

Who is the client?

Setting the Stage for Collaborative Therapy with Children and their Families

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Abstract

This article talks about the process of setting the stage in working collaboratively with children and their families and addresses the question: Who is the client? A theoretical presentation of the main principles of collaborative practices is followed by a case vignette with comments and reflections as an example of how these ideas are put into practice. The article addresses the dilemmas practitioners face when working with children and families.

Keywords: Collaborative practices, child therapy, family therapy

Who is the client?

Setting the Stage for Collaborative Therapy with Children and their Families

How can professionals create the kind of conversations and relationships that invite all participants to access their creativity and create possibilities when none seem to exist before? This is the question that lies at the center of the book *Conversation Language and Possibilities* written by Harlene Anderson in 1997. This book is a rich compilation of the ideas that inform the work she had been doing for more than twenty years with Harry Goolishian and other colleagues at the Houston Galveston Institute and other parts of the world. Social constructionist ideas (Gergen, 1990), collaborative-dialogical practices (Anderson, 1997) and reflective processes (Andersen, 1995) have informed my work as a therapist and consultant for many years. They are the cornerstone to build the kind of relationships and conversations I prefer to have in my life and work. These ideas shape the type of therapeutic relationships I foster with clients, where I look for the uniqueness of each situation from multiple perspectives and invite as many voices as possible. The complexity and the multiple characters involved when working with children and families have lead me to ask the question: Who is the client? I consider this question to be the most important trigger to organize the conversation around Tom Andersen`s (2007) guiding questions: “Who do you talk with, when, where and about what?”

Kommentar [T1]: For some reason this sentence sounds weird

Who is the client?

A very simple yet profound question in our work with children or with any person that seeks therapy because somebody else believes they need it. Usually it is the adults in their lives (parents, teachers, physicians, social workers), other times it is

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mandated by the law, or required by the school system. The question “Who is the client?” Includes other questions like: What do the adults or the institutions requesting the services need or want therapy for? What is relevant for them in the process? And most importantly, how do we measure the relevance of the therapeutic process?.

I have been working with children in therapy in a variety of settings and in different countries for more than twenty years and these questions are always present when I meet with families. I would like to talk about the ideas that inform my work, my own biases regarding the relationships with children and families. In order to do that, I will first present the basic philosophical assumptions and the seven orienting principles that inform my work as a therapist (Anderson, 1997, 2007, 2012) followed by the basic information regarding the first contact with a pretend family seeking counseling services. I will use the case example and add comments to illustrate the ideas and their connection to practice and to the question: Who is the client?

³Principles of Collaborative Therapy

Client and Therapist as Conversational Partners: The collaborative therapist and client become *conversational partners* as they engage in *dialogical conversations* and *collaborative relationships*. Dialogical conversation and collaborative relationship refer to a two-way process: a back-and-forth, give-and-take, in-there together activity and connection where people talk *with* each other rather than *to* each other. Inviting this kind of partnership requires that the client’s story take center stage. It requires that the therapist constantly learns, listens and tries to understand the client from their perspective and in the client’s language.

Client as Expert: The collaborative therapist considers the client as the expert on his or her life and as the therapist's teacher. The therapist respects and honors the client's story and takes what the client has to say and how they choose to say it seriously. The therapist appreciates, respects, and values all of the voices and their realities. Multiple voices and their multiple realities become the *richness of differences* with infinite *possibilities* inherent in them.

Not-Knowing: The collaborative therapist is a not-knowing therapist. Not-knowing refers to the way that the therapist thinks about their knowledge and expertise. The therapist does not believe they have superior knowledge or a monopoly on the truth. They bring and offer what they know or think they might, but always hold it and present it in a tentative manner. That is, the therapist offers his or her voice, including previous knowledge, questions, comments, opinions, and suggestions as simply food for thought and dialogue. The therapist remains willing and able to have their knowledge (including professional and personal values and biases) ignored, questioned, and changed.

Being Public: From a collaborative stance, the therapist is open and makes their invisible thoughts visible. For instance, if a therapist has an idea or an opinion it is shared with the client, offered as food for thought and dialogue. It is not a matter of whether a therapist can or cannot say or ask about anything, but rather the manner, attitude, and timing in which they do so.

