THERAPY AT PROFESSIONAL COUNSELLING ASSOCIATES:

A FIELD PRACTICUM REPORT

A Field Practicum Report

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Abstract

This report reflects my experience during my Master of Social Work field practicum placement at Gryba Phillips Professional Counselling Associates in Saskatoon, Saskatchewan. This document provides an overview of the business and the specific types of therapies that are practiced at this agency. It also outlines the goals and objectives of the practicum and provides a review of the literature for the theories and therapies that I utilized during my practicum experience. The focus is on family systems theory, with some incorporation of Adlerian therapy, Gottman Method Couples Therapy, expressive arts therapy, and play therapy. Three case examples of clients that I had the opportunity to counsel independently, are also described. A reflection of my experience is included. This report will also speak to the importance of clinical supervision, boundaries and ethics.
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Road to the Practicum

Personal Experience that led me to Family Therapy

As a child I always wanted to be a psychologist but this was before I knew what social workers did. I have always been the helper in the family. I am the giver and the one that will drop everything and help anyone out. When I first went to university, I soon discovered a love for sociology instead of psychology, it just made so much more sense to me. After receiving my Bachelor of Arts with a sociology major, I was interested in becoming a police officer. However, I realized shift work and a potentially dangerous job was not a good choice for me as a single parent. I went back to university to get my Bachelor of Social Work (BSW) degree but my main interest was still in criminology and in working with justice and corrections. I worked as a Community Youth Worker with the Ministry of Justice after receiving my BSW degree and then worked as a Clinical Social Worker in the Regional Psychiatric Correctional Centre. This position was my passion, but it was a difficult place to work. I enjoyed seeing the minor changes made by some of the clients I closely worked with. In the meantime, I also started working casually as a Medical Social Worker in the health region. I wanted some permanency as I was employed as a term employee at the Regional Psychiatric Correctional Centre. I later decided I wanted a change in pace by working in the disability sector for the Ministry of Social Services. However, I was still missing something, and many of the positions I wanted required a Master of Social Work degree. Now, five years later. I have completed all of my courses and my practicum doing something I have always wanted to do, which is counselling.

I waited a year in order to do my practicum because I specifically wanted to work with my Professional Associate whom I have admired for years. After I interviewed her for a family
therapy qualitative research project, I knew we had compatible views and perspectives of practice.

During my Master of Social Work degree, I focused on learning more about family therapy, specifically looking at family therapy with blended families, or families that were separating. I believe this interest stems from my personal experience of growing up in a blended family and having a non-traditional family myself. In addition, I have witnessed friends and family members blending families after divorce. I have been a single parent since my son was born and have attempted to blend my own family. I have learned how difficult it can be when families attempt to blend due to two different parenting styles. I wanted to study more about the role of a family therapist in supporting families in this process.

**Why the Interest in Family Systems?**

My parents divorced when I was ten years old. The separation and changes that occurred thereafter had a large impact on my siblings and me in very different ways. My mother showed great strength and resilience after the divorce. She became a single working parent of four daughters. This was not easy, especially when three of them were young teenagers. Although my mom did not remarry until years later, she and her current husband were dating one year after my parent’s separation. Their relationship was not an easy transition for her new partner or for us as children. We would rebel if he tried to help my mom with parenting and enforcing rules.

At 19 years of age I unexpectedly became pregnant. I knew it was not going to be easy raising a child on my own, but I vowed that I would never choose a partner over my child. As my late father said it is much better to have two homes with happy parents than one home where everyone is miserable. Parents may not realize the impact divorce has on their children and need
to ensure they support their children to remain “disengaged from parental conflicts and distress” (Boyd Webb, 2011, p. 258). Children can get caught up in custody disputes and are “encouraged to take sides which then interferes with their own attempts to disengage” (Boyd Webb, 2011, p. 260). A therapist can assist families going through divorce, and blended families by helping them to navigate transitions and help them to support their children as they strive to understand their emotions during this difficult time.

I believe that family therapy is best practiced based on family systems theory. Family systems theory is not about the technique or intervention, but rather is a way of thinking (Nichols, 2014). Not all techniques work for every family, therefore practicing from a theory based on how the family is connected emotionally, such as family systems theory, makes logical sense. The family is the emotional unit and the therapist helps families to see the overall family dynamics by looking at the interactions and processes going on around them. The therapist can help family members explore their level of togetherness, and any individuality among family members. (Gilbert, 2004; Nichols, 2014; Papero, 2015). Often children and youth are brought in for counselling when families identify the child as the identified client believing that they are the troubled one. However, after a session or two it can become very evident that the child is not the problem but, there are other systems at play that are causing problems for the child. Therefore, it is necessary to work with the family as a whole to address the concerns in an effort to help the child (Gilbert, 2004; McGoldrick, 2016; Papero, 2015). Although it may be challenging to convince the whole family to attend therapy, work can still be done with the individual and by providing tips to the parents. My personal experiences and educational interests in working with blended families, led me to my practicum experience.
Agency Overview

Gryba Phillips Professional Counselling Associates is a private practice located in Saskatchewan. My reason for choosing to do my field practicum at this agency was so that I could work specifically with my Professional Associate because of her extensive background experience in family therapy. She is a certified Marriage and Family Therapist and primarily uses family systems theory in all of her work. She is also very experienced in play therapy and somatic experiencing (SE).

Gryba Phillips Professional Counselling Associates provide services for individuals, couples and families. They address areas such as effective parenting, child therapy/play therapy, anxiety, depression, eating disorders, step-parenting and blended families, hoarding, grief, workplace and personal stress, addiction counselling, and anger management. There are seven counsellors that work at this agency.

This agency provides Employee and Family Assistance Program (EFAP) services to a variety of municipal, provincial and private businesses. Individuals can also self-refer and pay up front for services. They have a designated play therapy room that is filled with a variety of toys and games for all ages. Several of the counsellors extend their hours into evenings and weekends to accommodate client schedules.

For new clients the intake process is the first step, which involves a client calling the main line where they provide a brief description of the problem they are experiencing. During this call, the presenting problem is briefly discussed as well as whether the client has an EFAP. After the intake form has been completed, my Professional Associate and her business partner determine who would be assigned to the referral, unless the client has requested a specific
counsellor. Some counsellors have a wait list and the client has a choice to stay on the wait list to see that particular counsellor, or to see someone else. The counsellors are responsible for keeping track of all billings. During the practicum, I had the opportunity to complete intake calls, which included discussing clients’ pressing issues and finding out the specific reason why they were seeking counselling.

Working in a private practice office was quite different compared to my previous work experiences in government agencies. I noticed scheduling is much more flexible because counsellors create their own schedules and weeks can vary greatly depending on how many clients the counsellor is seeing. This flexibility in private practice allows counsellors to maintain a manageable caseload and flex their time. At the beginning of my practicum I had opportunities to sit in on sessions with my Professional Associate and her business partner who is another counsellor. Clients provided informed consent for me to sit in their sessions and observe and participate. In the first couple of weeks my Professional Associate and I co-counselling some of the clients together, or if there were children involved, I would take the child to the play therapy room while she met with the parents, giving them the opportunity for frank discussion without the child hearing. This also gave me an opportunity to build rapport with the child while the child played.

I began to develop my own caseload of clients after two weeks of being in my practicum. It is a slow process to build up a caseload as some clients were not willing to see a student and others were required to see specific EFAP approved counsellors. Sometimes the client was required to see a psychologist specifically because of the specifications in their EFAP benefits package. I was hoping to gain a lot of experience in family therapy however during my
practicum there were few referrals for family therapy. Although I still practiced from a family systems perspective, most of the clients I saw were individuals or couples. Occasionally during individual counselling, we discussed family issues, and I did encourage clients to bring family members in to have a safe space to discuss their concerns regarding their relationships with their family. Because I was a student, I was also able to provide free services to those clients that could not afford the fee, which reduced barriers for clients and provided me opportunities to see clients on a more regular basis.
Practicum Objectives

My first practicum objective was to develop clinical skills in working with families and couples using family systems theory, Adlerian therapy and expressive therapies. During my practicum I did not get the opportunity to work with an entire family, but I did work with couples, children, and adult children. I was also able to work with adult children and their parents, which allowed me to use a systemic approach. One of the main advantages of family systems theory is that all members of the family do not have to be in therapy in order for therapy to be successful (Gilbert, 2004; Papero, 2015). This was helpful as I was able to use family systems theory with individuals.

I had the opportunity to shadow my Professional Associate and her business partner in several sessions and also did co-counselling with both of them. After I was provided with the opportunity to work independently, I was a little hesitant but quickly realized that I had the skills and understood the theory behind counselling that would help me succeed.

