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Series Preface

Tony Rousmaniere and Alexandre Vaz

We are pleased to introduce the Essentials of Deliberate Practice series of training books. We are developing this book series to address a specific need that we see in many psychology training programs. The issue can be illustrated by the training experiences of Mary, a hypothetical second-year graduate school trainee. Mary has learned a lot about mental health theory, research, and psychotherapy techniques. Mary is a dedicated student; she has read dozens of textbooks, written excellent papers about psychotherapy, and receives near-perfect scores on her course exams. However, when Mary sits with her clients at her practicum site, she often has trouble performing the therapy skills that she can write and talk about so clearly. Furthermore, Mary has noticed herself getting anxious when her clients express strong reactions, such as getting very emotional, hopeless, or skeptical about therapy. Sometimes this anxiety is strong enough to make Mary freeze at key moments, limiting her ability to help those clients.

During her weekly individual and group supervision, Mary's supervisor gives her advice informed by empirically supported therapies and common factor methods. The supervisor often supplements that advice by leading Mary through role-plays, recommending additional reading, or providing examples from her own work with clients. Mary, a dedicated supervisee who shares tapes of her sessions with her supervisor, is open about her challenges, carefully writes down her supervisor's advice, and reads the suggested readings. However, when Mary sits back down with her clients, she often finds that her new knowledge seems to have flown out of her head, and she is unable to enact her supervisor's advice. Mary finds this problem to be particularly acute with the clients who are emotionally evocative.

Mary's supervisor, who has received formal training in supervision, uses supervisory best practices, including the use of video to review supervisees' work. She would rate Mary's overall competence level as consistent with expectations for a trainee at Mary's developmental level. But even though Mary's overall progress is positive, she experiences some recurring problems in her work. This is true even though the supervisor is confident that she and Mary have identified the changes that Mary should make in her work.

The problem with which Mary and her supervisor are wrestling—the disconnect between her knowledge about psychotherapy and her ability to reliably perform psychotherapy—is the focus of this book series. We started this series because most therapists experience this disconnect, to one degree or another, whether they are beginning trainees or highly experienced clinicians. In truth, we are all Mary.

To address this problem, we are focusing this series on the use of deliberate practice, a method of training specifically designed for improving reliable performance of complex skills in challenging work environments (Rousmaniere, 2016, 2019; Rousmaniere et al., 2017). Deliberate practice entails experiential, repeated training with a particular skill until it becomes automatic. In the context of psychotherapy, this involves two trainees role-playing as a client and a therapist, switching roles every so often, under the guidance of a supervisor. The trainee playing the therapist reacts to client statements, ranging in difficulty from beginner to intermediate to advanced, with improvised responses that reflect fundamental therapeutic skills.

To create these books, we approached leading trainers and researchers of major therapy models with these simple instructions: Identify 12 essential skills for your therapy model where trainees often experience a disconnect between cognitive knowledge and performance ability—in other words, skills that trainees could write a good paper about but often have challenges performing, especially with challenging clients. We then collaborated with the authors to create deliberate practice exercises specifically designed to improve reliable performance of these skills and overall responsive treatment (Hatcher, 2015; Stiles et al., 1998; Stiles & Horvath, 2017). Finally, we rigorously tested these exercises with trainees and trainers at multiple sites around the world and refined them based on extensive feedback.

Each book in this series focuses on a specific therapy model, but readers will notice that most exercises in these books touch on common factor variables and facilitative interpersonal skills that researchers have identified as having the most impact on client outcome, such as empathy, verbal fluency, emotional expression, persuasiveness, and problem focus (e.g., Anderson et al., 2009; Norcross et al., 2019). Thus, the exercises in every book should help with a broad range of clients. Despite the specific theoretical model(s) from which therapists work, most therapists place a strong emphasis on pantheoretical elements of the therapeutic relationship, many of which have robust empirical support as correlates or mechanisms of client improvement (e.g., Norcross et al., 2019). We also recognize that therapy models have already-established training programs with rich histories, so we present deliberate practice not as a replacement but as an adaptable, transtheoretical training method that can be integrated into these existing programs to improve skill retention and help ensure basic competency.

