

## NEGOTIATING GOALS IN CONJOINT THERAPY: FROM VIRTUAL TO ACTUAL PRACTICE

Roger Lowe<sup>1</sup>

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When teaching solution-oriented therapies to trainees I have found that one of the most easily grasped ideas is that of 'well-formed' goals (De Jong and Berg, 2002). Practitioners may differ in the precise way they use this term, but in general it refers to the process of gently but persistently shifting the conversation towards preferred, future-oriented actions. Typical characteristics of well-formed goals include: a focus on observable actions, the presence of desirable behaviors rather than the absence of problems, a description in interactional terms, an emphasis on process (small steps or signs of change) rather than a final outcome, and a focus on actions that are within the client's control. Negotiating well-formed goals is an ongoing process of elaboration and clarification rather than a specific phase or task (as in 'goal setting'). Therapists have developed terms such as 'goaling', 'preferencing' (Walter and Peller, 2000) and 'goal clarification' (Lipchik, 2002) to highlight this sense of unfolding process. Trainees tend to respond to these concepts and can learn quite quickly to use this group of skills in individual therapy.

However, they often experience much more difficulty in negotiating well-formed goals when practicing conjointly with couples or families. Most trainees learn individual therapy first and can find the shift to conjoint therapy to be challenging and confusing. A number of typical difficulties arise. When asked about their hopes or goals, clients often use this opportunity to attack others and to set off a negative chain reaction (e.g. blaming others and demanding that they should change first); clients often state very different or even mutually exclusive goals that seem to offer no chance of connection (e.g. one member of a couple wants to end the relationship and the other wants to maintain it); there may be many different goals which keep changing throughout the session; or clients may tend to argue in the session and the idea of well-formed goals gets lost in the heat. Faced with these kinds of situations, trainees are often thrown out of stride and become confused. They may lose track of the different goals that emerge, and may be unsure about the most appropriate pattern of interaction to use. For example, in what circumstances is it better to talk with individuals at length, or move the conversation rapidly around the room, or address the group collectively? When is it helpful to invite family members to respond to what others have said, and when is it not? How do you avoid the perception of taking sides?

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<sup>1</sup> Roger Lowe, PhD is a Senior Lecturer in the School of Psychology and Counselling, Queensland University of Technology, Brisbane, Australia.

With trainees who are new to the dynamics of conjoint work, I suggest the following rule of thumb. Where an emotional climate of negativity and complaints is evident (typically at the beginning of the first session), it is usually more productive to develop an *individual conversation* with each person, rather than to address the whole group or invite clients to respond to what others have said. Later, when a more collaborative atmosphere has been established, and the conversation has turned to exceptions and resources, it can be more useful to invite clients to respond to each other and build on successes. In other words, when the going is tough, it is important to focus on developing a collaborative relationship *between the therapist and each individual*. Later, when the emotional climate changes, we can invite people to interact with each other. While all rules of thumb are somewhat crude, I have found this guideline to be useful in assisting trainees to stay focused and avoid confusion. It is important to emphasize that we are still doing relationship therapy even though we are talking to one person at a time. Why? Because we are talking to the speakers about their relationship concerns and hopes, and we are simultaneously attempting to influence this conversation for the benefit of the listeners. As always, we assume that the process of goal negotiation is not an academic exercise in assessment but is change-inducing in itself. One difference between individual and conjoint therapy is that in the latter, it is potentially change-inducing for both speakers *and* listeners.

In order to assist trainees to make the transition to negotiating goals in conjoint work, I have found the following two exercises to be helpful. The first helps trainees to develop a relationship perspective while working with one client. This experience of ‘virtual’ relationship therapy acts as a bridge to actual conjoint work. The second exercise involves negotiating goals in actual conjoint work. In both exercises, trainees are asked to frame their questions with both speakers and listeners in mind, and to be mindful of their own use of language. They are also asked to introduce relationship questions where appropriate and to listen for the possibilities of shared goals. As Lipchik (2002) suggests, a cardinal rule in family therapy is to avoid too much talk about differences and to focus where possible on what family members share.

### ***Training Exercise 1***

*Purpose:* To assist the development of a relational perspective when negotiating goals with one client.

*Participants:* Therapist, one client and one observer.

*Experience level:* Participants should be familiar with the principle of ‘well-formed’ goals and have experience of negotiating these in individual contexts.

*Process:*

The role-play situation involves a complainant-type relationship in which the client (Person A) complains about the behavior of a family member or partner (Person B) who is not present in the session. As is typical in this kind of scenario, Person A agrees that a problem exists in the relationship but insists that Person B needs to change!

*Instructions to therapist:* The therapist is to talk with Person A for 10-15 minutes and attempt to negotiate well-formed goals. The therapist begins with a general statement such as: ‘I’d like to ask what brings you in, and how you hoping our talk will be helpful.’

However, in order to develop a relationship perspective, the therapist is also asked to *imagine that Person B is also in the room* and can hear everything that is said by Person A and the therapist. The therapist is to consider *both* Person A and Person B as clients and to craft questions for Person A that might allow the imaginary Person B to hear something different. The therapist must also be mindful of their own language in order to avoid inadvertently siding with one client against the other.