My second objective was to have an opportunity to learn more about counselling in separation and divorce. In my counselling sessions, some of the individuals were going through the process of separation and wanted to have a co-parenting agreement in place. Other clients were working through some issues that came about after the child custody agreements were in place and wanted to know how to adhere to custody orders with the least damage to the co-parenting relationship.

My third objective was to learn about various concerns that arise in private counselling and to become familiar with treatment methods used at Gryba Phillips Professional Counselling Associates. Some of the presenting problems that were prevalent in this agency included:
anxiety, addictions, marital difficulties, self-harm, violence, financial issues, post-traumatic stress, workplace stressors, illness, grief, and family estrangement. This practicum gave me the opportunity to learn about these common concerns and to learn about effective treatment methods and approaches.

My final and main objective was to gain knowledge about various social work and counselling practices with a focus on family systems theory, Adlerian therapy, and to learn how to use these theoretical perspectives in practice. Whenever I had time between sessions, I did extensive research and reading on family systems theory and other counselling approaches such as Adlerian therapy, solution focused therapy, Gottman Method Couples Therapy, expressive arts therapy, and play therapy. Several of the counsellors were open to lending me their vast collection of resources and books. The research and reading I completed helped me to meet the objectives of my practicum.
Supervision and Reflection

Clinical Supervision

One of my main objectives was to have close supervision from my Professional Associate so that I could develop my knowledge and skills in family systems theory, Adlerian therapy, and also in creative arts approaches that were used at this agency. Supervision with my Professional Associate initially occurred every two weeks and then as I gained more confidence and as my Professional Associate became more confident in my skills, my supervision times were expanded to every three to four weeks. I also had the opportunity to have supervision time with my Professional Associate’s business partner, which provided a different perspective as she practices from a different framework. She often used cognitive behavioral therapy and tended to utilize psychologically based assessments, which helped to determine specific issues or behavioural concerns that impacted children. This was a good opportunity for me to compare the different perspectives and techniques in practice. Supervision provided an opportunity to review each case with my Professional Associate, ensuring I was on the right track in my counselling sessions and to obtain feedback on my skills. This was crucial in the beginning of my practicum as it was very important to me to have reassurance that I was headed in the right direction in the services I provided. My Professional Associate’s demeanor with clients was excellent; she was very open, real, and natural. I hoped that I could emulate the same qualities and attempted this in practice.

Clinical supervision allowed for opportunities to learn from my Professional Associate’s experience. She would give me suggestions to try visual techniques or ask specific questions to help the process. My Professional Associate provided me with visual tools, such as genograms,
timelines, and quadrants to see the imbalance in parent and child relationships. Writing out relationship dynamics and having a visual picture was often easier for the client to understand and it was useful to refer to in future sessions.

My Professional Associate provided me with other helpful visuals such as an eco-map, which looks at the systems that are connected to the individual. It illustrates all the different systems that are impacting an individual’s life. Another method she suggested was family sculpting. This does not necessarily have to be done in the room with the whole family but can be done by asking a series of questions. As she explained it, the counsellor places that person in the room, through visual imagery or using characters in a sand tray and then have the clients that are present in the room speak to them as though they are there. This technique provided a visual perspective as to where the client places himself or herself in the family unit and the relationship dynamics between the client and a parent or a sibling.

**Reflections**

During my practicum placement I did have some time for reflection and researching specific topics that came up in counselling sessions. I would try to journal on a weekly basis however, near the end of my practicum, after I had developed a larger caseload, I did not have as much time for reflection. Through journaling, I learned a lot about myself - specifically about my values and ideals. I had to be aware of what my values and beliefs were to ensure I was supporting others to find their values and goals and not pushing my values upon them.

I also had opportunities to take training during my practicum. I was able to take an Advanced Trauma Informed Expressive Arts Therapy course. I also completed my Level 1 and Level 2 in Gottman’s Method Couples Therapy course while I was in my practicum. These
courses helped me to become more knowledgeable about therapies and incorporate them into my practice.

I found it was difficult to jump in and participate in co-therapy counselling sessions when a client was not facing me and was only speaking to my Professional Associate. It was important to be respectful in co-counselling situations because the therapist had an existing relationship with the client. Once I started to develop rapport with the client it became easier to contribute.

In co-therapy sessions some of the client concerns included: contemplating separation, supporting a couple through unplanned pregnancy, emotional abuse, stress of alcoholism on family, loss of power in relationships, custody and co-parenting. Other issues in the co-counselling sessions were: anxiety, obsessive compulsive disorder (OCD) behaviors, post-traumatic stress disorder (PTSD) symptoms, overloading personal schedules to avoid focusing on emotions, sexual abuse of a child, parental guilt, workplace conflict, grief related to failed adoption, and grief for loss of pet.

I learned there are many different reasons why people came to see a therapist and it is important to have good general knowledge of the major concerns. After sessions were over or in-between sessions, I would make a summary of all the clients I was seeing to determine what some of the different issues were and how much I needed to know when working with a variety of clientele. However, I also felt ill prepared for some problems and needed to obtain support and direction for the next session. As time went on, I discovered that I needed to have clear boundaries in place so that I did not go over time because it impacted the time I had for the next person waiting for me.
During reflection, I would ask myself what areas I needed more information on. I would make notes to find out what type of visuals or diagrams I could use for specific situations, or what I needed to research so that I would have handouts accessible during sessions if needed. When I was working with clients in destructive relationships, I researched the cycle of emotional abuse and reflected on how I could help the client become aware of destructive patterns. Reflecting back, I wish I had been more open in asking other therapists to sit in on my sessions. However, it was often difficult to ask other therapists to sit in because there was not much time for interaction with therapists in between sessions because our schedules were different.

Luckily with my background in social work and experience in several different fields, such as disability, health, justice, and mental health, I was aware of different resources in our community to make referrals. Some clients were struggling with financial problems and I suggested contacting Social Assistance Program and Saskatchewan Assurance Income for Disability and advocating for themselves. I also recommended mental health and addictions services with the Saskatoon Health Region, as several of the clients I was seeing could not afford to pay for therapy. I suggested suicide support groups and grief groups where clients could attend at no cost. I also suggested community social work in the Saskatoon Health Region for a few clients. I suggested accessing victim services and support groups for women experiencing domestic violence at the Saskatoon Sexual Assault Centre for ongoing counselling. I also made referrals to Community Living Service Delivery and Alvin Buckwold Centre for children with disabilities, in order to access services for their children.

I learned that one of the difficulties in private practice is when there are ‘no shows’ or cancellations. When a counsellor is paid for their time to provide direct counselling services, it
can be frustrating when clients do not show up. In private practice there were times where the schedule varied from being overwhelming, when there was not enough time to finish writing summaries of the sessions, to times when I had free time to read and research different types of homework that may be useful for future sessions with clients.

It was important that I understood how much homework to give each of my clients to do between sessions. Some clients could do very little between sessions while others could handle more. I could see how this could be frustrating for a clinician when you are working with the client towards a goal and trying to get your client to try different coping strategies, yet they continue to come back to see you without having tried any of the strategies or homework you have provided to them. This was another learning experience that came from my practicum.

I found it was best for me to allow myself thirty minutes between sessions to avoid rushing to meet the next client. Another learning experience was realizing that it was more difficult when working in the evening when the receptionist was no longer there. Without the receptionist, it was also my responsibility to collect payments and set up future appointments. Closing the conversation with the client and ending the session can sometimes be a challenge if the client was especially talkative. Having the extra time allowed me to complete my summary of the session and have a chance to review the file of the next client I was seeing in order to feel better prepared.

While doing my practicum I read Siegel’s book *The Mindful Therapist* (2010). The focus of this book is for therapists to become “more effective in how we can help others transform their lives toward resilience, meaning and health” (Siegel, 2010, p. xv). It is important to remember that humans have limits and therapists have limitations. I learned that it was really
important to recognize that not all people can change or want to change. By knowing this it helped me to not take on this responsibility for clients I met in practice. I found that some people who may have greatly benefited from future counselling sessions either did not attend their next appointment, or they decided that they could not focus on themselves because other responsibilities impeded their ability to attend. Sometimes therapy is hard work and sometimes if therapy ends it is not necessary a reflection of the therapist, but of other things going on in a client’s life.

As a therapist I liked to end counselling by focusing on the improvements clients made, making comments on the strengths the client showed and reviewing the goals we worked on. The conclusion of a session was a summary of their successes and a reminder of what they needed to pay attention to in order to recognize if they were using their coping strategies. In some situations, I did not get the opportunity to provide a summary session. This occurred because the client did not return for their last appointment.

