Collaborative Therapy: Conversations Promoting New Meaning and Possibilities in High School Immigrant Students

“Life is a sum of all your choices”

Albert Camus

Objective:

Participants will identify the value of implementing collaborative conversations in therapy.

Agenda

- 40 min. PPT Presentation
- 15 min. Participants will apply ORS and SRS
- 10 min. Groups Conversation (questions supplied)
- 10 min. Sharing ideas from conversation
- 15 min. Resume

Possibilities and new meaning

Why Collaborative Language Systems?

Main Concepts

Idea of a problem:

- Through language people give meaning to their experiences and determine what is good or right in each social situation.
- Problems live and breath in language so solutions
- Reality and truth are constructed through language

Role of the Therapist:

- Conversational artist creating space and facilitating dialogical conversation.
- Both conversational partners are changed.

Collaborative Therapy

Practices

- Conversational questions
- Not-Knowing approach
- Reflecting Team
- Shared Inquiry

Change

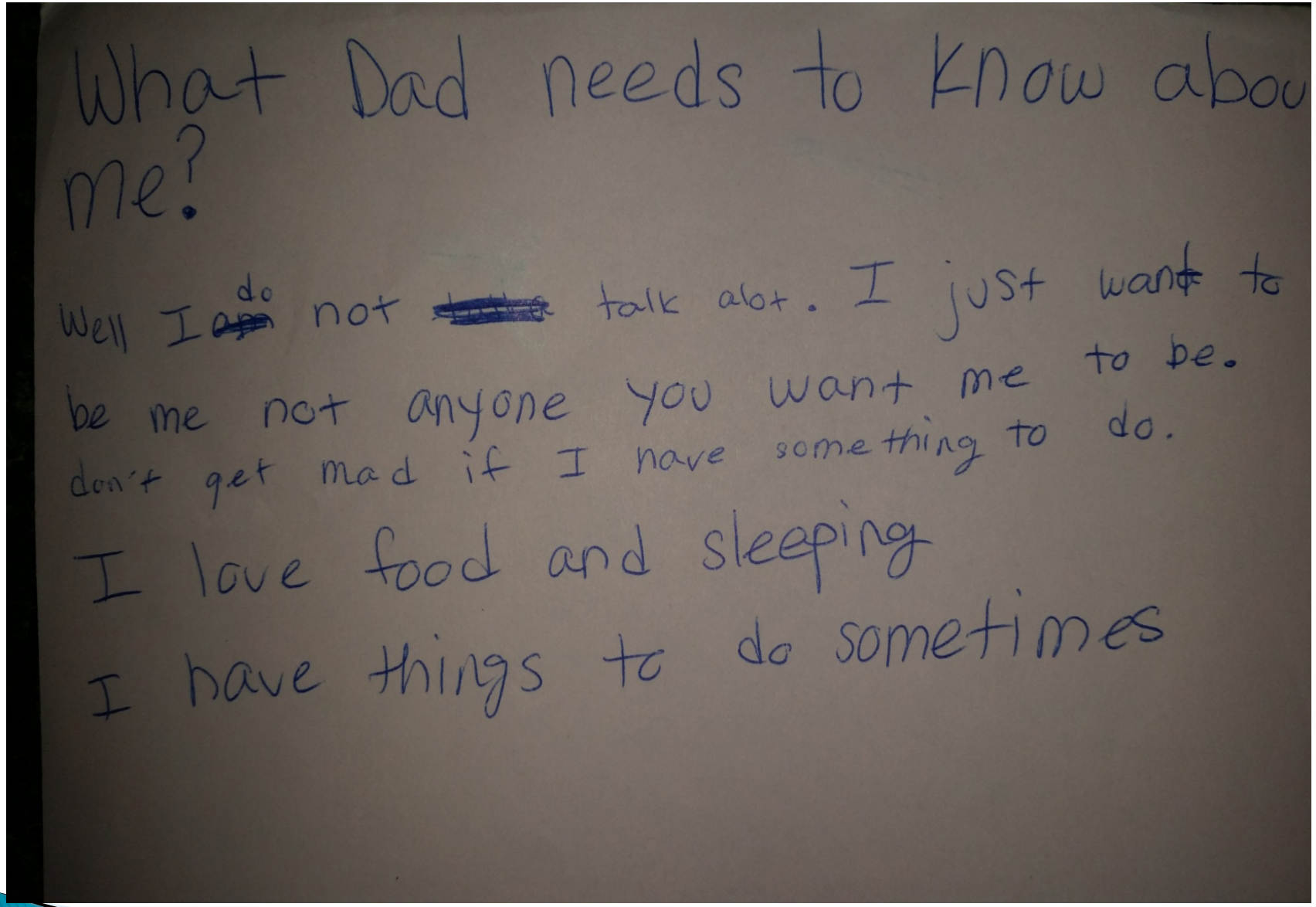
- Generate new meaning about the problem
- Family takes new action to resolve the problem
- Problem disolving

