming comments based on observed events in a conversational mode, mentioning every family member.
- Offer personally resonating impressions of intuitively important relationship issues in a subjunctive mode.
- Signal impending conclusion "Should we give it back . . . ?"
- Reverse the light and sound systems again.
- Therapist inquires about each family member's take on the team's comments (from youngest to eldest).

Figure 3.6 Typical sequence for the reflecting team process

reactions to the team's comments (see Figure 3.6). In this way we learn what family members found salient, and the students on the team often get immediate feedback on their contributions.

Shari: Karl, you describe several functions of these reflecting teams in advancing the learning of our students. They offer an opportunity to see another's seeing, a transition from observing to doing, and a way to take up or embody a less problem-focused, objective stance. I find that involvement in reflecting also invites us to focus on the team process and not just the content of the conversation. In my opinion, one of the important outcomes of our participation in these reflections is their integral role in engaging students in WIPs that accomplish teamwork. It is obvious that student contributions are not peripheral in the reflecting process. From the very first screening they share their opinions, and their contributions are coupled with genuine integration and/or reflection on their useful ideas (a WIP of *doing coupled with learning*).

Karl: I concur, Shari. The trust communicated to the students in this WIP of *contributing coupled with integrating* constitutes a strong invitation for them to take up their roles as mutual partners on the team. Our trust in the students' pre-existing knowledge and competence to participate in this way derives from our realization that they have lived in relationships themselves for many years and already have an enormous amount of intuitive understanding about relationships. Our job as teachers is mainly to help them hone and apply that prior knowledge to become increasingly therapeutic for families.

After students have observed experienced therapists work and have participated in reflecting teams, they are expected to begin conducting their

own therapy sessions under supervision. We require students to arrange for live supervision of the first five sessions as they begin to provide therapy, so that if necessary, the supervisor can readily be called into the session to help out if a problematic process escalates. Later, when supervisors and students have developed confidence in the student's ability to conduct clinical interviews, students are encouraged to proceed to see families on their own, with continuing intermittent verbal and live supervision.

We believe that this aspect of our training, the learning by doing, is the most significant of anything we have to offer in the program. We are extremely grateful to the many families who collaborate with us in providing this invaluable learning opportunity by allowing our interns to work with them clinically.³ As the therapy process proceeds, a WIP typically emerges between the family and the intern with *the family progressively opening up to work with the student coupled with the student stepping further into the role of practitioner*. There are inevitable beginner struggles of how to best formulate questions, how to sequence questions, how to attend to several family members at the same time, how to balance talk time, and how to get children to talk that create an enormous amount of anxiety for students. However, we try to harness this anxiety to serve as a resource to mobilize motivation to learn. When this domain of learning is combined with the others, most notably what we discuss next, knowledge about the doing of therapy gradually becomes embodied in the student.

5. Supervising/Reflecting

The supervisory offerings at the CFTC are extremely rich. While we utilize various forms of supervision, we give priority to live clinical supervision (over written, verbal, or video supervision), because with the live process both student and teacher are grounded in immediate common experiences of witnessing the family situation and the therapy. Live supervision usually occurs from behind a two-way screen, but occasionally the supervisor sits in the same room with the therapist and family. A telephone call-in system is available but is used sparingly to avoid inadvertently undermining the student therapist. A bug-in-the-ear system⁴ is also available. It allows supervisors to embed potentially useful questions in the immediacy of the ongoing session, which the intern can introduce seamlessly (or is free to ignore). Given that the process of supervision will be elaborated in greater detail in Chapter 9, we will shift here to focus on reflecting processes in our learning activities.

We encourage the activity of reflection in every aspect of our work. We always reflect on our own, of course, but what is so special about the CFTC is how much of the reflection takes place conjointly in team conversation. Discussions take place, before and after regular sessions and screenings, behind the mirrors in observation, in staff and student

offices, and in the videotaping suite. Many students comment that without this opportunity for reflection they would feel lost in their learning.

Karl: These continual conversations between students and staff are so central to our teaching/learning. When students first arrive, it is usually hard for them to make sense of the complexity of therapeutic initiatives taking place in the therapy room. They often ask, “How did she or he know to ask that?” If I was behind the mirror with them, I might respond by asking, “Did you happen to notice that action/reaction (part of a PIP) earlier? And how it got them stuck? And how the therapist’s question to invite a difference (HIP) got them moving forward?”