I had more success with clients attending follow up appointments when I booked the next appointment at that session rather than when clients would say they would call in to set up an appointment. I accepted that dropouts and cancellations could be a common occurrence in private practice, and although inconvenient, there was not much that I could do about it. At this agency, clients were called a day prior to remind them about their appointment by the administrator, which was beneficial, especially if it had been awhile since our last appointment. My practicum allowed me to experience some of the aspects of providing counselling services to clients and the common difficulties with scheduling and time management in private practice.
**Limitations in Private Practice**

The biggest limitation to private practice is that it is not affordable for all people, and some clients could not afford the fee. Fortunately, the fee charged for my services was only $75.00 per hour because I was a student. However, if money was a barrier, I was able to provide counselling for a reduced rate or even for free. The agency provided a sliding scale for fees for individuals that could not afford the full amount of the regular fee. As already stated, in private practice some people received counselling services through their EFAP, but only specific approved counsellors could provide these services. Sometimes the EFAP’s required five years of experience counselling post master’s degree. As previously noted, some benefit plans only approved a registered psychologist for counselling and not a registered social worker, so this also limited my opportunities. Another constraint in private practice was the lack of office space. I found that some counsellors were sharing offices because they had variable hours. There were limitations as to which space I could use. Another difficulty in private practice is that because the counsellors at this agency are self-employed, they only got paid if the fee is paid. If the client did not show up for a scheduled appointment, most benefit providers will not pay for the session even though it was booked and not cancelled ahead of time. The counsellors at this agency were self-employed contractors and worked under a contract for the business. The limitation with this aspect is that as a contractor you do not make the decisions on when appointments are booked, types of payment the business will accept, and which intake referrals you receive. For example, I personally would prefer the ease of booking appointments online. I found that this office did a lot of things without utilizing technology. All appointments for all counsellors were in one appointment book; if appointments were cancelled in advance the receptionist would send you a
message or call you to let you know the appointment had been cancelled. Whereas if an online
system was utilized the schedule would automatically be updated and the counsellor would be
notified of changes made. Having an online system would be convenient and efficient as it could
also tally your appointments to help with month end billing.
Review of Theoretical Methods

Family Systems Theory

Psychiatrist, Murray Bowen developed family systems theory in 1978. Family systems theory views problems within a family as interconnected (Kim-Appell & Appell, 2015; Papero, 2015). Bowen’s family systems theory is a theory that focuses on the family as the emotional unit and uses systems to describe interactions within the family unit (Nichols, 2014). Bowen’s theory attempts to reduce anxiety by helping clients to understand family processes and patterns of interaction in the present family as well as across generations (Burnett & Reider, 2014).

A fundamental principle in family systems theory is that a change in any one part of the family will cause changes throughout the entire system, because the functioning of family members are interdependent (Franklin, Jordan, & Hopson, 2015; Kim-Appell & Appell, 2015; McGoldrick, 2015). When we think about family systems, the focus is on the whole relationship of the family system and how emotions circulate through it and create different patterns of interaction (Gilbert, 2004) as well as repeating patterns from their family of origin. Sometimes individuals create negative patterns in their lives when they may not understand how to deal with an issue or how to be assertive in their lives.

Nichols (2014) describes the goal of the Bowen’s model as differentiation of self, where the individual can think and reflect without responding to emotional pressures of family life. Nichols (2014) outlines interpersonal boundaries as a valuable concept when balancing individuality vs. togetherness with the focus being on being independent. It is important to be independent or autonomous, to remain separate from the family’s emotional turmoil. Nichols (2014) notes some of the basic concepts of family systems include fusion in families where lack
of differentiation can produce reactive children who may be overly involved with their parents or emotionally cut themselves off from their family.

Systems theory fundamentally focuses on the process of problem solving rather than the problem itself (Higginbotham et al., 2012). Family systems therapy attempts to assist each person to think for themselves rather than be influenced by others to gain same control of his or her reactivity. Nichols (2014) noted that fusion is the result of anxious attachment, and individuals need to remain differentiated to prevent drowning in other family members’ emotions. Often, when people begin to think clearly about a situation their anxiety decreases. In several situations, I was able to use family systems therapy with just one or two members of the family member who was present, by exploring the different conflictual patterns in the family, and finding the place of the family member among those emotional systems. Therapists can coach clients to become the change agent within the family (Taibbi, 2015) and therapists can model non-reactivity by relating calmly and neutrally (Papero, 2015). Family theories are based on systems concepts, family systems, human ecology, and family development. The family is an organic system striving to maintain balance as it confronts external pressures (Horne, 2000).

Emotional distance, marital conflict, transmission of the problem to a child, dysfunction in a spouse, family projection process, and sibling position are all concepts that can impact families (Papero, 2015; Walsh, 2012).

Family systems theory has eight foundational concepts, which are related to one another (Burnett & Reiter, 2014). A review of each of the foundational concepts starting with the nuclear family emotional system is necessary to fully understand family systems theory.
1. Nuclear family emotional system

In Bowen’s family systems theory, the nuclear family, rather than the individual is the emotional unit (Gilbert, 2004). Anything affecting one person in the family system will have an effect on others. Family members take on the other family members’ emotions, trading their individuality for a family “fusion of selves” (Gilbert, 2004, p. 6). During my experience at my practicum placement it was quite evident that as a parent’s anxiety and temperament heightened so did the level of the child’s anxiety resulting in an increase in the child’s activity level or the child would be less willing to leave their parent and go to the play therapy room alone. This was especially apparent if the parent was presenting in crisis when they would have high anxiety. Gilbert (2004) notes that individuals lose their sense of autonomy and anxiety flows more quickly between people when boundaries are diffused. Often family members can interrupt this pattern of fusion if they choose to stay connected but from a calmer position. Staying calm when others are anxious will in turn tend to calm the other family members. In family systems theory the focus is on the whole relationship system and how emotions circulate through the family.

Different processes or interactional patterns that arise automatically in the family can be the focus of therapy. Four typical patterns that anxiety has in family relationships are triangulation, conflict, distance, and over functioning/under functioning reciprocity (Gilbert, 2004). The therapist can have a calming role with their presence and by instilling guidelines for the family to respect boundaries, insisting they work on themselves only (Gilbert, 2004). If the family’s emotional system is too emotionally fused, other relationships may become unstable. If fusion exists there is a “tendency to seek resolution through fighting, distancing, under functioning of one’s partner and acting out of a child” (Kim-Appell & Appel, 2015, p. 196).
Systems theory can also be applied to organizations where the employees become an emotional system because they spend a significant amount of time together.

2. The differentiation of self

Gilbert (2004) describes the differentiation of self as a hypothetical scale. At the lower end of the scale, people are more emotionally fused in relationships where at the “higher end of the scale, people give up less of themselves into relationships” (p. 27) resulting in less relationship fusion. People on this end of the scale have more ability to separate thinking from emotions. At the lowest levels of the scale there is more anxiety within people leading to poorer decisions and more relationship trouble (Gilbert, 2004). The differentiated part of self is considered the basic self “the best that is in us, [that] stays objective [by] basing decisions and judgments on fact” (Gilbert, 2004, p. 36). Pseudo-self is the part of self that participates in the relationship exchange that can be thoughtless, and reactive, allowing the anxiety in from the system (Gilbert, 2004).

It is important that the individual can self-regulate while they are in the process of differentiation, thereby remaining one’s own person under intense influences of family life and family members’ emotional systems (Kim-Appell & Appell, 2015). Bowen’s theory of family systems states the most effective place to change relationships or a personality difficulty is in the family system where they first developed, which means going back to one’s family of origin to work on self (Gilbert, 2004). The most important goal in Bowen’s family systems is an improved differentiation of self. By being differentiated it reduces the basic vulnerability and anxiety of the individual and the family unit. Better-differentiated people can tolerate greater levels of anxiety within the family without losing the ability to think their way through situations. They
understand that their thoughts and emotions are uniquely theirs and preserve the ability to choose between reaction and conforming (Doherty & Harris, 2017; Papero, 2015; Walsh, 2012).

Differentiation of self is the degree to which an individual manages to separate and retain some choice between their behaviours governed by thinking and those governed by emotional reactivity. Too much togetherness can create problems both for the individuals and for the group (Papero, 2015). The concept of scale of differentiation of self describes individual variation, specifically in the areas of self-regulation and self-determination within the family system and other important relationship systems of an individual’s life (McGoldrick, 2015). A well-differentiated person can participate fully in relationships but does not depend completely on these relationships to maintain emotional stability. In this sense, an individual is capable of self-regulation even when important relationships are disturbed or unavailable (McGoldrick, 2015).