Mutual Transformation: The therapist is not considered an expert agent of change; that is, a therapist does not change another person. Rather the therapist's expertise is in creating a space and facilitating a process for dialogical conversations and collaborative relationships. When involved in this kind of process, both client and therapist are shaped and reshaped—transformed--as they work together.

Uncertainty: Being a collaborative therapist invites and entails uncertainty. When a therapist accompanies a client on a journey and walks alongside them, the newness (e.g. solutions, resolutions, and outcomes) develops from within the local conversation, is mutually created, and is uniquely tailored to the persons involved. How transformation occurs and what it looks like will vary from client to client, from therapist to therapist, and from situation to situation. Put simply, there is no way to know for sure the direction in which the story will unfold or the outcome when involved in a dialogical conversation and collaborative relationship.

Everyday Ordinary Life: Therapy from a postmodern collaborative perspective becomes less hierarchical and less dualistic. It resembles more the everyday ordinary conversations and relationships that most of us prefer. This does not mean chitchat, without agenda, or a friendship. Therapy conversations and relationships occur within a particular context and have an agenda: a client wants help and a therapist wants to help. Clients and problems are not categorized as challenging or difficult. Each client is simply thought to present with a dilemma of everyday ordinary life.

A case example⁴

Initial Contact

⁴ In order to illustrate a collaborative relationship, I will use a make up case.

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I got an email from Anna seeking therapy. In her email she says that she got my name and number from her son's teacher. She is worried about her son Joey (7). She does not know what to do regarding his behavior. Ever since the birth of her younger daughter, he has been very aggressive and jealous. As the sister has been stealing more of her parents and grand-parents attention, he has been throwing tantrums and refuses to go to school. He claims that nobody likes him and does not have any friends. After reading her e-mail, I called Anna; she stated that she and her husband do not agree on what to do regarding Joey. She believes Joey needs a more supportive environment at home and more attention in school. She says her husband Jack believes Joey needs to adjust to the new situation and will get over it; he just needs more limits and discipline. As a result of these disagreements, Anna and Jack have been fighting a lot and she is experiencing severe headaches.

After this initial conversation, there are many questions swirling in my head that I would like to ask Anna and her family. All the questions and curiosities could become part of the conversation or not, depending on their relevance.

Who Talks with Whom, When, Where, About What

The Phone Conversation

During the initial phone call with Ana, we talked about who would be important for her to include in the first meeting and why. As Anna talked, she indicated that she was struggling with a number of issues, some of them included her husband, others her mother and most of them her son Joey and his school. As a therapist *I do not know* which issue will be the most important for the client to choose as the topic for our first meeting; it is important for me that the client has the freedom to choose who she wants

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to invite to the first meeting. As a collaborative therapist I share my biases and preferences and I tell Anna that when parents seek help for a child I prefer to invite the adults in the family to attend the first session. In this first meeting we can have a conversation regarding the worries and frustrations without the parents being concerned about what to say in the presence of the child. I am also worried that with the child present, this first meeting can become a place for complaints and accusations about him/her or arguments among the parents regarding who is to blame or competing explanations about the problem. I find myself very uncomfortable in those situations because I feel like it is my role as a professional to protect the child from hearing that information.

This meeting among the adults allows parents and therapist to create a team to work together and think about the ideas they have regarding their child. The first session is the place where clients ask questions about the therapist, their work style and experience, and can make decisions regarding how the therapist fits the family and the specific problem. I do not assume that the family needs therapy, or that therapy is the best way to address their particular problem, or that I am the best therapist for this family.

Beginning Questions

To help the reader experience a sample of a possible conversation between a collaborative therapist and Anna, I will present a made up conversation. Please keep in mind that this is only one of the possible conversations that could have happened between Ana and me. Anna wasn't sure if she would come to the session alone or if Joey's father would come. I am prepared to meet with whoever comes and trust that Anna and the family know what is best.

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Anna arrives alone. After greeting her and having small talk to feel comfortable in this first encounter, I might tell her: *In our phone conversation you were worried about a number of issues and did not know which was the best way to begin to talk about them. Then you decided to come to our first session alone. Do you mind telling me how you made that decision?*

Anna: *After our conversation I decided there were some ideas I had to clarify for myself before inviting my husband who was not very eager or happy to come here. I thought it would be easier to come by myself.*

I might ask her: What do you think will be important for me to know regarding your family in order to be able to help you think about your situation?