About This Book

This book in the series is on systemic family therapy (SFT), an umbrella term capturing all types of family-based interventions that treat problems in the context where they reside (Wampler et al., 2019). Although a broad and deep familiarity with the theoretical and empirical SFT literature is important, SFT trainees are increasingly in need of proficiency in core SFT skills given the demands that come with working with systems. The importance of experiential learning in the training and supervision process is magnified by the reality that, especially for novice trainees who are just beginning to work with clients, there are relatively few opportunities to practice the wide range of clinical skills that are theoretically at one's disposal. SFT trainees usually receive excellent training in theoretical underpinnings, coupled with many hours of therapy and a high standard of supervision (usually delivered by live or video review); nonetheless, there remain too few avenues for trainees to achieve competencies in core SFT skills.

In this book, we adopt deliberate practice methods to support experiential—learn by doing—training opportunities. The methods and stimuli we describe can facilitate practicing a range of important SFT skills. In addition, it supports fine-tuning the “how” of intervention delivery, including in a flexible manner across diverse clinical scenarios. Importantly, this book is not intended to replace core coursework and exposure to foundational SFT theory and principles of practice. Rather, this book is intended to augment other common training components.

For example, through coursework or other reading, a trainee might learn that changing the process in a system (i.e., the ways in which system members relate to each other) is a key variable in SFT. Although trainees may understand this concept, they may be lost when it comes to key ideas such as tracking the cycle of interaction, establishing enactments, or reframing the problem. This book is about providing opportunities for trainees to practice not only what they would say when working with a system, but also how they would say it. In essence, this book aims to help trainees (at all professional levels) learn how to responsively and fluidly apply foundational SFT concepts and strategies, which will add to their overall repertoire of clinical skills and principles. With such an expanded repertoire, therapists can maximize their ability to offer personally compelling treatment rationales and related interventions to each client system, including, in this case, of the SFT variety.

Introduction and Overview of Deliberate Practice and Systemic Family Therapy

CHAPTER

1

The three lead authors of this book were all trained in systemic family therapy (SFT), and our respective journeys have both similarities and differences. Adrian and Ryan obtained their master's degrees in marriage and family therapy from programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). They both then went on to obtain doctorate degrees from COAMFTE-accredited doctoral programs. Deb's story is a little different. She obtained her master's degree in social work and then went on to work in community mental health settings for 15 years before returning to school to obtain her PhD. All three of us have been to numerous trainings in therapy practices including evidence-based approaches to treatment. Adrian has additional in-depth training in emotionally focused therapy, internal family systems therapy, and brief SFT. He has written extensively on the topic of common factors in SFT theories. Ryan received postgraduate training experiences in attachment and emotion-based interventions (emotionally focused therapy, attachment-based family therapy, attachment and biobehavioral catch-up), trauma-focused interventions (internal family systems, accelerated resolution therapy), couple-based interventions addressing ambivalence (discernment counseling), and family-based treatment for adolescents (functional family therapy). He has written extensively on attachment-based and observational processes in couple relationships. Deb received intensive training in brief strategic family therapy, emotionally focused therapy, trauma-focused cognitive behavior therapy, infant mental health, and integrated dual-disorder treatment. She studies therapist training and evidence-based practice implementation.

In writing this book, we realized quickly that most of the skills taught in SFT training are conceptual. By this, we mean that skills are often taught by lecture or by reading materials such as books or journal articles. Outside the classroom, some skills are discussed in a supervision context, but this is usually done while watching a videotape of therapy, and this is often not very in depth or tracked over time. This is in contrast to a deliberate practice approach to training, which pushes trainees and trainers out of their comfort zones. Although reading, observing, and class discussion are cognitive

