Systemic Meta-Framework for Integrative Practice: Clinical and Teaching Tool


Dr Kate Owen & Dr Leonie White

www.qldfamilytherapy.com

About the Presenters:
Dr Kate Owen

- Clinical Psychologist & Clinical Family Therapist

- Creator: Keep Calm Cards

- Co-Director QIFT and Private Practice

- Background CYMHS (Inpatient Unit, ETS, Access Team)

- Private Practice since 2010 – Gold Coast

- Client and family work

- Supervision & Group Supervision

- Training and Workshops

- University teaching

- Online webinars and courses
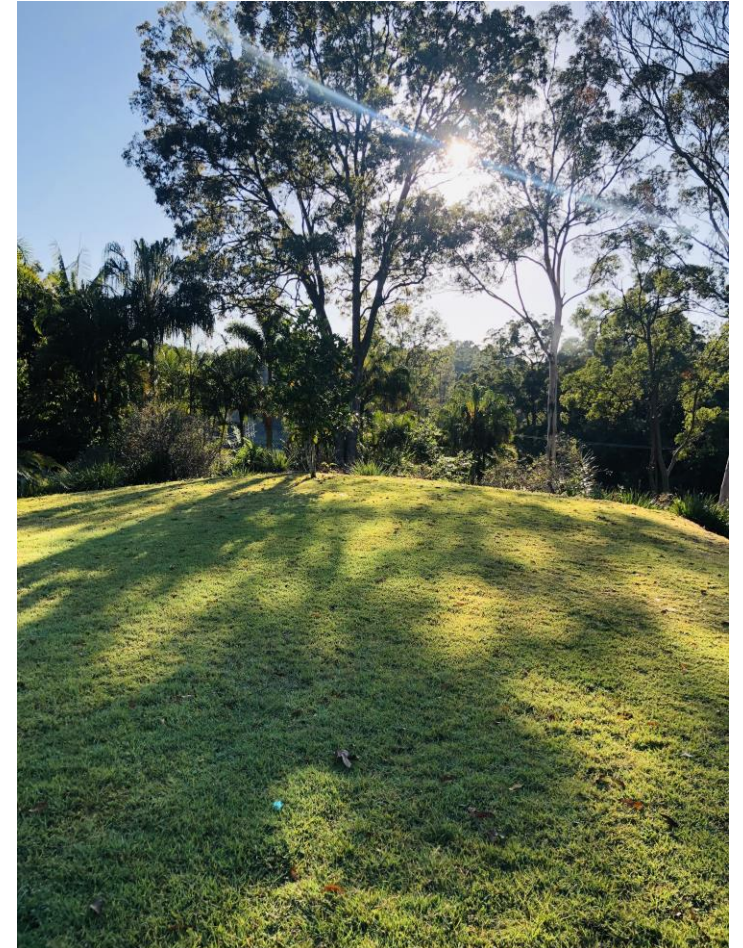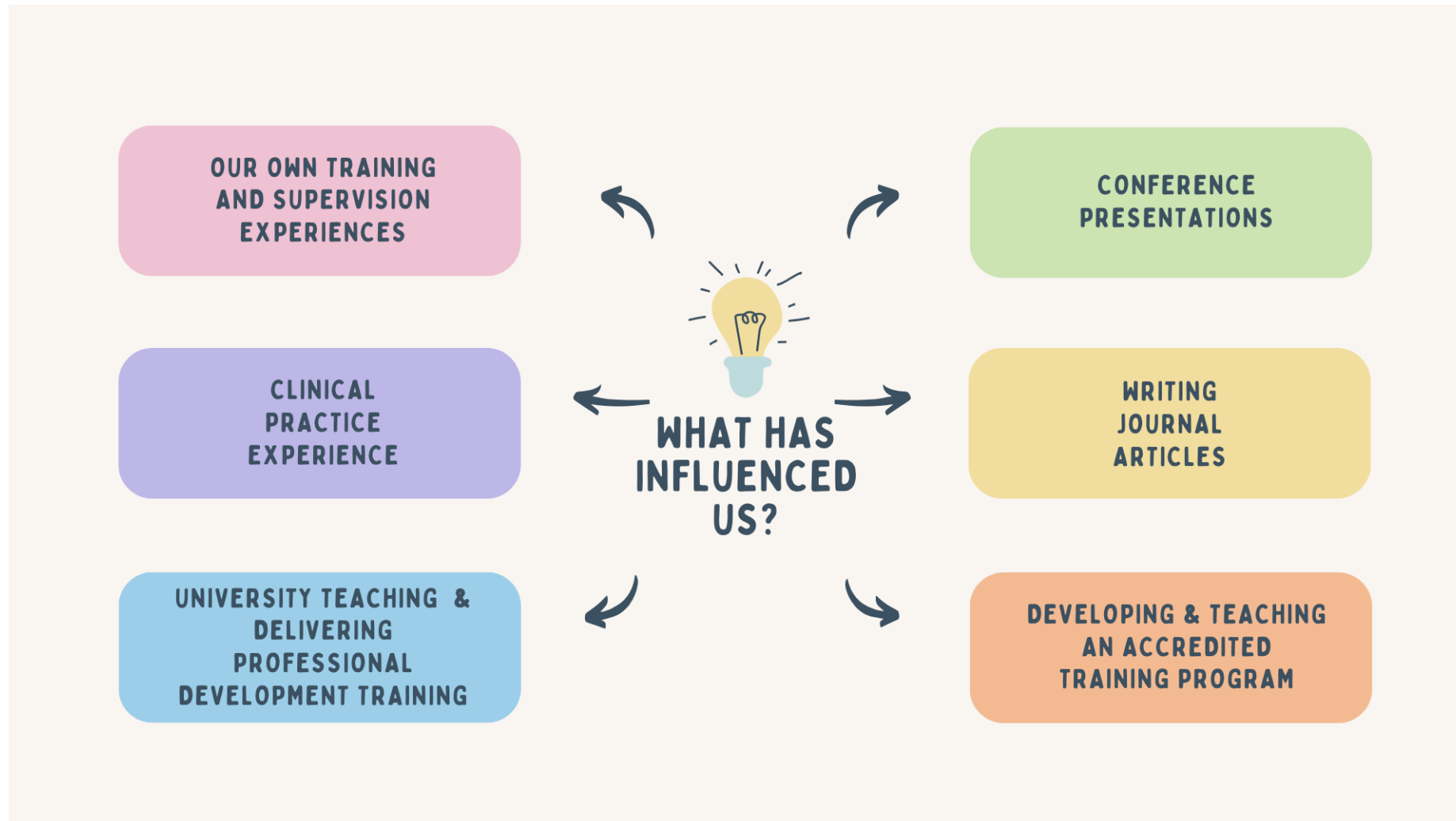
About the Presenters:
Dr Leonie White

- Clinical Family Therapist & Psychologist

- Creator: Helping Families Thrive Cards & Helping Families Thrive Strengths Cards

- Director: Private Practice Clinic

- Background: Education Queensland, Centacare, Child & Youth Mental Health Service, Evolve Therapeutic Services, Education and Child Protection (Canada), University of Qld

- Individual, couple & family work; foster, kinship and residential care work

- On-line webinars and courses

- Individual and Group Supervision

- Founding Director: QIFT

- Training and Workshops

- Current University Teaching:

  - Clinical Supervisor QUT

  - Guest Lecturer: UniSQ & RANZJP

How Did We Become Interested in Systemic Integration?

OUR OWN TRAINING AND SUPERVISION EXPERIENCES

CONFERENCE PRESENTATIONS

CLINICAL PRACTICE EXPERIENCE

WHAT HAS INFLUENCED US?

WRITING JOURNAL ARTICLES

UNIVERSITY TEACHING & DELIVERING PROFESSIONAL DEVELOPMENT TRAINING

DEVELOPING & TEACHING AN ACCREDITED TRAINING PROGRAM

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What Did This Teach Us?

- Systems thinking is always helpful.

- There are key enduring principles that stand the test of time.