In addition, the therapist is instructed to bring Person B into the conversation where appropriate, using various kinds of relationship questions, and to listen for the possibility of shared goals. Some sample relationship questions (posed to Person A) might include:

- If John was sitting here with us and had been listening to everything you have said so far, what would have surprised him the most?
- What would he say is different about the way you have been talking to me, compared to the way in which the two of you typically talk? Would difference do you think this might make for him?
- If your relationship was going more the way you would like it to be, what would be different between you? What would you both be doing differently?
- If I were to ask John if he was also distressed about your relationship and would like things to be different, what do you think he might say? What specifically would he like to be different between you?
- Having heard you talk about your hopes for the relationship in the way you have today, do you think he might share some of these hopes?
- If John began to make some of the changes you are hoping for, how would he notice you respond? What would he say might encourage him to persevere?

*Debriefing:*

At the end of the conversation:

a) Observer asks Person A:

- What did the therapist do to help you shift your perspective?
- To what extent did you feel that the therapist was supportive of you?
- At various points did you feel that the therapist was taking either your side or Person B’s side? What effect did this have?

b) Observer asks the Therapist:

- How did the experience of imagining the presence of Person B make a difference? In what ways was it helpful or unhelpful?
- Were there moments when either Person A or Person B might have felt you were siding with the other? If this occurred what did you do to redress the balance?
- If you had a choice would you prefer to keep working only with Person A, or would you prefer the actual presence of Person B? What factors might influence your preference?

c) All participants may offer additional feedback and reflections, exploring implications for future sessions in this scenario.

The participants can then switch roles and begin another cycle. Allowing a maximum of 15 minutes for the interview and 10 minutes for debriefing, the exercise 25 minutes for each cycle.

For trainees who are unused to conjoint therapy, this exercise provides a useful stepping stone by encouraging a relationship perspective while working with one client. It assists therapists to be mindful of language and to maintain a sense of connection and commitment to both of the parties involved. After experiencing the exercise, trainees can take the next step as demonstrated in Exercise 2.

### ***Training Exercise 2***

*Purpose:* To practice negotiation of goals in conjoint therapy

*Participants:* Therapist, two or more clients (i.e. a couple or family members) and at least one observer.

*Experience level:* Participants should be familiar with the principle of ‘well-formed’ goals and have some experience of negotiating these in individual contexts. They should also have completed Training Exercise 1.

#### *Process:*

The role-play situation again involves a complainant-type relationship in which the clients each want others in the session to change. The therapist develops an individual conversation with each person at a time, while the others listen.

#### *Instructions to therapist:*

a) The therapist begins with a general statement such as: ‘I’d like to talk to each of you in turn about why you are here and how you hoping our talk will be helpful. Who’d like to go first?’

You may also wish to specifically emphasize the pattern of conversation you will be using:

‘Couples and families often have a lot of different issues to discuss and often have different points of view, so to help me avoid getting confused I usually like to start by talking for a while with each person in turn to discuss out how you are hoping that coming here will be helpful. While I’m talking to each person, the others have an opportunity to listen. Sometimes, talking and listening like this can be helpful in itself...’

b) The therapist talks to each client for 5 minutes or so, attempting to acknowledge the client’s viewpoint and experience but to gradually effect a shift of focus from complaints to requests. The observer can act as a timekeeper. Again the therapist attempts to craft questions that allow both the speaker and listeners to hear something different, and is asked to use appropriate relationship questions and listen for common goals.

The aim is to arrive at a point where each client has clarified his/her hopes for the future and has had the opportunity to hear all other participants do the same. No attempt will be made to progress the conversation further. The interview ends with the therapist summarizing each person's goals, and reflecting on any commonalities that might have emerged.

c) At the end of this process, the observer interviews each client using questions such as:

- When you were in the *speaking* position what questions or comments helped you to experience your situation differently?
- To what extent did you feel heard and understood?
- What did the therapist ask or say that helped you shift from a complaining to a requesting stance?
- What would have helped this process further?
- To what extent did your experience in the speaking position affect your subsequent experience as a listener?
- When you were in the *listening* position what did you hear the speakers (client and therapist) say that helped you to experience the situation differently?
- What did the speakers say that encouraged you to shift from a complaining to a requesting stance?
- What did the therapist say that interested you a listener?
- What would have helped this process further?
- To what extent did your experience in the listening position affect your subsequent experience as a speaker?

The observer then interviews the therapist:

- To what extent do the comments of the clients reflect your own experience of the exercise?
- What would you like to add to their comments?
- What client comments were surprising?
- As you reflect on the client comments what can you appreciate about your use of goal development skills?
- What have you learned from the exercise that will help you to build on your skills in goal development with couples/families?

d) All participants may then discuss likely scenarios for future sessions:

- Based on what has been learned, what would be the likely focus of the next session?
- Which goals would take precedent?
- How could goals be prioritized (e.g. short and long term)?
- To what extent have mutual goals been elicited?
- If goals appear incompatible, what is the next step (for example, should clients be seen separately?)

The total time for this exercise is 30-45 minutes, depending on the number of clients and the specific scenario. Participants can then switch roles and begin another cycle.

### *Conclusion*

As therapists become more experienced they are able to respond more intuitively to opportunities as they occur, and develop the ability to keep track of several conversations simultaneously. Experienced therapists, therefore, may find the suggested structure of talking to clients individually somewhat constraining. However, I have found that the skills and guidelines I have discussed can be very helpful for trainees who are relatively new to conjoint therapy. They provide a systematic way to reduce confusion and maintain a focus on negotiating well-formed goals in a 'culture of complaint'. The two sequential exercises I have described provide a way for trainees to make a gradual transition from individual to conjoint work, and to feel more comfortable with the virtual and then the actual presence of multiple clients.

### *References*

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