Family systems practice with individuals looks at other relationships that have impacted the individual and the counsellor encourages the client to address these members of their family either in a session or explains how it could be done outside of counselling.

3. Triangles

Triangles are established when a two-person relationship exists that is essentially unstable and one of the two brings in a significant third person to diffuse the tension (Papero, 2015; Walsh, 2012). This often occurs when there is conflict between the two people. The child-focused triangle happens when a parent is upset with the other parent and a child is drawn into the conflict, resulting in the child taking on anxiety (Gilbert, 2004). If the child is continually drawn into parental disagreement, it could become a pattern and create symptoms such as anxiety in the child. Gilbert (2004) coins triangles as “the building blocks upon which all of
society itself is built” (p. 42). Triangulation occurs when a relationship becomes tense and anxious, “as discomfort rises, one person makes a move to involve a significant third person and in effect is telling a story about the other partner” (Papero, 2015, p. 458). In therapy it is important to get to a calmer outside position where you essentially become the observer and can think more objectively. This can be an effective role for the therapist by staying emotionally neutral and coaching the partner to try to remain calm in order to control their emotional responsiveness (Gilbert, 2004).

4. Cutoff

A cutoff is a process of separation, isolation, or withdrawal from the parental family (Gilbert, 2004). This is an extreme response where the individual seeks distance from their parents or other family members, to resolve the tensions and conflict that resulted from fusion or it can occur when an individual is unable to differentiate from one’s parents (Nichols, 2014; Gilbert, 2004). In cutoff relationships there is no interaction between the person and the family member or family because of fusion and tension. “When a relationship becomes emotionally intense, at some point, people will often cut off internally or geographically” (Gilbert, 2004, p. 50). This may mean moving far away or being very distant.

Gilbert (2004) also concludes that a person who has a cutoff relationship with their parents is vulnerable to getting into an emotionally intense marriage that may end in divorce, and then cutting all ties with their former partner. If people cut ties from their parents because it is emotionally tense, they may repeat the pattern in their marriage and other relationships because they have not learned to deal with these emotions.
5. Family projection process

It can become difficult for a child to hold their own opinions and values when parents project worry or anxiety onto the child. When a child receives exclusive focus of a family’s emotional process, other siblings are freer and less fused into the family self-amalgamation (Gilbert, 2004). The amount of emotional projection a child receives can vary even when some parents worry more about some children than others. A child who is the recipient of the emotional projection will have difficulty differentiating themselves from their parents. When coaching families dealing with emotional projection it is important that parents are more involved in resolving their own pursuits instead of projecting anxiety which results in a decrease in the child’s symptoms (Gilbert, 2004). The child may try to draw the focus back onto them, so it is important to caution parents to stay on the path of differentiation.

6. Multigenerational transmission process

In family systems therapy, genograms are used to create a map of the family looking at three generations of the family. In creating a genogram, the client and therapist look for facts, themes, and patterns in the following areas: health, marriage, death, reproductive history, incomes, professions, and education (Gilbert, 2004). Appendix A illustrates a sample of a genogram. By using genograms, clinicians can map family relationships, boundaries, and indicate which subsystems are fused and thus likely to be closed to new input (McGoldrick, 2015). Genograms can be a helpful visual representation of the generations and a history in the individual’s extended families. Hills (2013) described the genogram as a tool to help “the family and the therapists get an accurate description of the whole situation through their individual interactional repertoires, beliefs and feelings” (p. 12). Patterns describing distance or alignment
in relationships between two family members can be depicted in genograms (McGoldrick, 2015). The more inclusive alliances are, the more likely the family’s interactional processes will enhance the wellbeing of one another (Hills, 2013; McGoldrick, 2015; Walsh, 2012).

7. Sibling position

Bowen stressed sibling order, believing that each child had a place in the hierarchy of the family and was more likely to fit some projections due to sibling order. Bowen has also referred to this as a functional position (Titelman, 1998). “People show certain characteristics depending on where they landed in their families’ constellations” (Gilbert, 2004, p. 73). Siblings might be drawn into relationships with a partner that mirrors their sibling’s position. For example, an oldest sister of a younger brother may be a better match with a man that was a younger brother to his oldest sister. Or if an oldest sibling marries another oldest sibling, they may battle over who is in charge because they are both used to that role in their sibling groups. Titelman (1998) states people are born into these positions “based on a number of variables: gender, birth order, family patterns and nodal events occurring in the multigenerational family” (p. 11).

8. Societal emotional process

Societal emotional processes are social expectations about sexism, race, class groups and the effects these expectations have on the family (Gilbert, 2004). Societal emotional process was a newer concept added due to anxiety in society and networks outside of the family. Societal anxiety and social media make it more difficult to sustain relationships. Social media and technology allow easier access to communicate without being in person, which can cause an influx in social anxiety due to lack of personal connection. Bowen explores anxiety going further than just triangulating in a family “societal regression creates more anxiety leading to more
problems in society” (Gilbert, 2004, p. 86). Permissiveness in childrearing, the pleasure principle, and blaming of parents are three examples of societal regression (Titelman, 1998). Children are in control of family rather than the parents due to the parents’ fear of damaging children mentally. Gilbert (2004) argues that if one’s main goal in life is to avoid pain by focusing on pleasurable things only, that person may struggle with commitment, and integrity.

**Family systems therapy**

“One of the greatest challenges a family therapist must make is to think systematically while observing, assessing, conceptualizing and intervening within a family system” (Capuzzi et al., 2015, p. 4). Several techniques that are used when practicing family systems therapy include: the use of the genogram to show repetitive patterns, calm questioning by focusing on one’s role in family’s problems and minimizing triangles within system (Kim-Appell & Appell, 2015; Nichols, 2014). Goals often include helping family members develop one to one relationships with each other. Other techniques include teaching about the functioning of emotional systems and promoting differentiation by encouraging self-focus and helping clients to understand their role in the process. This can be done using process questions such as: How do you react when your husband ignores you? (Kim-Appell & Appell, 2015; Nichols, 2014). Systems theory supports the client to ask themselves questions of how their interactions impact the relationships with family members.

Hills (2013) promotes the idea of using a family script as another possible technique. He defines a family script as the entirety of their shared living experience with one another based on memories, beliefs, emotional reactions, behaviours, relationship configuration, role models and history. Each person within a family system takes on a role that reflects expectations and norms
regarding appropriate ways family members are expected to relate to each other (Smith-Leavell & Tamis-Lemonda, 2013). The methodology of family systems therapy is relatively simple and is determined by theoretical considerations. Minuchin (1974) refers to “conceptual schema of family function based on viewing family as a system, operating within specific social contexts” (p. 51). Although Minuchin was more focused on structural family therapy both family systems theory and structural family therapies are systemic approaches, as such there are similarities and the methods overlap.

**Blended families**

When working with step-families, family systems theory has become the hallmark for scholars interested in understanding interplay of step-family relationships because it is important to understand the subsystems in the family (Taylor et al., 2013). Therapy must start with the couple first, as stepfamilies can be very fragile. It is important to have a couple develop consistent parenting expectations and discipline before bringing the children into the session so that clear parental boundaries can be defined. (Walsh, 2012). Interconnections exist among subsystems within the family, and influence family boundaries. Changes in family routines and relationships can occur following stressful events. These changes in relationships are often seen when families are going through divorce, therefore it is important to consider co-parenting arrangements to reduce the likelihood of the children triangulating the parents (Demo & Buehler, 2013). Children are less likely to be able to triangulate parents if the parents already have positive communication and enforce those boundaries.

The stages of family life consisting of a couple getting married, becoming parents, and staying together is not the norm. Blended families need to adjust boundaries in order to reduce
conflict during the transition of the family structures. Nichols (2014) explains it can be hard for
“a mother and children to allow a step father to participate in the parental subsystem. The result
may lead to child abuse or chronic arguing between the parents” (p. 116-117). Blended families
counselling can help the family to adapt to the structural changes of the family and develop
strong relationships prior to combining two family systems. Each spouse may have certain
expectations, financial difficulties, discipline issues with step-children, and unresolved feelings
from their first marriage after putting their child through the divorce (Faber, 2004). This could
result in more stress on the relationship and the blended family. Seeing a counsellor could help
the family sort out some of the difficulties of aligning parenting views.