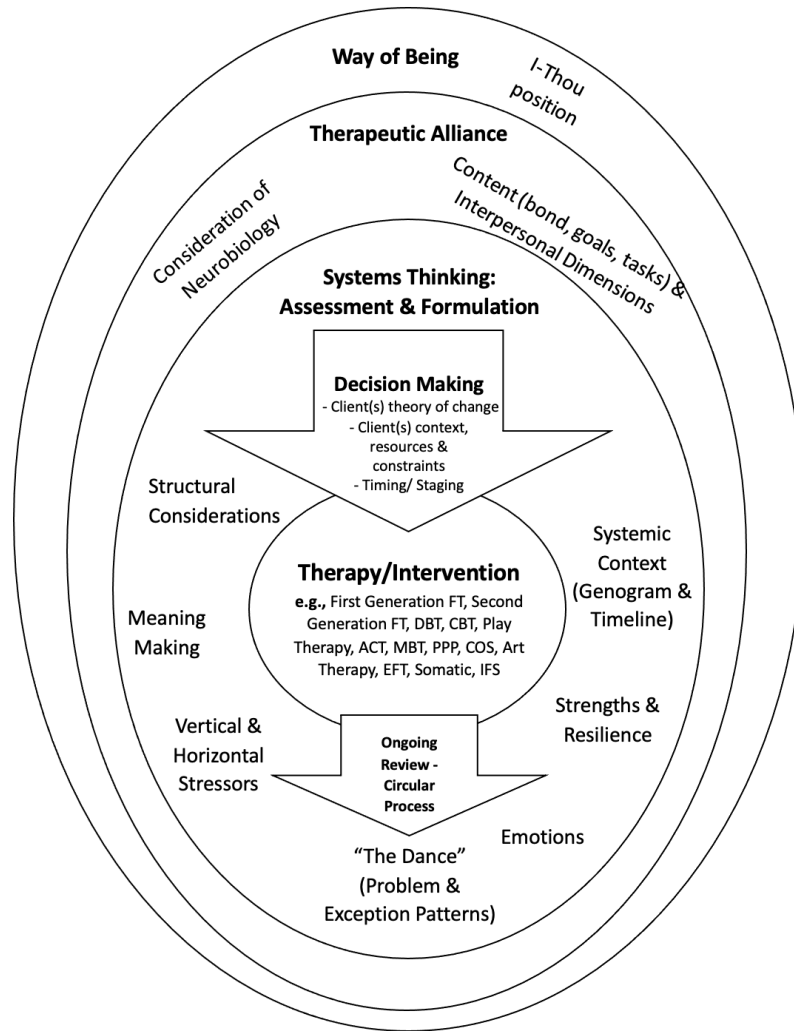- But a one size (e.g., purist) approach does not fit all.

- That effective contemporary practice involves thoughtful INTEGRATION of models and frameworks.
    - Within Family Therapy.
    - Across Other Psychotherapeutic approaches.

- And that therapeutic models and frameworks can INTEGRATE across disciplines and fields
    - Neurobiology.

How Did We Make Sense Of This?

"Our hope with this article is not to prescribe one right way to combine different approaches in the service of the client, but to **provide a meta-framework that can be a process map, or guide,** for other professionals to organise their integrative practice systemically according to the individual needs of their client."

White & Owen, 2022: 39

Top 10% of downloaded articles from 1.1.22 to 31.12.22

White, L. & Owen, K. (2022). Systemic Integrative Practice: A Meta-Framework. ANJFT, 43, 33-53

Free to Read Online

How Do We Teach This?

Formally – i.e., teaching this model

- Individual and group supervision

- Masterclass workshops

- Accredited training program

- Journal article

- Conference presentations

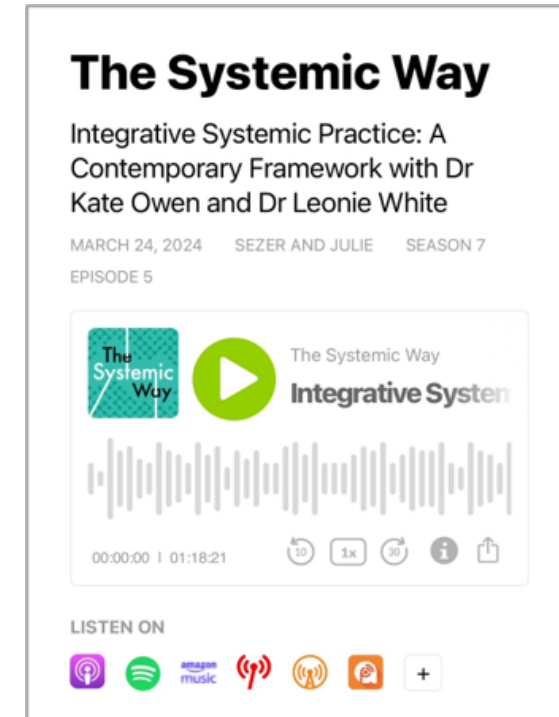**Informally: i.e., teaching and demonstrating the principles**

- Individual and group supervision

- Professional development workshops

Overview of Presentation

Systemic Meta-Framework for Integrative Practice Model

- The layers
  - Way of Being
  - Therapeutic Alliance (Including Neurobiology)
  - Systemic Assessment
  - Formulation and Decision Making
  - Intervention Planning
- Case Example
- Ideas for use in teaching and supervision woven throughout the presentation
- PDF handout of this presentation can be found at www.qldfamilytherapy.com

The Systemic Way

Integrative Systemic Practice: A Contemporary Framework with Dr Kate Owen and Dr Leonie White

MARCH 24, 2024   SEZER AND JULIE   SEASON 7
EPISODE 5

The Systemic Way
Integrative System

00:00:00 | 01:18:21

LISTEN ON

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Systemic Meta-Framework for Integrative Practice Model
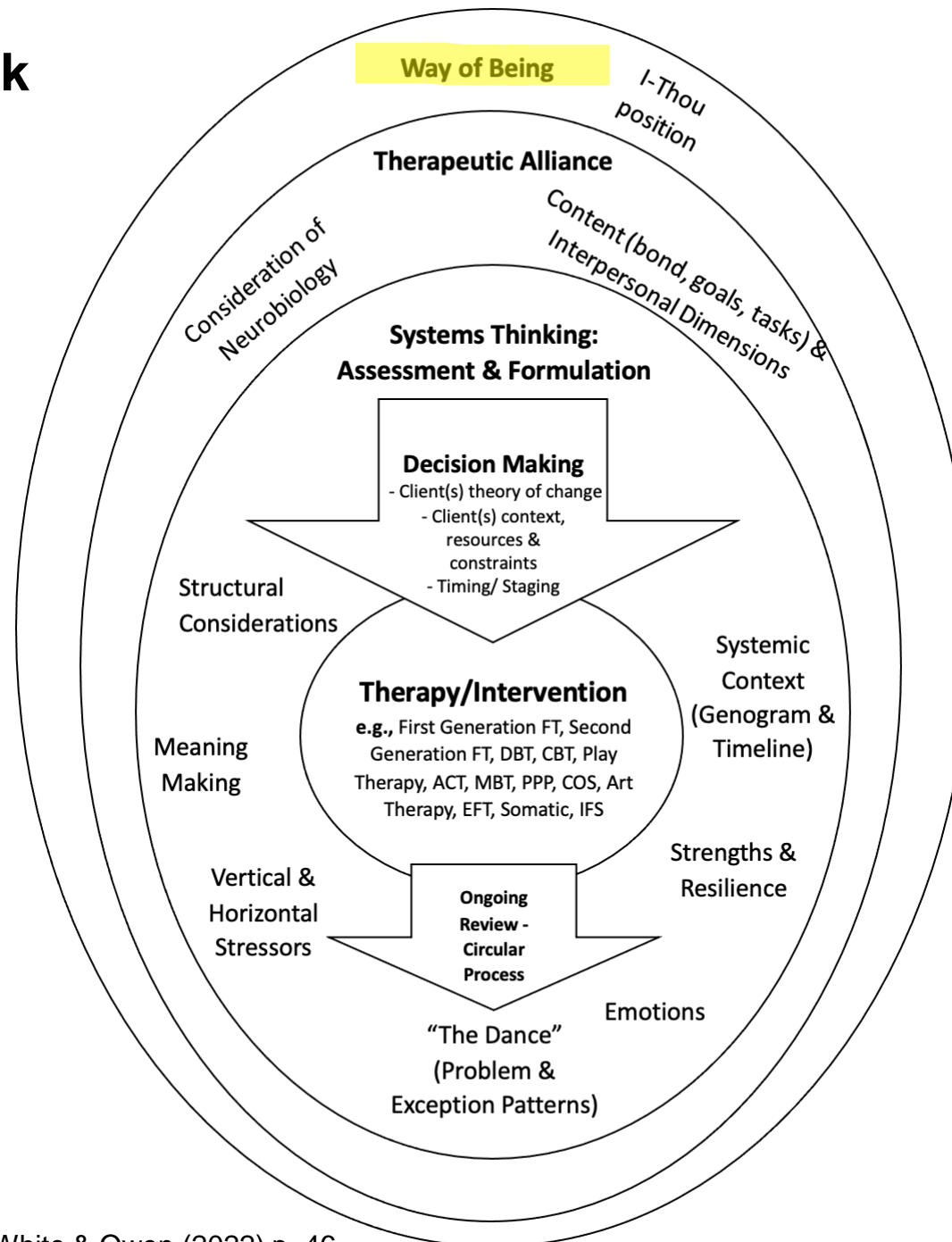
Photo by Matt Callamer on Unsplash