Role of the Therapist

- Multipartial
- Honor client's reality
- Listener
- Responsive
- Compassionate
- Egalitarian partnership; co-explorer

Initial Stage of therapy

- Students are referred by a teacher or their family.
- *First contact:*
- ORS (outcome rating scale), SRS(session rating scale) Where is the distress?
- Conversation to define what is being said about him/her.
- Permission to ask questions
- Use their language.
- Talk about the problem and preferred ways to address it.
- Curious, not-knowing.
- Humble position, avoiding assumptions
- Encourage the student to ask questions


What Dad needs to know abou
me?
Well I do not talk alot. I just want to
be me not anyone you want me to be.
don't get mad if I have something to do.
I love food and sleeping
I have things to do sometimes

Problem-Organizing/Problem-Dissolving

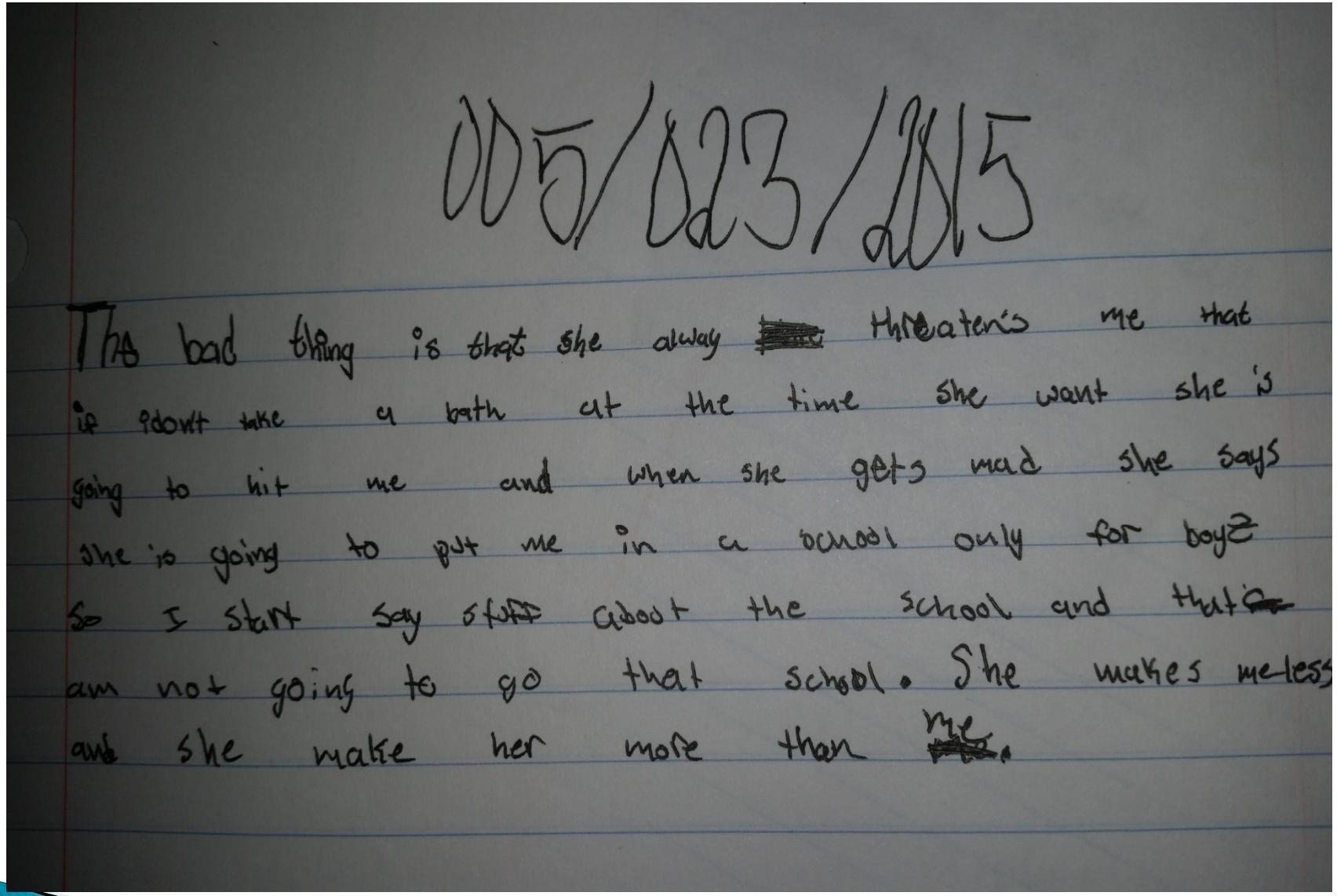
Problems live and breathe in language.