Research supports the importance of having clear and established boundaries for
remarried couples in blended families (Dupuis, 2010; Faber, 2004). Having clearly defined
boundaries allows the parents to focus on strengthening their relationship as a couple. They also
need to form a shared union or a strong parental subsystem to ensure family solidarity of new
stepfamilies (Dupuis, 2010; Jensen, Schafer & Larson, 2014). The amount of conflict within a
family unit and degree of cooperation between divorcing parents greatly influences families
processing of grief. “Counselling can support psychological adjustment for parents, so they can
cooparent effectively” (Dufey, 2015, p. 459). It is important for blended families to create new
family traditions and rules that were developed by combining two separate family identities.
Dupuis (2010) states “Stepparents are often unsure as to whether to take on traditional gender
roles, disciplinary responsibilities, and authority. These role confusions often undermine the
ability of the parental subsystem to operate as a team” (p. 247). The other concern that can affect
the couple’s relationship is how the former spouse is involved in the parenting relationship.
The systemic challenges to stepfamilies are multifaceted and include the idea of outsiders and insiders in the family system, boundary disputes, power issues, conflicting loyalties, rigid triangles, and unity versus fragmentation for the new couple relationship (Jensen, Schafer & Larson, 2014). Overall a family systems approach helps researchers and clinicians understand how the family’s socioeconomic status, step-family composition, interactional processes and personal characteristics influence step family functioning (Jensen, et al., 2014). Members of a family are pieces of a larger whole that mutually influence one another’s functioning. Any one sub-system within a family can be influenced by interactions with other subsystems (Smith-Leavell & Tamis-LeMonda, 2013). Family systems theory is a logical model to use with blended families.

**Strengths of family systems theory**

As previously stated, one of the main strengths of family systems theory is that therapy can be done without the whole family being present in the room (Gladding, 2015; Nichols, 2014; Titelman, 2008). This process helps the individual change their emotional reactions and remain themselves while facing external influences from their family (Nichols, 2014). Bowen’s Family systems theory is more about a way of thinking and understanding how we may function as individuals and how that impacts our relationships within our families (Nichols, 2014). This approach focuses on the “multigenerational family emotional system through themes, patterns functioning positions and symptom eruption as they have emerged from the past but are encountered in the present” (Titelman, 1998, p. 35). Bowen’s approach supports individuals to seek contact with their extended family during times of calm.
Family systems theory encourages individual family members “to react more neutrally in face of emotional charged force of togetherness” (Titelman, 1998, p. 35). Family systems theory brings attention to family history noticing and dealing with past patterns by using a genogram is a specific tool where you can plot historical linkages (Gladding, 2015). Genograms have been a very successful and widely used tool by many therapists. Family systems theory is a well-established method where “theory is a blueprint for the therapy, the therapy is consistent with and inseparable from the theory…systemic in nature, controlled in focus, and cognitive in practice” (Gladding, 2015, p. 140).

**Limitations of family systems theory**

Some family therapists prefer to use clinical techniques and be problem solvers, but family systems theory is not focused on solving problems for the family (Nichols, 2014). Instead, the theory itself guides the therapist’s practice. Family systems theory can be complicated regarding the linkage of theory and therapy; it is not easy to comprehend. “Ideas behind [the] approach are intriguing but are not always verified” (Gladding, 2015, p. 140). There is limited evidence supporting family systems theory as a means of therapy. A criticism of Bowen’s family systems theory is the steadfast neutrality of its therapists. Some mental health experts believe that by remaining neutral, unaffected, or silent at all costs, therapists may be giving inferred consent to any hurtful behaviors individuals in therapy may be subjecting on family members (Brown, 1999). Another criticism of Bowen’s family systems theory is that the client only learns about their family's emotional processes, rather than experiencing the emotions, which is a key motivator for the client (Brown, 1999). To explain this further, the emotions of the family as a unit are processed and the client is encouraged to separate themselves from these emotions and
react with calmness rather than being swallowed by the family’s emotional state. The time, financial commitment and patience that can be required in with family systems theory can be a limitation for a client (Gladding, 2015). For the Bowenian therapist, symptom reduction within the family is seen as just the beginning stage, as families progress towards working on detriangulating and differentiation of self (Brown, 1999). There are limitations and challenges when considering finances and timeliness.

Due to some of these concerns, therapists may choose to incorporate other techniques into their practice to make their practice more client-centred. I have explored other therapies that fit well within a family systems theory perspective.

**Adlerian Therapy**

Adlerian therapy was developed by psychiatrist, Alfred Adler (1870 – 1937). Adlerian Therapy focuses on a person’s social context by exploring birth order, lifestyle, and parental education. Carlson, Watts, and Maniaci (2006) describe how Adlerian therapy can be integrated in a family systems approach because of the similarity in family systems theory and Adlerian therapy. In family systems theory the focus is to look at the family as a system, and at the influence of systems around the family and on family members. Adlerian therapy is similar to family systems theory because considers birth order and parental education as similar to sibling position and family projection process in family systems. Adlerian therapy can be used with couples, families, individuals, and children in Adlerian Play therapy.

Adlerian therapy has four phases: relationship, assessment, insight, and finally reorientation. The first phase of relationship is about engagement where the therapist establishes a therapeutic relationship while collaborating with the client to tackle their problems (Watts,
The second phase of assessment is where background information is gathered including early memories, family dynamics, and how the individual developed certain styles of thinking. In this phase, the counsellor addresses what outcome the individual would like from therapy (Dagley, 2000; Watts, 2013). The third phase, insight, includes the therapist interpreting the client’s situation and making suggestions of how past experiences may have contributed to the issues the client is currently experiencing using educated guesses, speaking about the language of change, and may also incorporate family meetings (Dagley, 2000, p. 408). In the final phase, reorientation, the therapist assists the client to develop new strategies that the client can use in their daily life (Watts, 2013).

Adlerian therapy further dissects the family by focusing on some of the typical roles that children come into, due to their sibling order in the family. Adlerian family therapy looks at sibling relationships and the psychological birth order of children in a family. Carlson et al. (2006) describe five birth order positions consisting of the oldest, second of only two, middle, youngest, and only child. This approach focuses more on the interaction of their place in the family which is seen as being more important than the actual birth order itself (Carlson et al., 2006; Watts, 2013). The interactions with family members may assist in creating one’s personality as “each child is born into a position within the family that creates the subjective place from where the child will see and interpret the world and life” (Carlson et al., 2006, p.11). Carlson et al. (2006) describes some of the characteristics associated with birth order. An only child may become a perfectionist and may be used to getting their own way because they have never had siblings to share with (Carlson et al., 2006). The oldest born are used to being the first one doing things themselves, they are often analytical, and detailed. “Middle children tend to be
people pleasers who dislike conflict but desire fairness and justice, they often feel like they don’t have privileges of oldest or pampering and attention of youngest born” (Carlson et al., 2006, p. 52 - 53). Lastly Carlson et al. (2006) describes the youngest born as pleasure seekers who desire stimulation and are skilled at getting others to do things for them.

Social interest is a key element of Adlerian therapy that includes “one’s willingness to participate in the give and take of life and to cooperate with others” (Carlson et al., 2006, p. 11). Social interest is about helping others, the opposite of self-interest. Another important element of Adlerian therapy is the family atmosphere or the emotional tone of the home; Carlson et al. (2006) explain that family atmosphere may be peaceful and enjoyable whereas others are wild and controversial. The way children perceive the mood of the family is influential on their emotional development, for example, if the child is brought up in a hectic home they will often become anxious and if they are brought up in a home that they deem to be conflictual they could become aggressive or numb (Carlson et al., 2006).

From my Professional Associate I learned how to use a typical practice in Adlerian therapy, which is doing family constellation interviews during our counselling sessions. The interview would consist of more questions about development, health, school experiences and relationships with teachers, parental influences, and community influences. The therapist would ask the client about their parents “approach to affection, praise, discipline and favoritism” (Carlson et al., 2006, p. 116). In Adlerian therapy it is important to understand family relationships and how the child may perceive the environment.

Some Adlerian therapy principles for understanding individuals are based on feelings of inferiority and social interest (Dagley, 2000). Families function most effectively when they share
goals; identify ways in which each member can participate according to their strengths and preferences. With one family I was working with we explored Adlerian techniques such as what they saw as the ideal relationship between a parent and an adult child. It was quickly discovered that the roles were somewhat reversed whereby the adult child felt like she was parenting her mother and was not given attention or recognition for things she had done well. The daughter was feeling that she had to prove herself and was a very high achiever. The focus for this parent and their adult child was to explore their relationship independently from the other siblings, and other family members.

Alderian therapy holds each family member accountable for carrying out agreed upon responsibilities and participating in democratically led family meetings (Dagley, 2000). Family meetings are just one tool that can help improve communication in the family. Dagley (2000) acknowledges Adlerian therapy principles for understanding children include recognition of goals of misbehavior such as social inclusion, seeking attention, power struggles and revenge. Adlerian family therapy can be done in the playroom with children whereby the child can play out the family atmosphere with dolls or using art therapy methods (Carlson et al., 2006). Art therapy and play therapy are both easily incorporated into family and individual counselling sessions.