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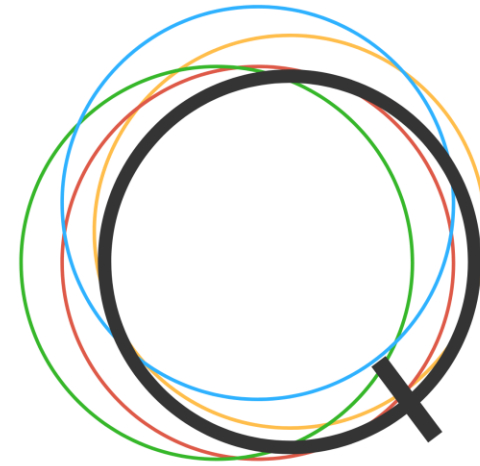
Systemic Integrative Practice Model

Way of Being

Systemic Meta-Framework for Integrative Practice

White & Owen (2022) p. 46

Therapeutic Pyramid & Way of Being

"People respond primarily to the way we feel toward them.

More important than our knowledge, our skills, or our education, is simply our goodness – the quality of our hearts"

Boyce , 1995: 31

- <u>The Therapeutic Pyramid</u> - Fife et al, 2014 & Davis et al., 2020
- A common factors meta-model that "outlines how therapeutic skills and techniques, therapeutic alliance and therapist's way of being interact to produce therapeutic change" (Davis et al., 2020: 69)
  - Describes the relationship between <u>2 common factors</u>
    - Therapeutic alliance
    - Interventions
  - Proposes a <u>new factor </u>as foundational for effective therapy
    - Therapist's way of being
  - For consideration in therapist-client relationship & in couple and family therapy
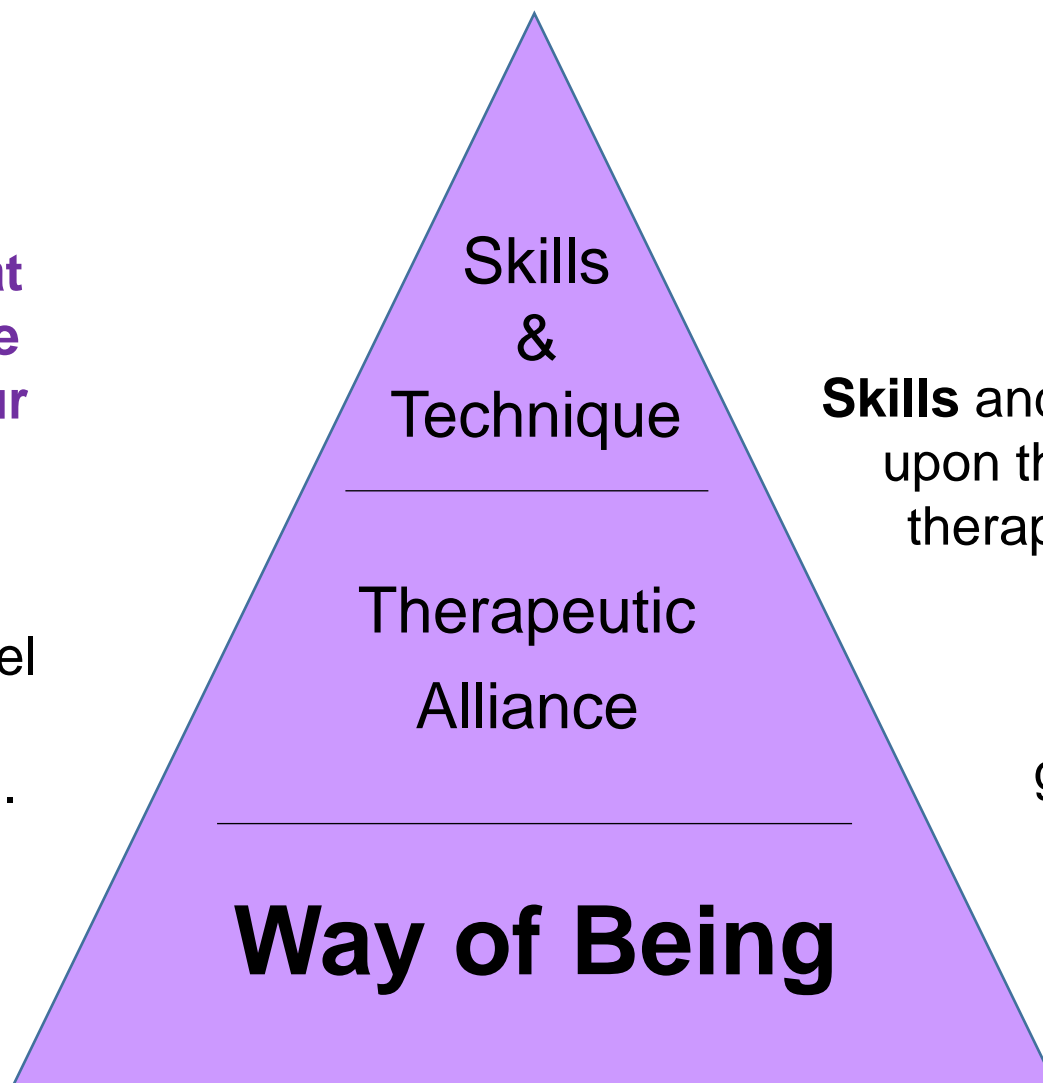
Way of Being

The Therapeutic Pyramid
Fife et al., 2014 & Davis et al., 2020

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"Effective therapy involves not only what we do, but who we are and how we regard our clients"

The success of any level depends on the level immediately underlying.

The way of being is foundational.

Skills & Technique

Therapeutic Alliance

Way of Being

Skills and techniques rests upon the quality of the therapeutic **alliance**

Skills and Alliance grounded in the therapist's **way of being**

Way of Being

The Therapeutic Pyramid
Fife et al., 2014 & Davis et al., 2020

I-Thou vs I-It position

I-Thou Position:
- The client is primary, and the model/plan is secondary
- **Attitude** of genuineness, openness to humanity of other, compassion for other's lived experience
- Leads to **interactions** that reflect "a deep reverence fore their shared humanity" (Davis et al., 2020: 70)
- A **philosophical stance**: a concept of talking "with" instead of "to", "for" or "about"

I-It Position:
- Impersonal, objectifying: the client is a help (timely, pay on time, complimentary to therapist way of working) or a hinderance (reluctant to engage, brings up unpleasant emotions in therapist)
- The intervention may look the same, but it is the intention & attitude with which it is delivered that makes the difference

Way of Being

Teaching and Supervision Implications

- If intervention is "not working" start with <u>way of being</u> level.

- Way of Being Reflections
  - Q: How are you feeling about your clients?
  - Q: How do you regard your clients - people or a help/hinderance (object)?
  - Q: Are your client's needs as real to you as your own?
  - Q: Are you responsive to your client or forcing your own agenda?
  - Q: Are your personal reactions getting in the way of seeing your client?