As a collaborative therapist I see myself as a visitor in my client's life. The client is the one who decides what is important for him or her to share in the session. At the same time the client is a guest in my office and my responsibility as a therapist is to create a space where the client feels safe and free to talk about what is important for them. I see my work as a professional who creates the kind of conversations and relationships that invite all the participants (clients and therapist) to access their creativity and develop possibilities where none seem to exist before.

Ana said she had specific questions regarding therapy and how helpful therapy could be in a situation like hers. She was worried about Joey and she shared those worries with her mother, who agreed with her. On the other hand, she did not think her husband was as worried about Joey as she was and she had been experiencing severe headaches. She wanted to figure out by herself the best option before she invited her husband to join in. She did not know what to do about Joey and was not sure if he

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needed therapy or was just going to the normal adjustment of having a younger sister after being an only child and having all the parental attention for six years.

At this point in the conversation I did not know where Anna wanted to go or how she wanted to use the time. We had been talking about three topics and I asked her:

So far, we have been talking about your worries regarding Joey, your roles and differences as parents and your headaches. Which one of these subjects would you like to address?

Following a collaborative philosophical stance I do not know what is important for the client to talk about. I ask them to make sure we are using the session the way the client wants to use it. .

Anna tells me she is confused and t she thinks the three issues are related to each other. She does not know how to proceed, she is very worried about Joey, but she also feels stuck in her conversations with Jack, regarding their ideas about the best way to parent Joey now that they have a younger daughter and he is entering the first grade.. She is not sure if Joey has a problem or the problem is related to the difference they are encountering. Some days she believes Joey might be so angry that he could hurt his sister. Other days she thinks that she might be exaggerating and the only thing they need to do as parents is to be firm and understanding of his new situation and set limits, but she is not sure how to do it. She thinks Jack might be too strict and she is afraid he might hurt Joey's feelings.

Adding More Voices

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I found Anna's description of the situation somewhat confusing; I was interested in knowing some more about Jack and Joey's position regarding the situation and I asked her:

You mentioned some differences between you and Jack. Do you mind telling me how you think Jack would describe the situation?

Anna said that she thinks Jack might say she is exaggerating and there is nothing wrong with Joey. He is just being a typical older brother who has been very spoiled and now needs to learn to share and adjust to the new situation. He will add that Joey needs limits and that we are afraid to set them. He would say we do not need to be wasting our time in therapy talking about something that time will solve as we transition to be a family with two children instead of one. Regarding Joey, he would say that there must be consistent consequences to model new behaviors. He might also add that I am making everything more complicated with my fears that lead me to overprotect Joey. This creates differences of opinions and the constant arguments we are having because we cannot agree.

Anna, when you listen to yourself talk from Jack's perspective what do you hear?

I hear that he has some clarity I do not have and I hate to acknowledge it, but on the other hand I am afraid that by being harsh Joey will resent us and move away from us, or that he might have more fears and more tantrums ...so Jack could be right and have good intentions in the way he would like to parent Joey, but I am afraid and do not know what is the best thing to do in a situation like this?

At this point I am curious to know more about the relationship and the interactions between Anna and Jack when they try to discipline Joey. The curiosity comes from Anna's description and questions about what to do and I ask her:

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What do you tell Jack?

I usually try to stop him from setting limits because I am afraid he will be too harsh on Joey

What happens to Jack when you stop him?

He gets very angry with me; we end up arguing and fighting instead of being able to talk about our differences.

And Joey?

Joey goes to his room or begins to cry; he hates to see us fighting, some times after we fight, he doesn't want to go to school the next day.

I am thinking that it might be a good idea to invite Jack to join me in a conversation here with you; you might help us have a different kind of conversation. This could be more useful to us at this time than bringing Joey to therapy.

During the conversation, Anna thinks about the kind of conversation that could be more useful for her and together we can look at the next possible step.

I ask her: What makes you think that inviting Jack to the conversation can be useful?

The kinds of questions you have asked me today have helped me think about the differences between us. I realize we have only been arguing about our differences and not discussing them, maybe that is what we need to do. I have also realized that our fighting might be connected with Joey's difficulties in going to school

Do you think you can have that conversation at home?

I am not sure, I am afraid that I will go back to blame him for being too harsh

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Do you think he will accept the invitation to come to a therapy session? How would you invite him?