**Expressive Therapies**

When using expressive arts with clients, whether it is with a family, children or group it is important to discuss the process because it can be difficult for clients to get into an expressive mode. In addition, it is important to ensure the client does not feel pressure to create a masterpiece but rather have them focus on their experience.
Art therapy

Art therapy was introduced as a therapeutic modality by Margaret Naumburg in the 1940’s (Malchiodi, 2007). Malchiodi (2007) depicts Naumburg’s view of art expression as a way to create unconscious imagery. Naumburg took Freud’s notions psychoanalysis one stage further by having clients draw their dreams as opposed to just talking about them. Malchiodi (2007) defines art therapy is a method of self-exploration with special qualities for helping people heal, grow and rehabilitate. Malchiodi (2007) notes that some expressive therapists use all forms of art modalities in their work including: art, music, drama, movement, and poetry. Art therapy is expressive art combined with psychotherapy. The process of making art is as equally important as interpreting the art itself (Malchiodi, 2007). Malchiodi (2007) suggests that family art therapy may be used to “explore family interactions and communication styles between members, family of origin issues, past family history, current family problems or individual family members.” (p. 203). This is a method that children may find to be less intimidating because it is a natural means of expression.

Art therapy is also a tool that can be used with a group or with families and with all ages. Family art can be done as a group, which creates a visual that, may show where connections and conflict may be but during the creation the therapist is watching for leaders and interpersonal conflict when creating the piece. I found that using art therapy was a great way to engage with children or young adults because often they would be distracted and sometimes disinterested in attending a typical talk therapy session. It can help to alleviate anxiety if they are doodling or drawing or creating something. I also found it is a good way to build rapport and work on helping the client develop social skills if we are creating something together.
Another important aspect of art therapy is the emotional release (catharsis) it can produce (Malchiodi, 2007). I experienced the emotional release firsthand when I attended Malchiodi’s Advanced Trauma Informed Expressive Therapy training course that I took during my practicum. Other people experience art as a form of meditation finding inner peace and calm through art expression. Malachiodi (2007) has found that art therapy alleviates emotional stress and anxiety by shifting the client’s mood or by creating a physiological response of relaxation. Art therapy is a very easy method of expressive therapies to use because you only need paper and some type of drawing utensil, crayon, pencils, markers, and or paint.

Susan Buchalter’s (2017) guide for brief therapy techniques is a good way to try out some brief exercises. This guide has techniques that are related to several topics. For example, anxiety and stress are common reasons for clients to come to therapy and the exercises in Buchalter’s (2017) guide are useful in practice to help the client become comfortable with expressive art therapy. Some of these techniques can help the client to find awareness of harmful roles they may take on in their family or relationships. One example is when the client is taking on family members problems, they can draw a picture of what is in their circle of control (Buchalter, 2017).

**Play therapy**

Play therapy exists on a spectrum from non-directive play therapy to directive play therapy. For example, Child-centered play therapy is at the end of the continuum for nondirective, while Adlerian play therapy is at the directive end of the continuum (Homeyer & Defrance, 2005). In nondirective play therapy the focus is on building a therapeutic relationship based on trust and maintaining an environment where the child feels free to express all their
emotions. Meanwhile, the therapist provides structure for the session, so the child knows what to expect and understands the limits regarding safety for both the child and therapist (Homeyer & Defrance, 2005). With directive play therapy there is an egalitarian relationship between the child and therapist. This type of therapy includes gathering information from many sources such as parents, school, historical information, assessments and observations. The therapist uses this information to help the parent gain insight into the child. The therapist will make connections between the child’s behaviour in the playroom and the child’s interactions outside of the playroom and then help the child develop skills for alternative behaviours including social skills and negotiating (Homeyer & Defrance, 2005). Child-centred therapist techniques include facilitative responses, such as reflecting content and feelings, and questions to clarify the reality of the child’s experience (Homeyer & Defrance 2005). Often in play therapy the parents may meet with the therapist briefly prior to entering the playroom with the child to discuss events that have transpired since the last session. Sometimes if a child is just starting out with the therapist the parent may be allowed to join them in the playroom until the child feels more comfortable with the therapist.

Many of the children that take part in play therapy have experienced trauma. Some goals for working with children that have experienced trauma can include developing safety skills, helping the child make meaning of events, and helping the child develop social skills to integrate with peers (Kelly, 1995; Ryan & Needham, 2012). Traumatized children can learn to control their play, express negative emotions in a safe manner, and develop coping skills to self-regulate through play and art therapy (Kelly, 1995; Ryan & Needham, 2012). There is a cycle that is often experienced in play therapy, where the child tests the therapeutic relationship, addresses the
trauma, and then protectively distances themselves from re-experiencing the trauma in their play (Kelly, 1995). To repeat the cycle of dealing with the trauma, children require motivation and need the trust and respect in the therapist-child relationship. The child needs reassurance from the therapist that they are safe with them and can trust them to support them in this process (Kelly, 1995; Ryan & Needham, 2012). This trusting relationship is a critical aspect of play therapy.

Terr (2009) speaks to the three recovery processes in the treatment of trauma, which are emotion, action and thought. It can sometimes be difficult for children to identify their emotions let alone have the ability to relate those emotions to their thoughts and behaviours. In treatment, therapists try to assist the child in discovering ways that similar events could be dealt with in the future and create a new perspective about their experience (Terr, 2009). Play therapy allows communication through toys, and this symbolical play is often safer for children to express their fears and experiences regarding a traumatic event. If children witness their parents panicked by trauma it exposes the children to trauma and the children may lose confidence in their parent’s ability to protect them which results in the children feeling more vulnerable (Ogawa, 2004). If children have lost confidence in their parents, it is especially important for the development of a trusting respectful relationship with the therapist in order for the children to feel safe and secure. Play therapy can help children learn to self-regulate, identify feelings and reduce the intensity of emotions. Play therapy includes tools such as muscle relaxation, using words, repetition, thought stopping, deep breathing, and provides structure and routine for a sense of security (Ziegler, n.d.; Ryan & Needham, 2001; Kelly, 1995).

Play therapists are encouraged to be educated on the value of treating the family as a unit.
The lack of training in family therapy in working with children may cause linear thinking in therapists rather than systemic thinking (Gil, 2015). Gil (2015) suggests that play therapy be used when there are children who are disinterested in talk therapy; with younger children; or to increase the children’s sense of wellbeing in the family. Gil (2015) uses a different way of incorporating the genogram into family play therapy; she encourages the children and family to use models and draw out the genogram and then find miniature toys or objects that represent each family member “as the miniatures open the unconscious to allow metaphoric material to emerge” (p. 16). Many different tools could be used with a family that would work for all ages.

For example, in designing a visual tool that can represent the genogram, it could be done with a sand tray where the children place the miniatures of the family according to relational bonds in the sand and it becomes a visual picture of their family. Often children will place themselves close to the person they feel safest with. This exercise has some similarities to family sculpting where the child can situate themselves in the room according to whom they feel closer to. Family talk therapy can be inaccessible to a developmentally younger child who is not able to express themselves through words. In this respect, sand tray therapy with families can enable each family member to express him or herself (Homeyer & Sweeny, 2005). Play therapy with families helps the therapist have a glimpse into the family’s life and insight into their interactions with each other.

**Gottman Method Couples Therapy**

The founder of Gottman Method Couples Therapy was Dr. John Gottman and his wife, clinical psychologist, Julie Schwartz Gottman. Gottman Method Couples Therapy was started by developing the sound relationship house theory and interventions in 1994, which was based on
Gottman’s research (Gottman & Silver, 2015). In 1986 Gottman built a lab in an apartment that researchers could use to study how couples create and maintain friendship and intimacy. In emotionally intelligent marriages, couples were better able to understand, honour, and respect each other and their marriage (Gottman & Silver, 2015; Gottman & Schwartz Gottman, 2017). The sound relationship house theory is made up of nine parts designed like a house as a visual, where the framework of the relationship is held together with trust and commitment. Gottman’s Method has seven principles:

Principle 1: Enhance your love maps; sort all relevant information about your partner’s life.

Principle 2: Nurture your fondness and admiration.

Principle 3: Turn toward each other instead of away, make small gestures, provide positive feedback, and connect

Principle 4: Let your partner influence you (share the driver seat).

Principle 5: Solve your solvable problems (be open to each other’s point of view).

Principle 6: Overcome gridlock – look for small moments where you “miss” each other’s needs.

Principle 7: Create shared meaning (Gottman & Silver, 2015, p. 89).