- More Reflections
  - What are clues in the session that the clients are not happy with the direction of therapy?
  - How can you know when a shift in direction or approach is needed?
  - How do you balance letting clients lead the session with your own agenda of what might be most helpful?
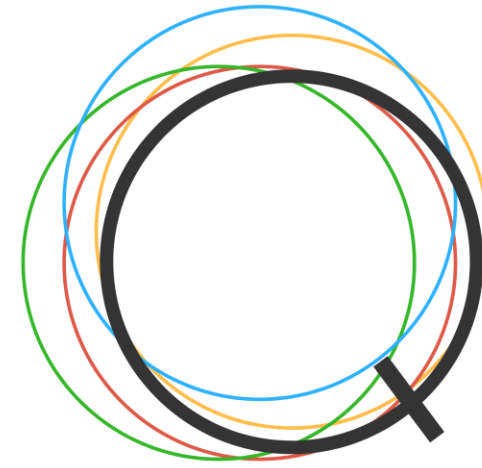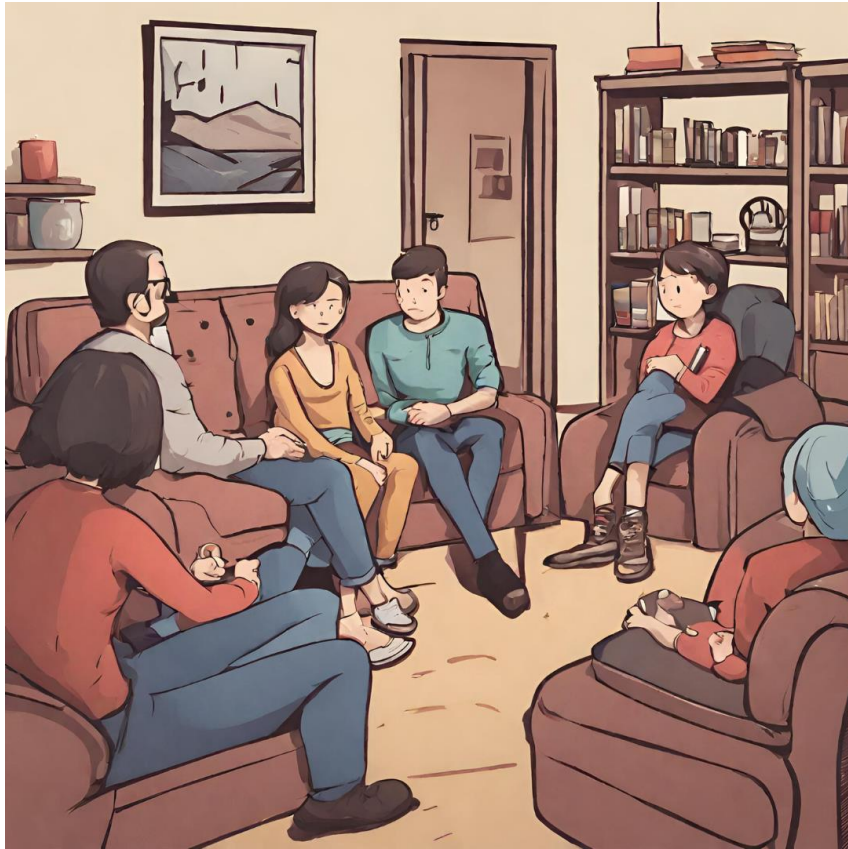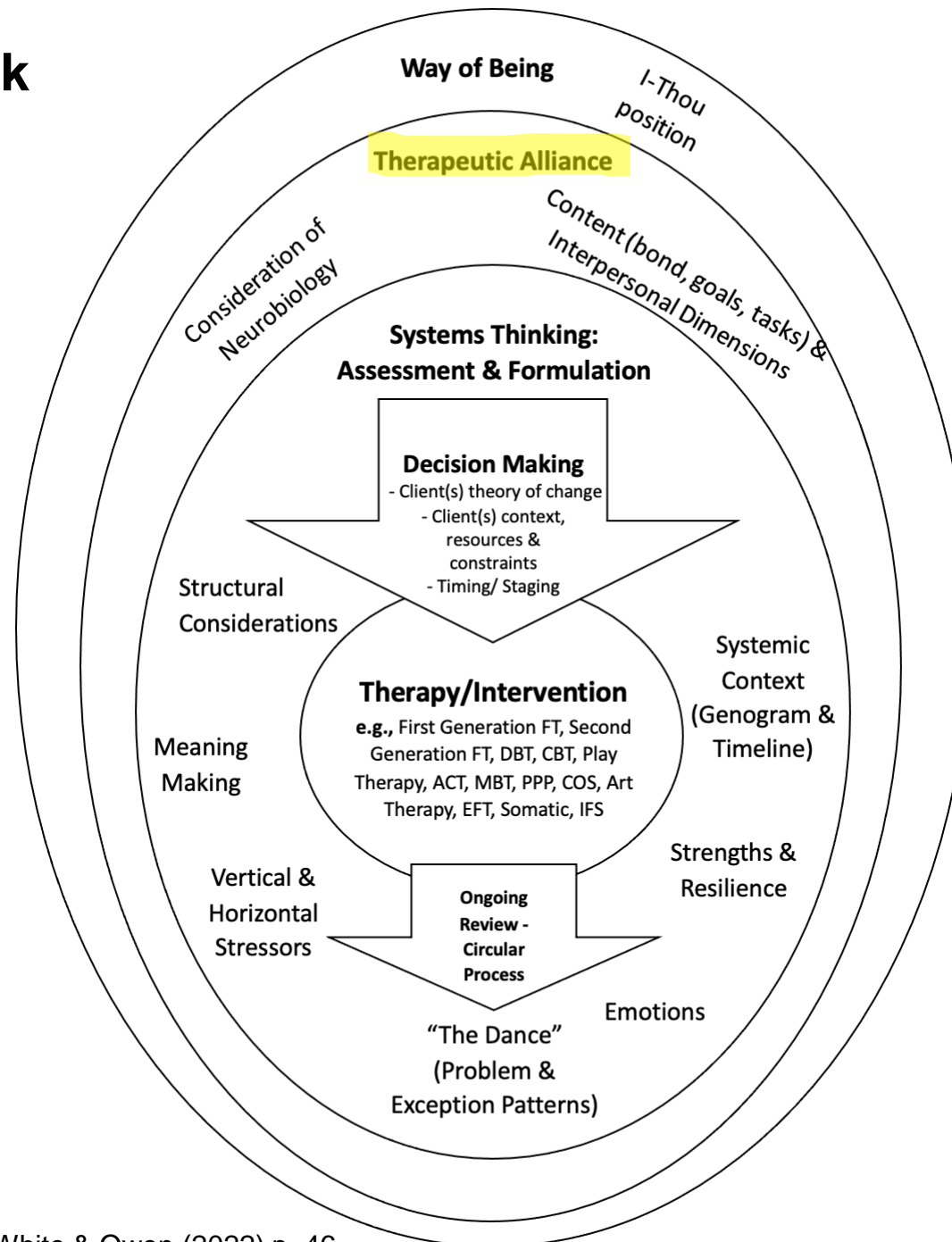
Systemic Integrative Practice Model

Therapeutic Alliance

Systemic Meta-Framework for Integrative Practice

White & Owen (2022) p. 46

Therapeutic Alliance:
Collaborative Relationships

What Makes Up Alliance?

Bonds - Affective quality of client-therapist relationship.

- The positive interpersonal attachments between therapists and clients.

- Shown by trust, confidence, acceptances & involvement.

Goals - The goals are the agreed on objectives of the therapy process that both parties must endorse and value.

Tasks - Behaviors and processes in therapy that constitute the actual work of therapy.

- Both therapist and client must view these tasks as important and appropriate for a strong therapeutic alliance to exist.