“Problems” are not experienced unless someone interprets a situation as problematic.

Problem organizing (i.e., person seeks a therapist) because a problem has been identified.

Problem dissolving. Through dialogical conversation, client/therapist co-create new meanings regarding the problem.

Who is involved? -Anyone who is talking about the “problem” should be invited into the conversation.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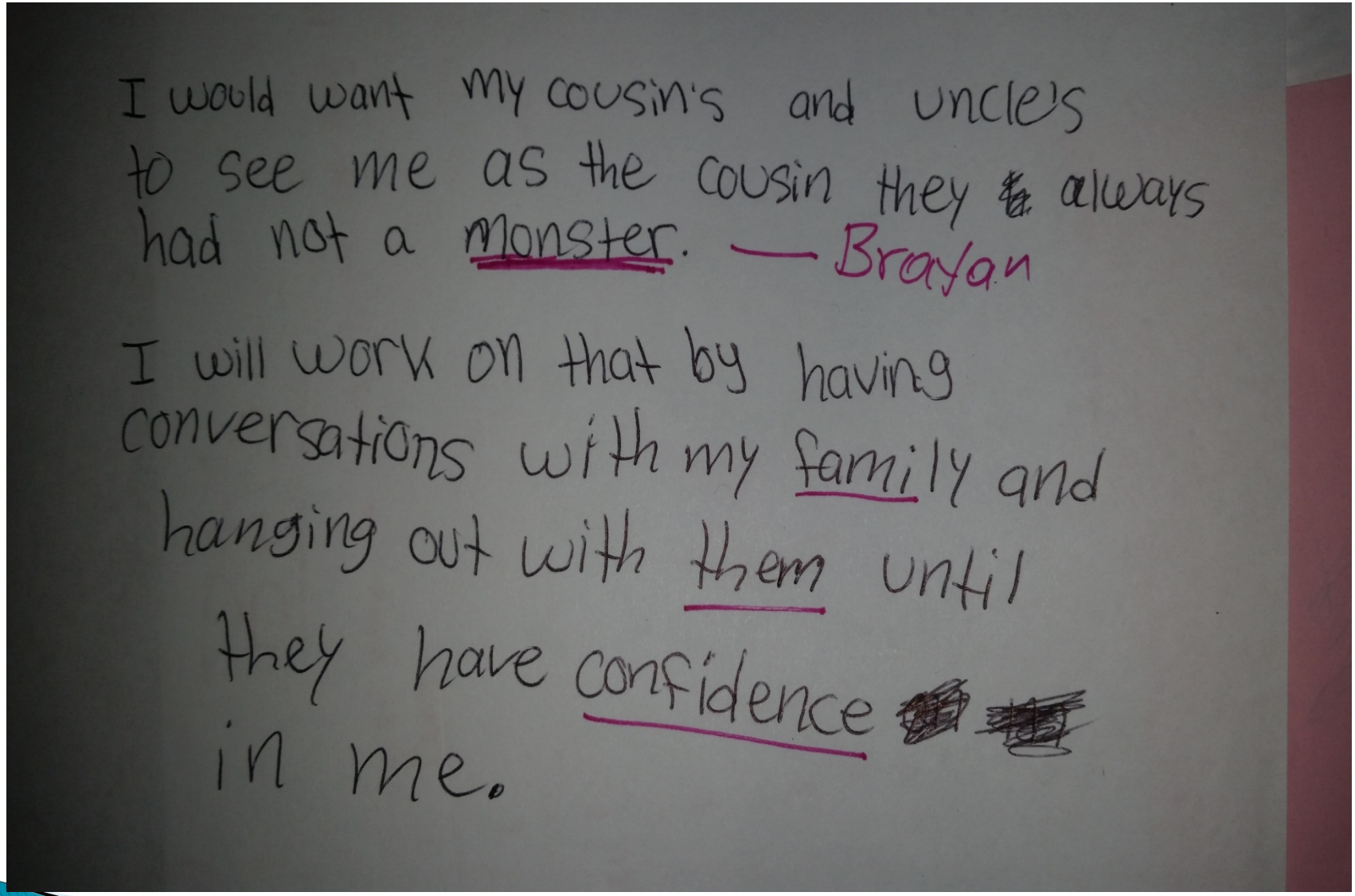
The bad thing is that she alway [redacted] threaten's me that if idon't take a bath at the time she want she is going to hit me and when she gets mad she says she is going to put me in a school only for boyz So I start say stuff about the school and that I am not going to go that school. She makes me less and she make her more than me.