Gottman’s research also resulted in him being able to predict divorce based on the research he completed in the love lab apartment. Divorce was often imminent by witnessing six of these signs:

1. Harsh start up: negative, accusatory statements to each other.

2. Four horsemen: criticism, contempt (sarcasm/cynicism), defensiveness, and stonewalling (where the partner tunes out the other).

3. Flooding: feeling psychologically and physically overwhelmed.
4. Body language: heart rate speeds up, increased adrenaline, and higher blood pressure.

5. Failed repair attempts: effort couple makes, taking a break to deescalate tension.


In the Gottman Method, the first step is meeting with the couple to find out historical information about their relationship. The couple then individually completes an online assessment. The therapist meets with each person separately to address concerns that would be difficult to share in front of their spouse and to ensure there is no adultery or domestic violence. The next step is reviewing the assessment and discussing which areas they could work on (Gottman & Schwartz Gottman, 2017). This includes creating a plan for the couple to work on their communication styles with each other and to focus on the positive aspects and build on the qualities that they initially fell in love with in their partner. The therapist will help the couple by facilitating a conversation between the couple sharing what they would like to bring back to their relationship. This concludes the theoretical review; the next session will discuss three case examples from my practicum and how theory is put into practice.
Case Examples

This section of the paper combines the review of theoretical methods with practical examples of how they were utilized during my practicum. Each client has signed a consent form for me to share de-identified information in this document. Three cases are examined that reveal lessons I learned during the practicum experience.

Client 1 Case Example

The first client that I saw on my own, struggled with setting boundaries in her life. The primary reason for this client seeking counselling was for anxiety and stress. She had experienced several losses in her life. She and her partner had been foster-parents for a couple of years and maintained relationships with former foster children by having visits with them on weekends and holidays. During our sessions, we explored her family history using a genogram, whereby we looked at the relationships and patterns that appeared in her relationship with her parents and then compared the similarities in her relationship with her partner. This woman felt that she was not able to express herself when she needed to address a problem. She felt bullied by her partner’s friends and lacked confidence in knowing how to raise concerns with her partner. Her lack of confidence in expressing herself and in knowing how to raise an issue impacted all areas of her life. At times she felt bullied at her workplace and had experienced these feelings previously in her childhood. She had great difficulties addressing conflict. In counselling, we focused on control and anxiety.

Her anxiety and stress overpowered her physically with worry. This was caused by her lack of confidence in her relationship with her partner and her low self-esteem resulting in her not being assertive when she was being bullied or emotionally abused by co-workers, friends or
her family. This client worked on trying to separate the things that she could not control and started to take some control in her life by addressing issues that were bothering her by speaking up in order to improve her relationship and get her needs met. We reviewed the different systems that were affecting her such as: her physical and medical concerns, supporting her aging mother, her experience of being a foster parent, her lack of support from child and family programs regarding concerns of the foster children, her encounters with the birth mother and her family, co-workers, friends, extended family and the couple’s relationship. By exploring what things were in this client’s control and encouraging her to focus on those things she could change, she was helped to feel not quite so overwhelmed. This woman reported that she was able to learn how to discuss her concerns with her partner and to ensure they were working as a team in supporting their former foster children.

This client was from a smaller community and although there were some therapists in her community, it was not always easy for her to feel safe enough to share her experiences in a smaller centre. It can be difficult to find support in a small community when a client wants her personal life or concerns to remain private. It is easy to feel isolated in smaller communities and in my experience common for clients to travel to larger communities for ensured anonymity.

Client 2 Case Example

This client had experienced severe trauma in her life and her children were expressing thoughts of hurting themselves. This client had recently escaped a domestic violence situation with her children. This family was feeling very isolated and alone as their family of origin lived in another community, which was the same community where her ex-partner also continued to reside. She started a relationship with a new partner and has been very up front with him about
her concerns about his behaviors. She was concerned by his behaviours that she deemed as controlling or that could be considered emotional abuse, manipulation or dishonesty because she did not want to get into an unhealthy relationship again.

This client had recently been diagnosed by a psychiatrist with Post-Traumatic Stress Disorder (PTSD), from the physical and sexual abuse by her husband. Her oldest child was also a victim of physical abuse by her husband while her younger child witnessed domestic violence and the physical abuse of their sibling. This client was easily triggered by situations that had the potential of control and power by the other partner in a relationship. During our therapy session we discussed her strengths and how brave she was to leave her abusive marriage and the security of her community where her friends and family resided, to protect her children and herself. I provided her with activity sheets that she could record when she was feeling triggered because she was in constant fear that her spouse would find her. We also developed a plan for how she would return to her former community to retrieve her things. The plan was to have her friend with her to help her to feel safe. In addition, there was a no-contact order in place, her parents would be there and she could call the police if she was worried that her spouse might be in the home. This was helpful for her in making a safety plan prior to going to her former home and helped to reduce her anxiety.

There were many systems involved in this situation including the justice system, as she was pressing multiple criminal charges against her husband including one charge where she was the victim and the second charge of child abuse towards her eldest child. She was also dealing with financial issues, paying for two homes without income. In addition to these stresses she had to be the sole parent to her two children who were reacting emotionally and aggressively after
experiencing many changes in their lives. The children were not allowed to see their father due to the child abuse investigations. The children were struggling emotionally with all the changes and with witnessing domestic violence. My client had often financially supported her parents so they were not in a position to help her financially now that she was out of work. This family did not appear have good support from the justice system. The process of court proceedings and interviews regarding child abuse and sexual assault charge was emotionally draining on the family. My client was struggling to function daily due to caring for two children that were also suffering from anxiety. Her older child had concerning harmful behaviors towards his younger sibling. My client had to make the choice to protect her younger child by putting the older one into foster care where he could no longer harm the younger sibling.

My client was experiencing so many complex issues as she tried to support her eldest child through the trauma of physical abuse by their father. She wanted to be able to provide a safe home for the children, but it became unsafe for her younger child. This resulted in her feeling further guilt for staying in the relationship too long. She was taking both children to therapy and trying to have time for her to go to counselling but she did not have childcare at times. She occasionally had to take her younger child to Mobile Crisis when the other one was having extreme behaviors. My client had numerous appointments to attend for her child including legal appointments. She also needed to complete her income tax to continue to receive financial assistance. It was difficult for to get the children to school because she could not sleep due to fear. There were many obstacles for this client.

A lot of the work we did was focusing on her strengths in leaving her abusive marriage. We also developed a safety plan if her former husband was to come to find her. We also
reviewed the very unlikelihood of that happening because she had been very selective about who she told her whereabouts to. My client did find a group that was a good support but still had problems finding a day care for her child so she could attend to appointments and reestablish herself. As already stated, this client was struggling with PTSD and was trying to parent her two children that were also struggling with PTSD symptoms and separation anxiety. Working with people that have serious anxiety or PTSD can be difficult. The therapist needs to be aware of the client’s triggers and encourage them to step-out of their comfort zone to address and conquer some of their fears. It is also important to provide the client with some self-regulation techniques, so they have the ability to cope when they are feeling their anxiety heighten. We discussed relaxation breathing, meditation, writing in a journal, and writing a letter to her former spouse that she would burn and not send to him. I also encouraged her to finish writing the victim impact statement to ensure that the emotional toll the abuse has taken on her was documented for the police. A tool used with this client was a visual of all of the different systems pulling her in different directions, and restricting her autonomy.

**Client 3 Case Example**

One client I was seeing was having problems with depression and suicidal ideations, this client had been having these problems for quite some time and it was exacerbated when she lost a very close family friend due to suicide. My focus was to help this client address her grief by focusing on her strengths in how she had overcome so many other hardships in their life.

During my practicum, I started to see patterns in several clients that I saw, such as feeling lack of control over their choices, self-esteem problems, and depression. I recognized how all systems (friends, immediate and extended family members, government services, schools,
colleagues) impact people’s lives and the more systems that were involved in, the more difficult it was to focus on the issue that they were having problems with. It was as if they were being pulled in several different directions.

The client in Case 3 in particular was struggling with finances and was also suffering from chronic pain and depression. She felt that it was not fair that her friend was able to escape the difficulties of life by suicide and was jealous that her friend ended her life. My client grew up in a divorced family and there was a tenuous relationship with her step-father. There was an imbalance in how the family was blended and this client was often left out. Eventually I asked my client to bring their mother in so that we could have a transparent conversation. When her mother came in, it was apparent that many of the things my client believed were based on her assumptions.

The concern was that if these assumptions were not dealt with my client’s hurt feelings and harmed relationships would carry into the rest of her adult life. The results of the meeting with her mother seemed to alleviate a lot of anxiety for my client and brought the discussion out in a safe place. This case was reflective of what can happen when there is a breakdown of communication within the family. When people do not take ownership for their feelings, they get stuck blaming the different systems and people in their life (Kim-Appell & Appell, 2015).