Therapeutic Alliance: Collaborative Relationships

Systemic alliance allows for descriptions of numerous and multiple co-existing types of alliances

The alliance with one member or a dyad affects the therapeutic relationship with others in a circular, reciprocal fashion.
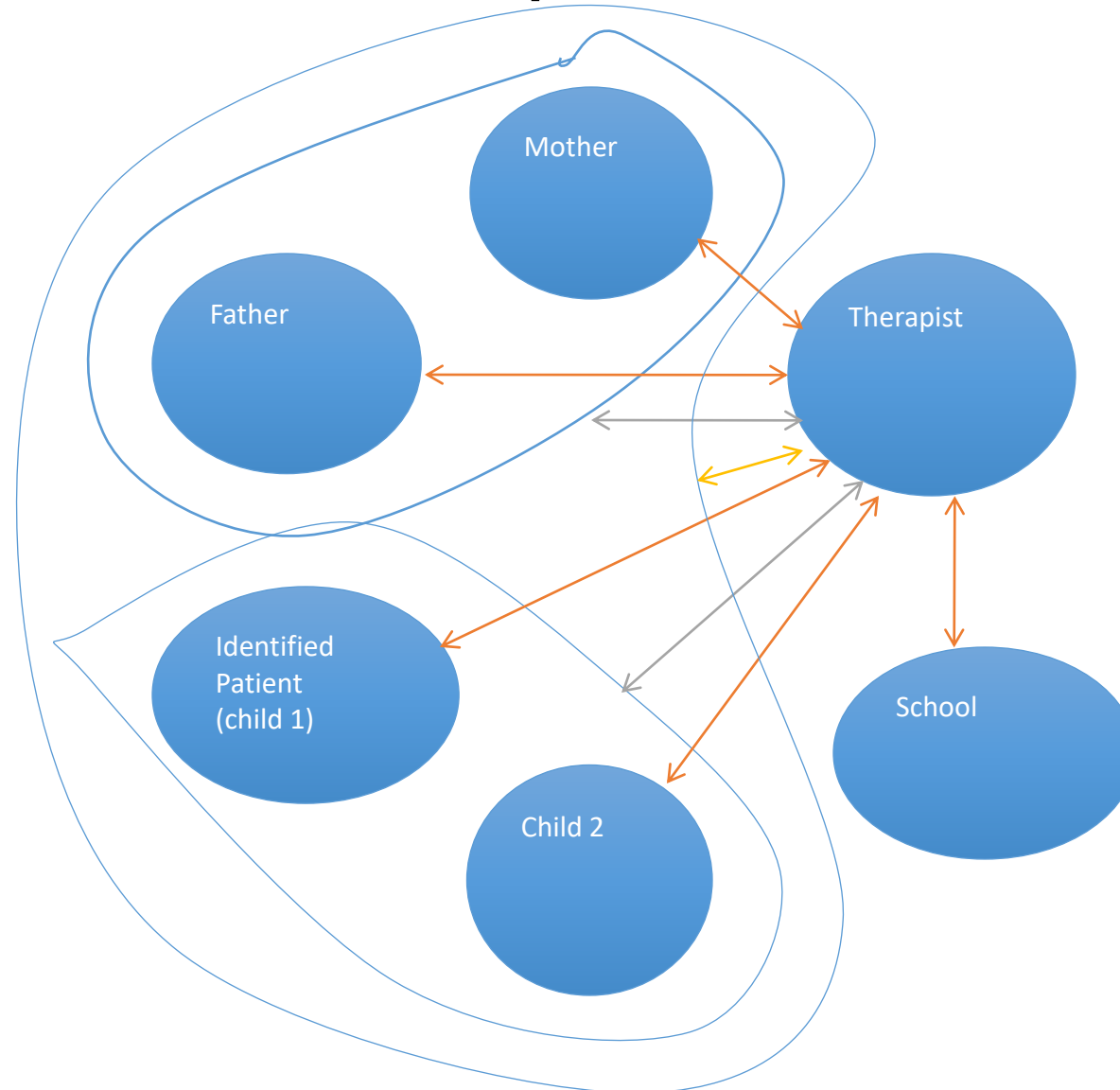
Interpersonal Dimension
- Individuals
- sub-systems
- whole family
- treating systems

Content Dimension
- Goals
- Tasks
- Bonds

Therapeutic Alliance: Collaborative Relationships

Research shows that the **strongest** aspect of systemic alliance is:

- The shared sense of purpose about common goals and about the therapeutic context as a way to solve family problems

- A sense of safety within the therapeutic system

These are the "within-systems" Interpersonal Dimension

Escudero, Friedlander and associates (2008)

Therapeutic Alliance:
Collaborative Relationships

Q: What other resources do we have available to us as practitioners for enhancing a felt

sense of safety in therapy and strengthening alliance?

A: Knowledge from neuroscience!

Therapeutic Alliance:
Collaborative Relationships

Integration of Systemic Alliance and Neuroscience

- There will be layers of threat, survival, and safety on the path to collaboration *(Hanna, 2014)*

- Use of the therapist via non-verbal, affect-mediating, right-brain-to-right-brain communication is crucial for up- and down-regulating clients(s).

- These implicit right brain operations are activated in the therapeutic alliance and are essential for adaptive interpersonal functioning.

"Neuroscience clearly indicates that who we are as therapists is far more significant than our body of knowledge"
Kandel (2006)

Therapeutic Alliance: Collaborative Relationships

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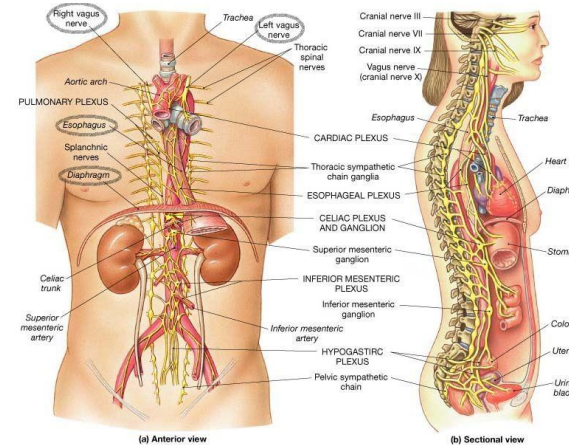
What is Polyvagal Theory (PVT)?

- Polyvagal Theory provides an innovative scientific perspective to study feelings of safety that incorporates an understanding of neuroanatomy and neurophysiology.

- The vagus nerve and neuroception determines if a person will feel safe and engaged, become activated and mobilised (fight/flight), or immobilised and in collapse (freeze/shut down).

Why Does PVT Matter?

- Helps to understand behaviour in terms of where people might be in their nervous system → invites empathy.

- Gives ideas to invite a sense of safety.

Neuroscience based alliance ideas:
- Regulate your own central nervous system!
- Increase signs of safety and decrease signs of danger.
- Smiling eyes and signs of safety using your face.
- Use of speech – pacing, rhythm, volume, intonation etc

Therapeutic Alliance: Collaborative Relationships

Teaching and Supervision Implications

Helpful Reflections:

- What type of relationship do you have with the client(s)?
  - Customer
  - Complainant
  - Visitor

- Have you reached shared goals for therapy?

- Do the clients see the tasks of therapy as important and helpful?

- What is the quality of your relationship with each member, sub-system, family as a whole, and relevant stakeholders?

- How can you use your understanding of neuroscience and the central nervous system to enhance a sense of safety and strengthen the therapeutic alliance?

Tip: don't rush ahead through the other layers of the framework if you do not have a customer