Shari: Would you also say that we often address the question of “why this over that” in these conversations? Ultimately we are inviting students to make choices in how they will contribute to a specific direction in their therapeutic conversations. Could you talk more about how this is taught in the WIPs of teaching/learning?

Karl: When I talk about four alternative ethical postures (Strong, Sutherland, Couture, Godard, & Hope, 2008) that we as therapists can adopt in our decision-making about how to intervene therapeutically, I try to open space for students to become more aware of the differential effects of initiatives we could take during interviews. I make a heuristic assumption that in every clinical situation there are always multiple ways we could intervene therapeutically, all of which could be helpful. This assumption keeps us looking for alternative options and wondering about their possible effects. Thus, we actively create opportunities for making more choices. While I acknowledge my own preference for adopting an ethical posture of empowerment, I also try to open space for students to make their own choices about what posture suits them best in their own personal style of interviewing. Perhaps this could be conceived of as a WIP of *empowering students to decide coupled with students taking more responsibility for deciding (how to intervene)*, which helps them grow and mature as competent clinicians.

Given that our program also has excellent videotaping facilities with remote controlled cameras in every therapy room, we encourage students to record their interviews and review them later, on their own, with other students, or with their supervisors. There is an enormous learning advantage in being able to start and stop a recording to reflect upon and/or discuss a specific sequence of events in a session and consider alternative possible responses or questions by an interviewer. It is during these reflections that the second-order perspective of how we are actively

constructing therapeutic possibilities becomes clearly evident. Sometimes we arrange special seminars for reviewing recordings together to take full advantage of this kind of learning.

Shari: As a student, I remember the palpable experience of witnessing and understanding a second-order perspective as I watched recordings of sessions. As we slowed the talk down it became easier to challenge the notion that therapists could objectively identify interaction patterns between family members (first-order) and then intervene through one-way directives. I began to notice how both clients and therapists co-construct change through collaborative interactive patterns (second-order).

Karl: The therapist's initiative to foster change will be described later (in Chapter 5) as a TIP: a two-way (emergent) conversational accomplishment. But how did observing tapes help you see these interaction patterns differently, Shari?

Shari: As I slowed down the talk while viewing the recording and engaged in parallel conversations with my supervisor, I increasingly understood the IPscope as an instrument to enable the dialogic process in therapy. Early on I remember the pull to understand the IPscope framework solely as a diagnostic tool. Initially, a clear diagnostic tool was very attractive to me as a PhD student who had been influenced by modernist notions of therapeutic evaluation, academically and in practice. However, while I observed recorded sessions I was better able to see the coupling between the client and therapist as the therapist "talked to listen" (Hoffman, 2002, p. 247) and, for example, took a stand (asking a reflexive question or offering an opinion) in a way that invited clients to contribute to it as a developing proposition. I noticed how the therapist listened generously rather than formed a rebuttal, and formulated a new intervention as the speaking partners took conversational turns (Shawver, 2000). As I was repeatedly encouraged to understand my interactions as coupled with members of the families that I worked with, I made another shift from my previous modernist, diagnostic notions of therapy to a more collaborative conversational understanding (e.g., Anderson & Goolishian, 1988). Currently, in my role as a teacher, it is gratifying to see students using the IPscope as a tool to gradually orient themselves to join families in shared conversational work rather than solely for identifying interactional patterns.

Karl: Students benefit from continual reflective conversation as it helps them see first- and second-order IPs and move from delivering one-way interventions to joining two-way conversational developments. However, sometimes students like to be told how to give the "right" intervention because joining conversational

developments seems too complex or mysterious for new therapists. How did you experience this?

Shari: Looking back now, as a student I think the notion of conversational developments actually took some of the pressure off. If my question did not get the intended or hoped-for response, it was not a failure but another avenue to explore with the client. The pressure remained to join these conversations in forward-moving ways. However, I felt decreased need to be the expert with the magical question and more at home as a conversational partner utilizing an IPscope lens that helped me orient to problematic patterns and solution patterns. This reminds me of the WIP you described earlier of *empowering students to decide how they will interview coupled with students taking more responsibility for their interviews*. Precisely because there is no right answer students are invited to make these conversational decisions and develop into confident yet curious practitioners.