Jack knows I came today to see you. He did not want to come but he had no problem with me coming. I can talk with him about what happened in the session and tell him I thought it would be a good idea to come together. I really think it would be important for us to talk about our different parenting styles.

So, the next step would be to invite Jack?

Yes

How about Joey?

Well, when I called you I thought I was looking for therapy for Joey but after coming here, even though I think Joey might still benefit from therapy, at this point being able to talk with Jack about our parenting styles and the transitions in our family seems to be more important.

Bringing the conversation to a stopping point

As we were talking I was wondering if there are other important people in your family life you have talked to about your situation that you would like to talk about today; you mentioned your mother, I am wondering about Joey's teacher, his pediatrician and other friends or family members that have been part of the conversation. Would you like to say something about them at this point?

I have talked with Joey's teacher in fact, as I mentioned she gave me your name and suggested I call you. She seems to be worried and at the same time she thinks that Joey is slowly adjusting to the new situation at home, she suggested we seek some kind of

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counseling to have a space to talk about the situation, she also mentioned that she will keep an eye on Joey and let me know if he seems to be getting more frustrated or angry in school. She asked me to keep her posted and that she will be available to offer any help we might need, including talking with you. Regarding my mother, as we were talking, I realized that she worries too much and sometimes talking with her is not very helpful. She is very protective of Joey being her first grandson. On the other hand, she is very supportive and loving, she can be very helpful to Joey during this transition. I have also talked with some friends, some of them are going through similar situations and can be supportive to me, other times I feel like they do not listen or understand my situation. I have not mentioned the situation to my pediatrician, but he could be an interesting person to talk with given the fact that he knows Joey since he was born.

Asking about other people in the network invites clients to see they have other available resources and they are not alone facing the problem. I asked about them because Anna mentioned them in the initial phone call and also throughout the session. I want to offer the opportunity to add as much information as she thinks she might need in this first encounter. On the other hand, talking about the family network allows me to imagine other possible resources and relationships available to the family and think about other ways to include them.

Is there anything else you think will be important for you to talk about before we stop the conversation?

Not now, I feel that I was able to talk about the issues that were on my mind and would like to continue the conversation with Jack.

I add: Do you have any questions you would like to ask about me?

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Not really, I think I got an idea of the way you work. I would prefer to ask questions when I come back with Jack so he gets a chance to get to know you and be part of the conversation.

Anna left the session saying that she will talk to Jack and get back to me.

Reflections

My role as a therapist

From a collaborative perspective each session is seen as an opportunity for a transformative conversation. We do not assume that the client will come back, when they will come back and what will be the goal or the content of the following session in case it is scheduled. From this perspective each session is conceived as an only session. The frequency and the membership of the session are decided together in a conversation by client and therapist from one meeting to the next. Some clients schedule their sessions every week, others prefer every other week, others once a month and some other clients call the therapist whenever they feel they have the need to have a conversation. The length of the session tends to be for practical reasons standardized to a therapeutic hour (50 minutes), from a postmodern perspective different clients talk about their problems or dilemmas in different ways. Some need an hour to talk, some need more time, others less.

My role as a collaborative therapist is to respect the client's wishes as the experts on their own lives and keep them in the center of the stage. I am always careful to walk alongside my clients and help them look at possible meanings and entertain multiple possibilities. My not-knowing approach allows me to remain curious, creative and humble about what I know or think I know

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regarding any given situation. This approach also helps me meet the client where they are and create the kind of conversation that is appropriate for them, regardless of their educational, socio-economic level, their linguistic abilities or experience in therapy.

Anna called a few days later to schedule a second appointment, saying that Jack agreed to come with her.

Opening possibilities

This pretend session and dialogue helps me illustrate one of the possible conversations Anna and I could have had given the number of issues she was interested in talking about. From a collaborative perspective I try to be respectful of the topics the clients choose and allow space for my questions as a way to express my curiosities. This may help the client listen to his or her own story in a different way. In this particular situation the conversation helped Anna look at Jack's parenting style from a different perspective. This new understanding might create the possibilities for a different kind of conversation. The conversation itself evolved to the idea of inviting Jack to talk about differences in parenting styles instead of pursuing therapy for Joey for the time being.

Following our not knowing stance, we cannot assume where the conversation will lead, who we will meet and what we will talk about. Only time will tell *us* who is the client.

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