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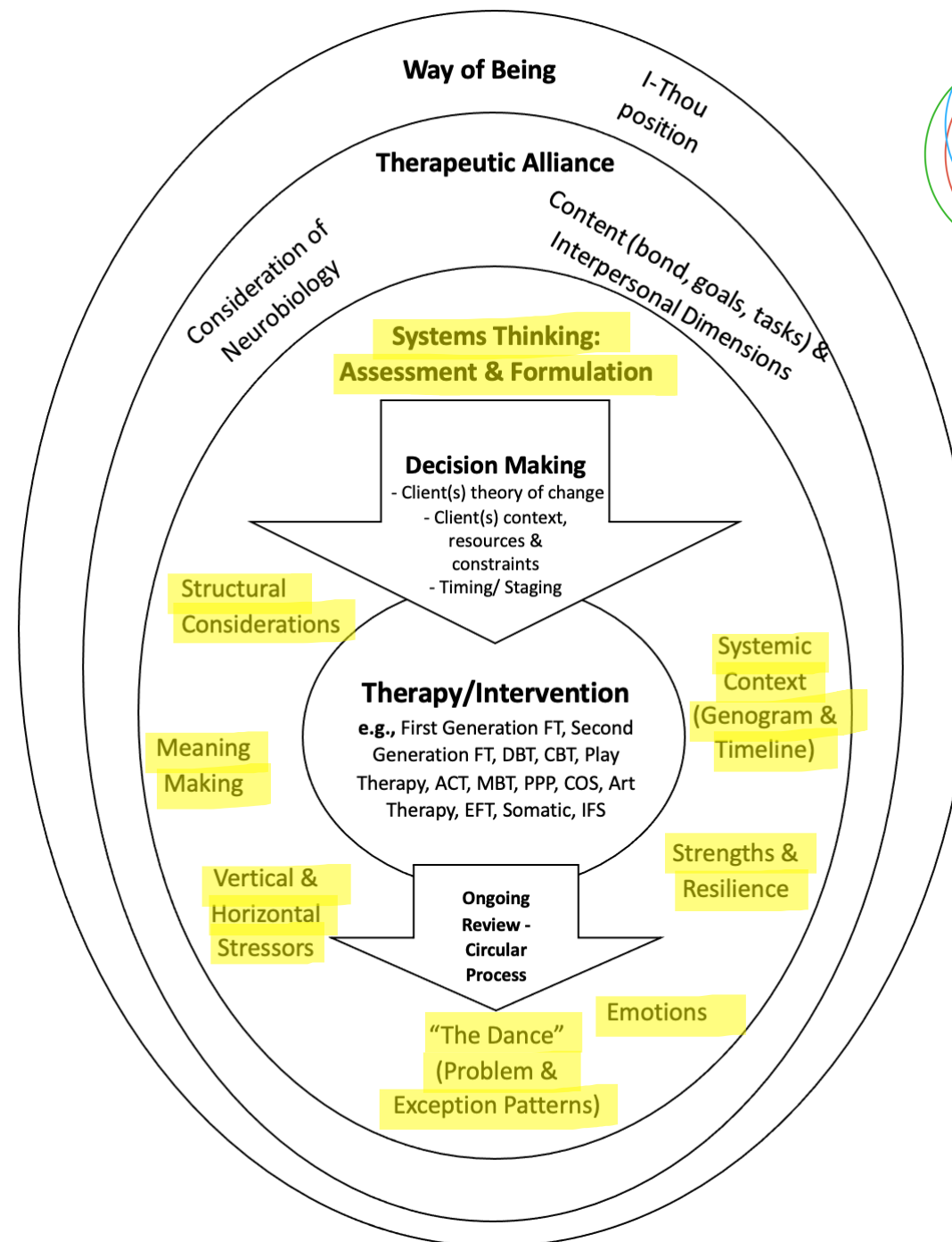Photo by AbsolutVision on Unsplash

Systemic Integrative Practice Model

Systemic Thinking and Assessment

Systemic Thinking and Assessment

Gathering assessment information through:

- Clinical interview

- Genogram

- Timeline

- Sociograms

- Quantitative measures

- Observation

- Creative exercises

Systemic Thinking and Assessment

Broad Areas Of Interest

- The Presenting Problem

- Past experiences with 'help'

- Why Now?

- Attempted Solutions

- Systemic Context

- Family Life Cycle

- Exceptions to the Problem

- Strengths/Resilience

- Family Structure

- Communication Patterns

- Drug and Alcohol

- Extramarital Affairs

- Domestic Violence and

  Child Abuse

- Family secrets (timing)
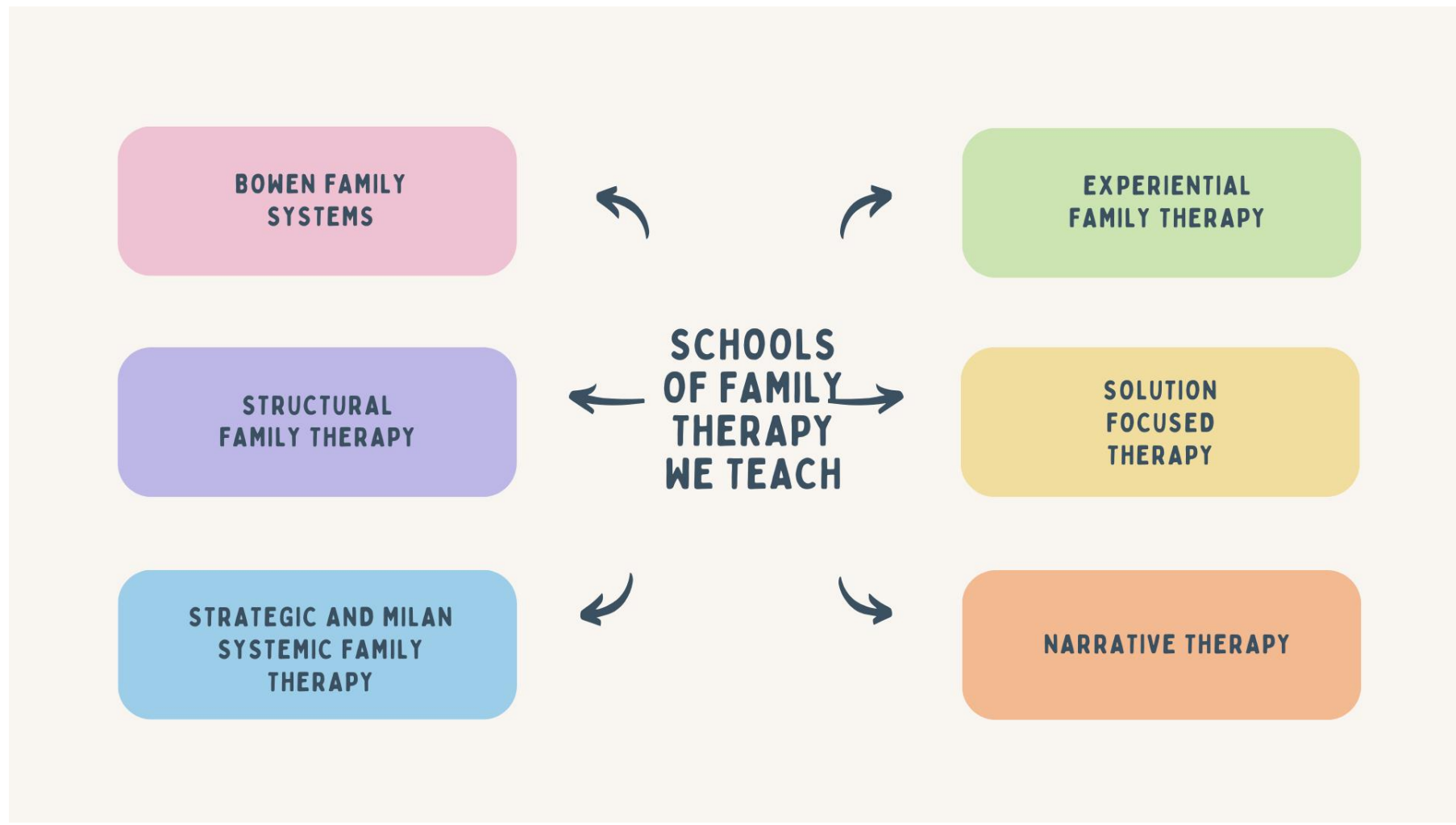
- Goals

Systemic Thinking and Assessment

Depending on your primary pictures and systemic toolbox, or the program where you teach systemic practice, you might delve deeper into assessment areas of specific schools

Systemic Thinking and Assessment

Multiple Positions Welcome

Systemic Thinking and Assessment

And don't forget your other frameworks and models in your toolkit too!

Assessment

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Cognitive Behaviour Therapy (CBT)

Schema Therapy

Dialectical Behaviour Therapy

Cognitive Therapy

Body Based/Somatic

Triple P Parenting Program

Behavioural Therapy

Structural Family Therapy

Solution Focused Therapy

Humanistic Psychotherapies

Graded Exposure

Milan Systemic Therapy

Family (Systemic) Therapy

Rogerian Approach

EMDR

Narrative Therapy

Mentalization Based Therapy (MBT)

Expressive Therapies

Bowen Family Systems

Dyadic Developmental Psychotherapy (DDP)

Psychoanalytic Psychotherapy

Acceptance & Commitment Therapy (ACT)

Emotion Focused Therapy

Play Therapy

Art Therapy

Psychodynamic Psychotherapy

Mindfulness

EFT Tapping

Photo by Alexander Schimmeck on Unsplash

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Systemic Integrative Practice Model