Students are also given a scheduled opportunity to continue reflective conversations about their experiences separate from supervision of live sessions or recorded sessions. A regular bi-weekly meeting is devoted to “group process learning” for all the interns in the program during a particular semester. At these meetings students are invited to identify and share their current conceptual challenges and personal “growing edges” in new understandings and skill development to extend the ongoing learning interactions between students and staff.

The repeated opportunities to join developing patterns or watch others join these interactions at the CFTC invites critique and reflection “which parallels the reflexivity that is the hallmark of postmodern practice” (Paré & Tarragona, 2006, p. 3). In this teaching process knowledge is not necessarily handed over but generated through continual reflective conversations. As Strong mentioned in Chapter 2, *techne* is a term to describe knowledge as pre-given and meant to be delivered (i.e., manualized interventions in evidence-based practice) and *phronesis* as pragmatic and procedural wisdom, the kind that is adaptable and interactional. In the teaching/learning processes we describe here, we endeavor to bring forth the IPscope as phronesis or a type of “knowing-in-action” (Schön, 1983).

6. Documenting (Requiring IP Formulations/ Conceptualizing and Writing IPs)

Staff at the CFTC devised a clinical record system to deliberately document PIPs and HIPs in relational patterns. Therapists complete a Brief Interview Record, or BIR (see Appendix A), after each interview. Among other things, therapists record specific behavioral couplings within interaction patterns of the family system and/or in the therapeutic system on

the BIR. Students are expected to describe and rate the most salient PIP in each session and to conceive of a corresponding HIP brought forth in session, and/or for possible use in subsequent interviews. The tasks of rating the PIPs on the “Reported Severity” and “Experienced Severity” scales (see Appendix B), and rating the HIPs on the “Reported Strength” and “Experienced Strength” scales (see Appendix C), require the student to reflect more deeply on the interpersonal process in both the family system and the therapeutic system. Indeed, these recording tasks actually serve to sharpen the relational focus when using the IPscope lens. Students work hard to clarify the PIPs and HIPs in their personal reflections upon their interviews and then to summarize their work with a particular family in the final closing summary. Supervisors are available to review both the students’ brief interview records and their closing summaries to clarify their emerging understandings of the patterns they have heard about, witnessed, and/or experienced during the sessions.

Shari: Describing this documenting process reminds me to comment on the tension evident throughout this book between what we have called “relational stabilities” (see Chapter 1) or “discursive captures” (see Chapter 2) and more loose, elusive, or dynamic ways of understanding relational patterns. Balancing this tension can be confusing for students especially initially when they feel de-skilled as they shift toward more systemic practice, and find themselves drawn toward more concrete formulations where they feel compelled to “nail down the PIP and HIP.” In this book, we maintain that the relational patterns we see through the lens of the IPscope are but one way of understanding our work with families—a way in which we as observers are actively implicated.

Karl: Yes, as noted in Chapter 1, by deliberately bringing forth these IPscope patterns we are drawing distinctions upon distinctions rather than uncovering any underlying “real” structure of relationships.

Shari: At the same time, however, we encourage students to ground or momentarily stabilize their understanding of interactional patterns through the coursework and in the clinical record system. We give students the task of capturing these patterns through written descriptions and patterned diagrams. The opportunity to momentarily halt elusive IPs in this way is valuable for students as they begin to grasp and conceptualize possible relational stabilities.

7. Searching/Researching

As well as cultivating a culture of openness within the CFTC, we extend the learning WIP of *welcoming feedback and other perspectives coupled*

with offering feedback and other perspectives to professionals and agencies outside our program. We actively search for new developments in the field and regularly bring outside scholars and clinicians to the CFTC to share their knowledge and skills with us. As a result, our patterns of practice have actually changed several times over the years. Current students not only witness but also are part of that evolutionary interactional process (i.e., engage in WIPs between staff and outside practitioners) while they are with us. Former students are occasionally shocked and dismayed to discover that we have abandoned certain ideas and practices and moved on to embrace others.