In this case, the systems included her friends, employment, government services, family and the world in general. She often stated it was hard to hear the news or what was going on in the community as it could impact her mood. Exploring her genogram was very helpful for her to see what role she played in her family. Her family was a good example of the family projection process where sibling position and child focus process can make a difference on individual
functioning. She was the eldest children and had been successful in holding a job and keeping herself separate from some of the family dynamics. Although she felt isolated from them at times she had established some autonomy initially. However, when her depression worsened she became more fused emotionally taking on additional family anxiety and becoming more entangled in their problems. She was very appreciative of the counselling sessions and found it extremely beneficial when I was able to assist her in planning out a conversation with family members, as that was where she would get stuck.
Values and Ethical Considerations

Ethical dilemmas are part of social work practice and I have experienced them in the past and expect that they will come up in the future. My professional values have always been aligned with the Canadian Association of Social Workers (CASW, 2005) Code of Ethics which include:

Value 1: Respect for Inherent Dignity and Worth of Person,

Value 2: Pursuit of Social Justice,

Value 3: Service to Humanity,

Value 4: Integrity of Professional Practice,

Value 5: Confidentiality in Professional Practice, and


Social workers are required to adhere to these values and I found that it was very different to work in an environment where therapists’ belonged to other professionals and thereby were following different codes of ethics. Some therapists were registered psychologists, Canadian certified counsellors, and others were registered marriage and family therapists, all having different codes of ethics.

Maintaining boundaries in private practice is required to ensure professional integrity and responsibility. While working in government agencies, firm boundaries and minimal self-disclosure was encouraged in most of the positions I have worked in. Often I worked with clients that had a criminal background who were prone to physical aggression, or were often in crisis and were more likely to try to contact you outside of work. Working in private practice I learned that often counsellors use their personal email and cell phone to communicate back and forth with the office, although personal contact information was not relayed to the clients generally. I
experienced a situation where one individual preferred to schedule appointments by text like she did with a prior student counsellor. However, this opened up an opportunity for her to text me at any time and I needed to have a conversation with her about boundaries pointing out that I was not available at all hours. My Professional Associate was very good at helping me to prepare for that conversation. I needed to inform this individual that we would just be booking appointments in person and she would have to call the office rather than text me if she was running late. I learned it was important for me to obtain validation and direction in clinical supervision to ensure that I was on the right path. I developed good rapport with clients and found working in private practice to be a less stressful environment than my previous work for government agencies.

Because of my background in justice I have very firm boundaries regarding self-disclosure and physical touch. I noticed that professional relationships can vary from clinician to clinician, some who are very strict and firm in terms of their personal space boundaries and others who are willing to give the client a hug if they feel that is what is needed and if it is appropriate. I discussed with my Professional Associate that it was very important for me to have clear boundaries with clients and she stated she is very clear on having her personal life separate from her professional life. This was in line with my practice from justice where I never disclosed personal information about myself. Now I have softened this boundary a little and may use self-disclosure to describe an experience in parenting. However, I keep clear boundaries by not providing any identifying information about where I live or family member’s names.

With social media and easy access to internet there is a potential concern that a client may try to contact you personally, and it is important to keep these boundaries clear and not
disclose personal contact information such as a personal cell phone number. If clients are contacting their therapist on their personal phone it erodes professional boundaries. This was a dilemma when I was seeing a couple on the weekend and therefore had to disclose my personal cell phone number in case they needed to text me about a change in the appointment time because it was outside of office hours.

Confidentiality is an important value in private practice. This policy was reviewed with the client initially regarding limits of confidentiality and sharing information. This is also something I would explain to a youth when their parents would bring them to counselling to ensure that we had a safe space for them to feel that I was not going to be reporting what they shared with their parents unless there was a risk of harm to themselves or others. There was an additional form that must be signed by the client if information was to be shared with another professional. The value of confidentiality helps build trust between the therapist and client creating a safe place for therapy to occur. When providing counselling to couples or families there are limitations to confidentiality because therapists cannot be a keeper of secrets between couples (Schwartz Gottman & Gottman, 2015). For couple’s therapy to be successful, the couple needs to realize that the therapist cannot have private conversations with each of them separately unless it is to discuss how to approach discussing a difficult topic. It needs to be clearly established that you are not there to provide individual counselling and what is said in private needs to be shared in therapy. My Professional Associate stated she will inform couples clients of this fact in the initial session and made it clear that she will not keep secrets. By doing so, it reduces the likelihood that the counsellor will be triangulated.
Challenges

As already stated, I was hoping to do family therapy with blended families. However, there were minimal families that were open to having a student counsellor. I was able to use family systems theory and techniques with individuals. One case that was challenging was when I was working with an adult child and their parent. Initially it was difficult to build trust and establish rapport with the parent, because the parent was not sure if I was experienced enough to understand some of their relational dynamics. After a couple of sessions, trust began to develop between both family members and me as the therapist. This was done by validating the parent’s concerns and ensuring I was remaining neutral in their discussion.

I found that my personal life experiences were sometimes difficult to keep separate from my professional practice, especially because I was going through the process of ending a relationship while I was in practicum. I was also very aware of the risk of transference when dealing with couples that were going through concerns that were also happening in my own life. Being in a counselling role requires the therapist to be healthy; physically and emotionally, in order to give your best self to your clients. Sometimes it was a struggle, but I managed to shut off everything in my personal life when I walked through the doors, and my sole focus was on the clients. I would refocus my energy on the people I was working with and ensure I left time in the evening for reflection on what was going on with me personally so that I could maintain clear boundaries. This is an important tool that I have learned over the years to help with self-care as a social worker.

I did feel somewhat isolated at times as I rarely had the opportunity to sit and discuss experiences with the other counsellors at the office except for my Professional Associate and her
business partner. Working in private practice was quite different from other government roles that I had been in where people would often be meeting in the halls or spend time together on coffee breaks or heading out for a walk or lunch together. Most of the counsellors at the office worked varying hours and therefore there was not a shared lunch break time. There was only one registered social worker at the office, and she was part time. My Professional Associate was great at encouraging me to spend time with the other counsellors and introducing me to other marriage and family therapists because I expressed an interest in becoming a marriage and family therapist.

As I indicated earlier, while in this placement, I found it very important to focus on self-care and ensure there was a healthy work life balance. It can be very draining to be counselling all day and yet it is important to still enjoy free time and do things that are positive and refreshing for my health.
Conclusion

I am grateful that I had the opportunity to do my practicum in this agency. I met all my objectives and gained insight into private practice. I had the opportunity to observe several different types of therapy methods and learned that there are many different problems that people seek counselling for. I found that often it is important when first starting out in private practice to seize opportunities to build clientele by offering a specialization that is not as common. The missing gap in this office was couples counselling. Services were commonly provided for children and individual therapy. My Professional Associate encouraged me to explore this idea of specialization after I took the Gottman Method Couples Therapy.

I was offered a contract to stay on and provide counselling services for couples because there were very few counsellors that provided counselling in this area. My plans are to register for Gottman Method Couples Therapy Level 3 and then complete the certification track to become a Certified Gottman Therapist. I explored the list of Certified Gottman Therapists and there are none in Saskatoon and area and this may be an unmet need. I plan to continue to use Gottman Couples Therapy because it is not a rigid school of therapy but is open to many approaches. It is practical and systematic, with specific techniques that will empower me to feel confident in starting out as a new couples’ therapist. I also have an interest in exploring somatic experiencing because it can be an effective way of providing some relief from trauma. I learned a lot from watching my Professional Associate use somatic experiencing therapy with several of her clients and may take this training in the future.

In this placement, I also learned that when using expressive therapies with children and adolescents it provided a physical release for the clients. For adults, expressive arts might be an
easier way to help clients address trauma. The trauma and hurt people experience is often stuffed down and not dealt with which can impact other areas of their lives, sometimes through physical or emotional pain or it can impact other systems including: family, friends, relationships, career, and the ability to learn.

It is crucial to approach the client in their social context and we can help change the organization of the family. Changing the organization of a family can include discussions with the family to give others a stronger voice and allowing family members to have some control in decision-making. Therapy can also include having the family look at their current organization to determine where the power lies and how each individual fit in. Family systems theory is great in assisting the client to explore some of the areas of their life to see what impact other family members may have on the individual and how their behaviours or emotions can impact other family members.

Overall, I was truly grateful for the opportunity I was given to complete my field practicum at Gryba Phillips Professional Counselling Associates. I have achieved my goal to be a therapist in private practice.
References


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Appendix 1: Genogram Diagram