Formulation and Decision Making

Systemic Meta-Framework for Integrative Practice

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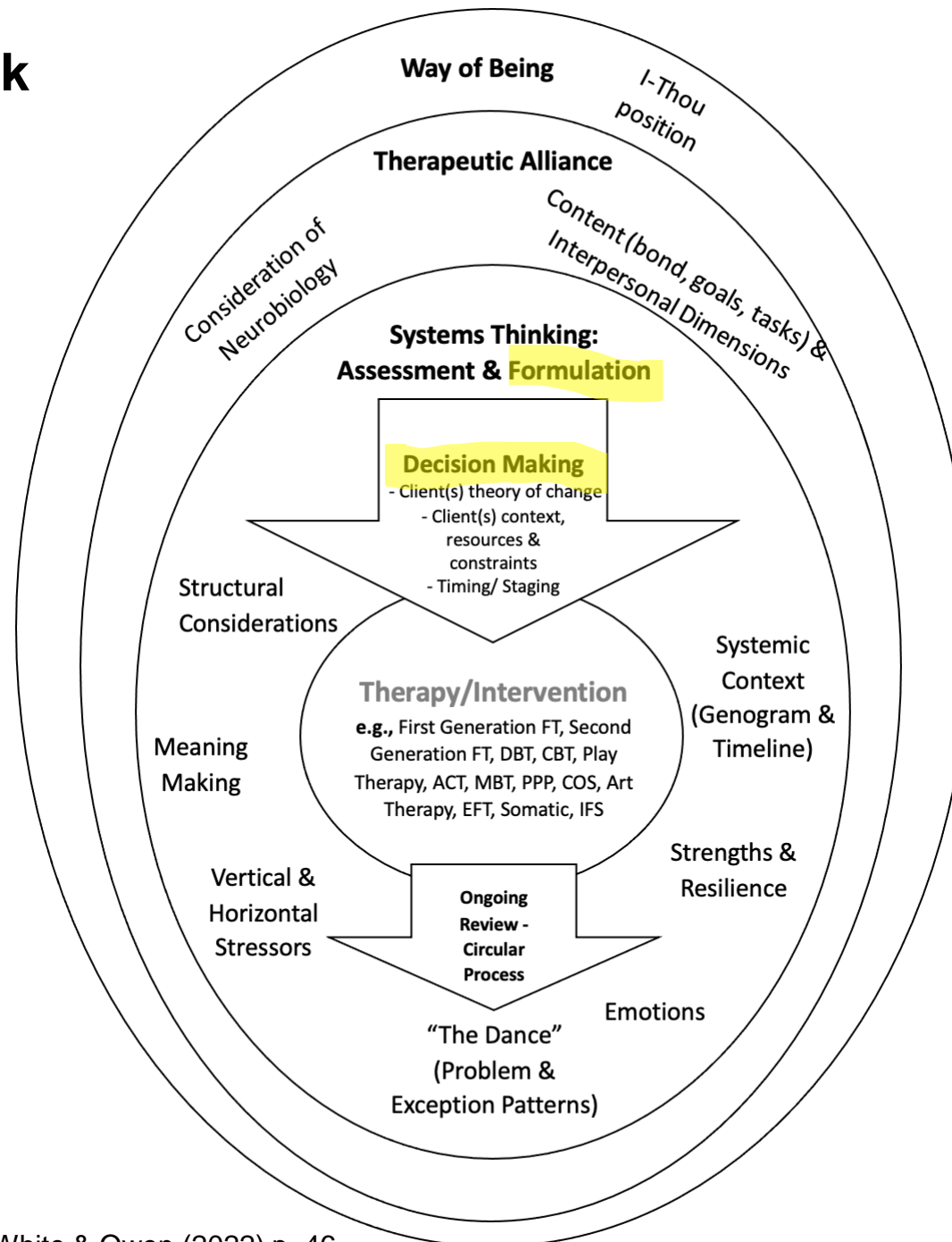
Systemic Hypothesising

"Throughout the process of therapy there is a need for the therapist to construct her view of what is happening by way of a formulation or a hypothesis"
(Rivett & Street, 2009:113)

- Hypothesising is a circular process throughout therapy – the therapist must be mindfully aware of their changing ideas about the process of interaction.

- An hypothesis is developed, tested and revised and is only useful if it suggests useful interventions which will target the system rather than an individual and which help the clients reach their goals.

Systemic Hypothesising: What to Consider

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Formulation is Key

Be clear on what is maintaining the problem - These are possible areas of intervention.

- *Current context* (cultural, social, economic, developmental, extended family)

- *Behavioural sequences* around the problem - The "dances"

- *Narratives and meanings* attributed to the situation – stories

- *Emotions* (what's the emotion communicating? To whom?)

- *Structure* (hierarchy, boundaries, alliances, coalitions, etc.)

- *Transgenerational influences* (genogram)

- Family *strengths*

- *Attachment and relationship* patterns

- *Active* trauma responses in the brain and body.

- What *function* could the symptom serve in the system?

Tip: add in factors for consideration based on professional role and areas of interest.

Example, a systemic speech pathologist would include communication patterns

Formulation and Decision Making

Choice of technique and sequencing will be affected by a range of considerations:

- goals of the client

- context and unique situation of the client(s)

- who makes up the system (e.g., individual, dyad, couple, family, stakeholder group)

- client readiness

- client(s) theory of change

- resources and constraints

- considerations of timing and staging of interventions

- and other contextual factors

These considerations will help to make decisions regarding a personalized and individualized treatment plan

One size does not fit all

Formulation and Decision Making

The model pays particular attention to <u>theory of change.</u>

"Theory of change is important for decision-making as both practitioners and clients have explicit and implicit views about how problems develop and how they see change occurring."

White & Owen, 2022: 33

Theory of Change

Think First Generation Family Therapy

E.g., Bowen Family Systems, Structural Family Therapy, Milan-Systemic Family Therapy, Strategic Family Therapy, Experiential Family Therapy

Cybernetics

Redundant Behavioural Patterns/ Beliefs

OVERALL AIM: Introduce news of difference that makes a difference
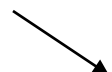**Via Cybernetics or Narratives**

Narratives

Meaning through Language

Think Second Generation Family Therapy

E.g., Narrative Therapy, Post-Milan Systemic Family Therapy, Dialogical Approaches, Solution Focused Therapy

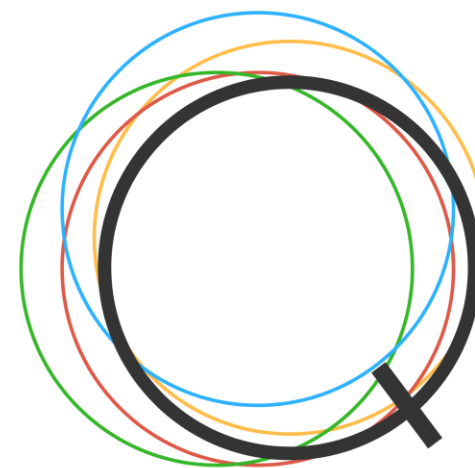Understand patterns/beliefs/stories

Develop different patterns/beliefs/stories

Amplify Change

Photo by glenn-carstens-peters-RLw-UC03Gwc-unsplash

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Systemic Integrative Practice Model