Karl: I remember quite vividly how some former students were very upset when after teaching Milan systemic therapy for several years, I announced at a conference that I had abandoned the Milan approach. What happened was that as I embraced Maturana's theory (which challenged the validity of functionalism) and adopted some of Michael White's narrative practices (White, 2007; White & Epston, 1990), I moved on to a stance of bring-forthism (Maturana & Varela, 1992). Some people have said of me, that I have been "blessed with a good sniffer" to search out new promising developments in the field. Indeed, bringing new ideas home to the CFTC has been a significant part of my work that has been very enjoyable in my career.

Shari: And this has many benefits for those of us who welcome the opportunities made possible by your olfactory talents! In addition to the many visiting practitioners, your extensive travelling to present elsewhere and extend your ideas has had an enormous impact on the CFTC, not only in the more obvious sense of building on our ways of practicing, but also in stimulating our own curiosities and WIPish searching.

As a collective group of staff and students in a clinical program, we engage in regular monthly research meetings to review selected aspects of the literature and/or to present, implement, or discuss various research projects. Indeed, during the 2008–2012 academic years, Drs. St. George and Wulff introduced ongoing qualitative studies of PIPs and HIPs in the program as a whole (see Chapter 10). In doing so they were able to demonstrate to students experientially how research and practice can become intimately intertwined. The rare opportunity to engage in "research as daily practice" invites a novel way of integrating often-overlooked opportunities to advance our work. We believe that the overall atmosphere created by these multiple learning events and processes has been extremely supportive and enabling of the professional development of our students

in terms of their own knowledge and skills in therapy and research. In fact, many students choose to continue their conversations at the CFTC after they have completed their internship by using the program as a site for their own research projects (e.g., Couture, 2006).

Concluding Comments

We began this chapter with a quote from Maturana who proposed a distinction between teaching and creating contexts for learning. At the CFTC we clearly give priority to cultivating an open reflective context for interactive learning. Such a context can only be achieved collectively through active collaboration among staff and students. When working alone as a therapist day-after-day, one could inadvertently create conditions for a conservative drift in one's understanding and clinical practices. In isolation, one comes to see fewer alternatives and fewer possible options for therapeutic change. Predictably, this drift tends to take practitioners back toward a more individualistic perspective. Given the potential generativity of interpersonal interaction, students as well as experienced therapists would be well-advised to situate themselves in contexts where, at least occasionally, they can see themselves and their relationships with clients through the eyes of others. This gives them other perspectives to draw upon in their work. If they are also able to choose a context that is proactive in fostering a systemic orientation, the generativity could be further enhanced.

Throughout this chapter there has been an implicit underlying tension between stabilized or captured ways of understanding the IPscope, as opposed to a more conversational or generative tint to this lens. We use both grounding diagnostic-based and dynamic practice-based conceptualizations of the IPscope. We value the objectivist, stabilizing applications when they are employed within a reflective, conversational context. We prompt our students to look through the IPscope to momentarily stabilize problematic interpersonal patterns and then bring into focus possible TIPs that might conversationally transform these patterns. We label relational patterns as if they exist to organize our work while recognizing that we actively construct them as we make distinctions through the relational IPscope lens. We are not trying to erase these tensions. As other authors in this volume suggest, recognizing these tensions in our ongoing dialogues at the CFTC is fundamental to our ethical use of this framework.

The consensus at the CFTC is that staff therapists have, in part, situated themselves within the program because the WIPs of IPscope-oriented teaching are generative for teachers as well as students. Indeed, our collaboration in this writing has extended our own learning and renewed our enthusiasm for participating as educators in teacher/learner relational patterns. The improvised dialogue within this chapter is intended

to illustrate some of this process. Our hope is that we may have also offered something potentially generative for our readers who might take up some aspects of this approach in their learning and teaching, to adjust their focus, and bring forth heuristic shapes of a “relational vase” in their own learning activities.

Notes

- 1 See Couture (2006) for a summary of the doctoral dissertation that describes these conversational developments.
- 2 The family’s consent for observation is always obtained in advance, and although the observing groups consist mainly of staff and students from the program, visiting professionals from multiple disciplines are often invited to join the process, thus offering another avenue to cultivate an open, generative environment.
- 3 This generous collaboration by families is voluntary and by consent but may reflect some reciprocity in that the clinical services are funded by a grant from the provincial government and there is no cost to the families.
- 4 We have the technology at the CFTC to give the student the option of wearing a device in his/her ear that allows him/her to hear the supervisor’s reflections from behind the screen throughout the session.

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