Facilitating conversations

Conversations can be organized around seven areas:

1. Who is **talking** about the problem in or out of the session?
2. How does each **understand** the problem?
3. Client's **experience** of the problem.
4. **Effects** of the problem.
5. Client's **preferences** about the problem's effects,
6. Client's preferred ways of **responding** to the problem.
7. What does each **think** should be done about it?


I would want my cousin's and uncle's to see me as the cousin they always had not a monster. — Brayan
I will work on that by having conversations with my family and hanging out with them until they have confidence in me.

Monitoring Areas of Functioning

- Monitoring the young person's and caregiver's feedback on progress with the Outcome Rating Scale (ORS) and the alliance with Session Rating Scales (SRS) is a natural fit for clinicians who strive for a collaborative clinical practice.

- The ORS and SRS gives young people and caregivers a voice in treatment as it allows them to provide immediate feedback on what is working and what is not.

- The focus of the feedback is a continual update regarding how the client is feeling as well as knowing whether the clinician is developing and maintaining the empathic bond necessary for successful outcomes.

Introducing the ORS/CORS at the First Session

Outcome Rating Scale (ORS) is a brief clinical alternative to assess 3 dimensions Individual Well-being, Interpersonal relationship w/family and close relationship and Social satisfaction at work, school, friendship.
A score of 25, the clinical cutoff, differentiates those who are experiencing enough distress to be in a helping relationship from those who are not.

Feedback is available immediately for use at the time the service is delivered. (SRS) as a brief clinical alternative that measures the alliance to encourage Conversations With clients for new routines.

The ORS and SRS simply translates their areas and an overall rating into a Visual analog format of four 10-cm lines, with instructions to place a mark on each line with low estimates to the left and high to the right. The four 10-cm lines add to a total score of 40.

Changes are considered widely valid indicators of successful outcome for collaborative conversations.

Ethnic Group Differences in Use of Mental Health Services

Sanders Thompson et al., 2004).

- *Cultural mistrust.*
- *Institutional barriers.*
- *Cultural barriers.*
- *Language barriers.*
- *Economic and accessibility barriers.*

As a Therapist….

- How do I define a conversation?
- How do I describe the space I create for my clients?
- How different or similar is my philosophy of life compared with my client's ?
- As a therapist what is my concept of "a valid truth"?
- How would I know when I'm limiting or creating possibilities in my clients?
- What does it take to be a good therapist?

For Comments or Information on Training in using the ORS/CORS and SRS/CSRS

For comments or information about training on skills for improving client engagement in treatment services, and how to integrate real time outcome and alliance feedback using the ORS & SRS to improve clinical effectiveness with young people and families contact:

- 1. David C. Low, Family and Systemic Psychotherapist, Norfolk and Suffolk, NHS Foundation Trust, CAMHS, -- david.low@nsft.nhs.uk
- 2. Brigitte Squire, Consultant Clinical Psychologist, Cambridgeshire & Peterborough NHS Foundation Trust, CAMHS-- brigitte.squire@cambridgeshire.gov.uk
- 3. Scott D. Miller, Ph.D., Director of the International Center for Clinical Excellence --info@scottdmiller.com
- 4. Susan Levin, Executive director at HGI and PCOMS trainer. sue@talkhgi.org

References

Anderson, H. (1997). Conversation, language and possibilities: A postmodern approach to therapy. New York, NY: Basic Books.

Anderson, H., & Gehart, D. (Eds.). (2007). Collaborative therapy: Relationships and conversations that make a difference. New York, NY: Taylor & Francis Group.

Research on the ORS and SRS demonstrate impressive internal consistency and test-retest *reliability (Miller et al., 2003; Duncan et al., 2003; Bringhurst et al.,* 2006;Duncan et al., 2006; Campbell & Hemsley, 2009).

Shotter, J. (2004). On the edge of social constructionism: “Withness”-thinking versus “aboutness”-thinking. London: KCC Foundation.

www.easacommunity.org/shop/images/Miller_Duncan_Tool.pdf

www.heartandsoulofchange.com

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