Intervention Planning

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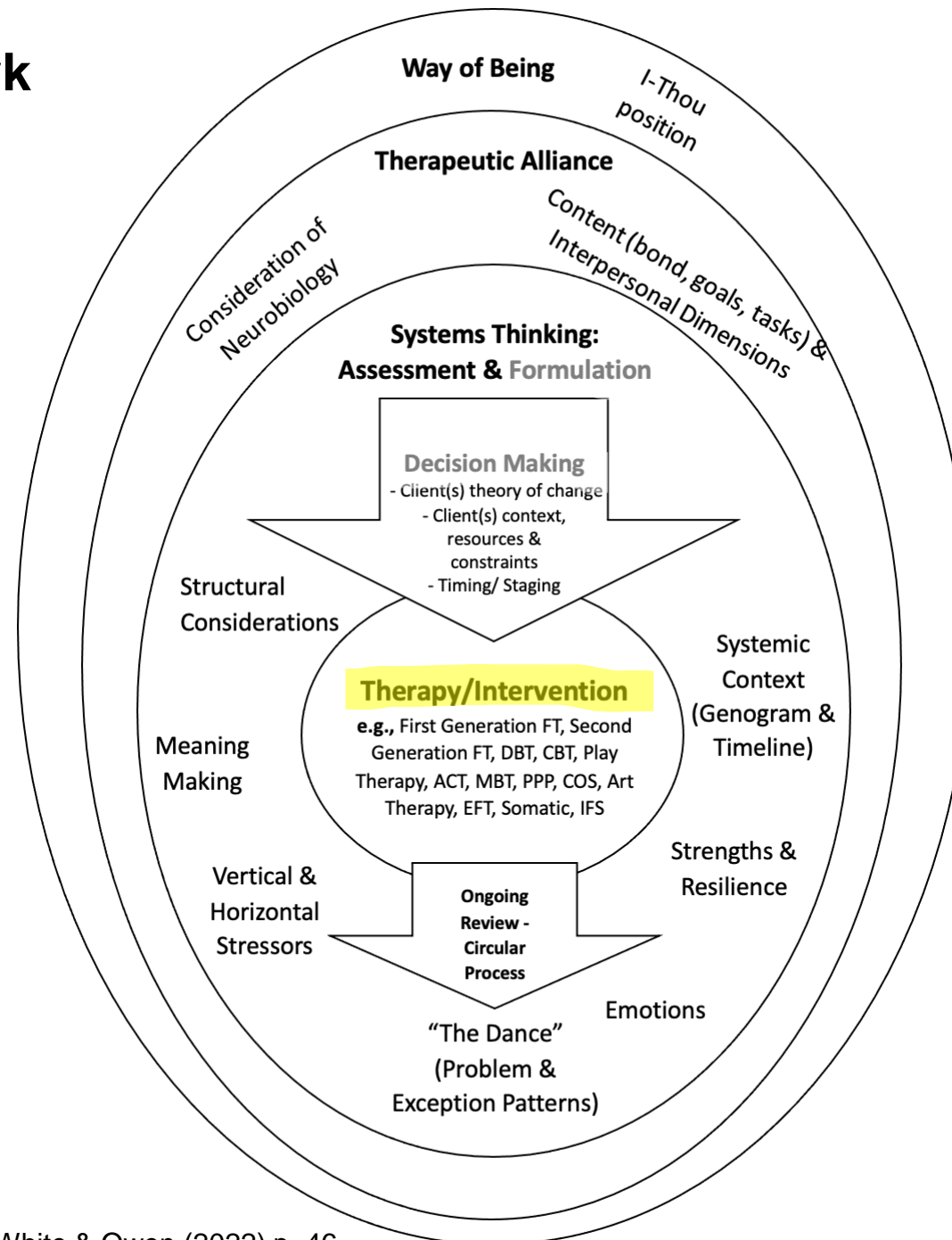
Systemic Integrative Treatment Plan

"Our model allows the therapist to access different evidence-based psychotherapeutic theories and methods organized under a systemic umbrella, for example, from developmental psychology, attachment approaches, affect regulation, mentalization, cognitive approaches, somatic work, expressive therapies, etc.

White & Owen (2022) p.45

Example: EFT or EMDR

Example: DDP or Theraplay

Expressive Therapies

Memory Processing Techniques

Attachment Therapies

Sensorimotor Psychotherapy

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Integrative Therapy Options:
Individual
Family
Broader Systems

Cognitive and Behavioural Therapies

Example: ACT, Cognitive Processing Therapy

FIRST GENERATION SCHOOLS FAMILY THERAPY

Structural Family Therapy

Strategic Family Therapy

Bowen Family Therapy

Milan Systemic Family Therapy

Experiential Family Therapy

SECOND GENERATION SCHOOLS FAMILY THERAPY

Solution Focused Therapy

Narrative Therapy

Dialogical Therapy

Post-Milan
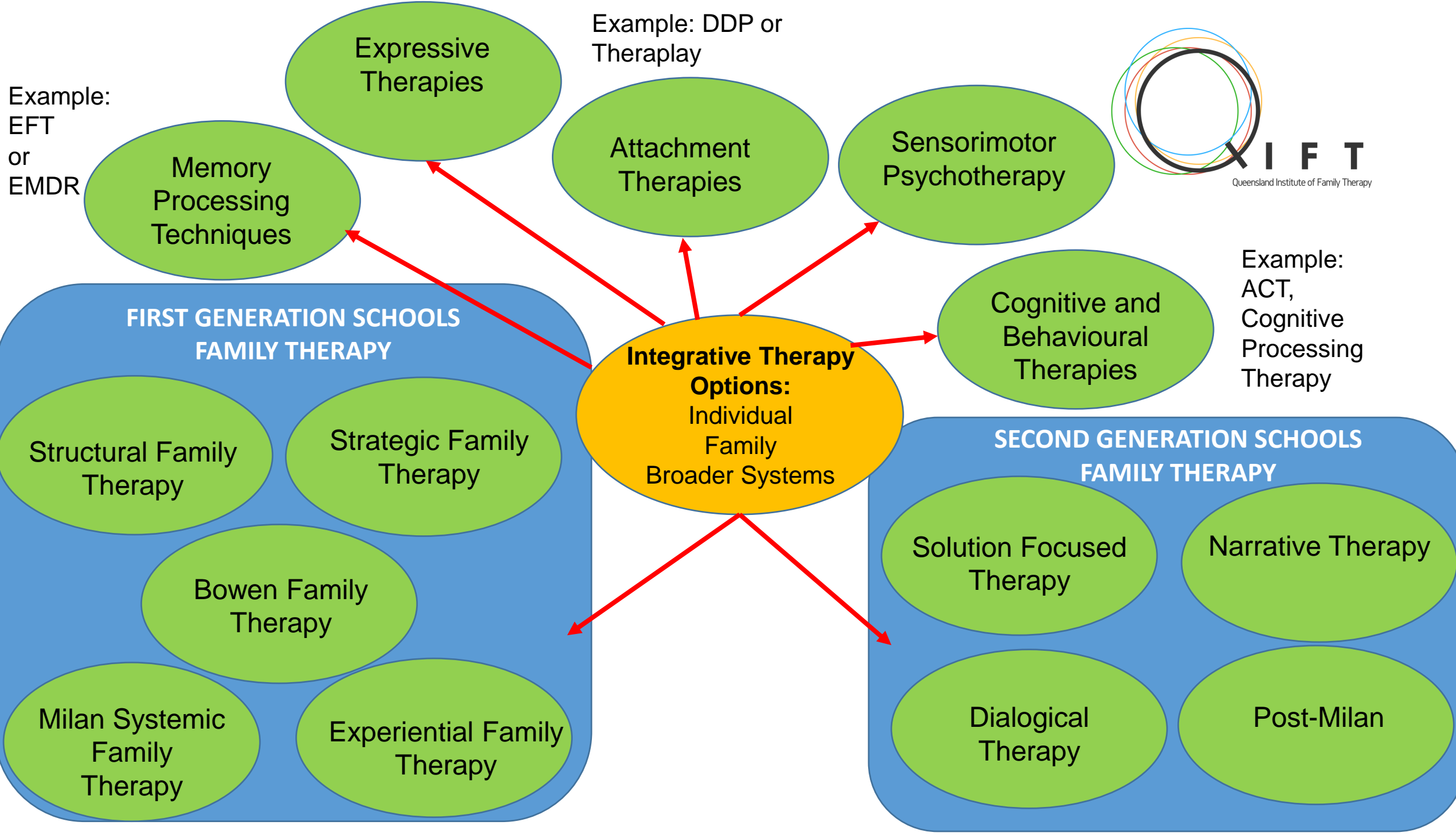
Systemic Integrative Treatment Plan

Teaching and Supervision Implications

- Find a unifying conceptual thread – drawing on existing therapies in such a way that they can be practiced coherently within one consistent framework.

- Attempt to strike a balance between breadth and focus.

  - Breadth = conceptualization and understanding.

  - Focus = choosing specific interventions without feeling overwhelmed by choice.

- Clear direction, goal and purpose of therapy to guide treatment choices.

- Consider if integrating certain models and techniques will maximize results in therapy.

Nichols (2019) p. 386

Systemic Integrative Treatment Plan

Teaching and Supervision Implications

- What elements of theory, strategy, and interventions will be included?

- What is the framework for understanding and enabling change?

- Can the consumers and referrers identify the methods practiced?

- How do the different theories work together and effect each other?

- What should be the order of intervention?

- How do (or will) the clients perceive these combination of techniques?

- Is there coherence in their coupling?

- What parts of the system (individual, subsystems, whole family) will you work with and when? What and who is the priority?

From LeBow (1997) p. 3

Vecteezy Pro

Systemic Integrative Practice Model
Winding Down

Reflections & Questions

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