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activities, they only represent one piece of the “becoming a therapist” experience. Deliberate practice taps into other pathways to learning, including experiential and affective learning mechanisms. Adrian, in reflecting on his training, can only recall one skill, advanced empathy, that was practiced to any degree throughout the duration of his graduate training. For this skill, Adrian had to record a mock session with a classmate and use the “empathy formula” to respond to a classmate as they described a predicament. This tape was then viewed in class by the students and professor, and in-the-moment feedback was provided. All other skills Adrian learned were self-taught through reading or observing therapy sessions. In his postgraduate clinical training, some aspects of models were practiced, but there was no measure of effectiveness, and no level of competency needed to be reached in any skill. Although he participated in numerous hours of supervision and clinical work, most of this occurred at the conceptual level, talking through cases and various conceptualizations. Important family therapy skills such as the ones we describe in this book were not well operationalized, nor were they rehearsed. We suspect that this is true for the experiences of many trainees.

The skills needed to competently practice SFT are complex given that therapists are usually working with more than one person in the therapy room. We contend that systemic family therapists are not as well trained as they could be in the fundamental skills of family therapy. This is because of the lack of clear operationalization of core skills and the gap in training when it comes to practicing these skills to a point of proficiency.

In this book, we focus on core family therapy skills. Our first goal is to operationalize these skills in a way that is understandable to the reader. We aimed to break each skill down into basic steps that the trainee can rehearse and then obtain feedback from peers, an instructor, or a supervisor. We are not contending that proficiency in these skills will make trainees effective systemic family therapists. Competency in therapy is more complex. However, we do see these skills as fundamental to anyone working with systems. SFT training programs do a good job in teaching some basic skills such as empathy, but more complex practical skills, such as tracking the interactional cycle, setting goals, or addressing diversity, are not straightforward and need in-depth rehearsal and feedback before prowess in the skill can be achieved. Adding deliberate practice into SFT training will achieve three main goals. First, it will ground systemic family therapists in the core fundamental skills necessary to be effective therapists. Therapists rarely go back to learn these skills once they have graduated and engaged in practice. The more they can obtain proficiency in these skills early in their training, the more effective that they will be later on in their programs and clinical careers. Second, orienting training around deliberate practice will allow training programs to do a better job of measuring the outcomes of their trainees and, in some cases, counseling trainees out of programs. Third, it will instill a culture of proficiency into therapist mindsets. It is a challenge (often frightening) to move from the conceptual to the practical, skill-based aspects of work. Deliberate practice moves therapists out of their comfort zones into spaces where they are forced to learn and be vulnerable.

Overview of the Deliberate Practice Exercises

This book includes an overview of deliberate practice as well as 14 exercises related to core SFT skills that have been thoroughly tested and modified on the basis of feedback from SFT trainers and trainees. The first 12 exercises each represent an essential

SFT skill. The last two exercises are more comprehensive, consisting of an annotated SFT transcript and improvised mock therapy sessions that teach practitioners how to integrate all these skills into more expansive clinical scenarios. Table 1.1 presents the 12 skills that are covered in these exercises.

Throughout all the exercises, trainees work in groups of up to four members under the guidance of a supervisor and role-play as clients and therapist, switching back and forth between the two roles. Each of the 12 skill-focused exercises consist of multiple client statements grouped by difficulty—beginner, intermediate, and advanced—that calls for a specific skill. For each skill, trainees are asked to read through and absorb the description of the skill, its criteria, and some examples of it. The trainee playing the client then reads the statements, which present possible scenarios when it comes to SFT practice. The trainee playing the therapist then responds in a way that demonstrates the appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the supervisor. Guided by the supervisor, the trainees will be instructed to try statement–response couplets several times, working their way down the list. In consultation with the supervisor, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The group (supervisor–clients–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment.

Trainees, in consultation with supervisors, can decide which skills they wish to work on and for how long. Based on our testing experience, we have found practice sessions last about 1 to 1.25 hours to receive maximum benefit. After this, trainees become saturated and need a break.

Ideally, SFT learners will both gain confidence and achieve competence through practicing these exercises. Competence is defined here as the ability to perform a SFT skill in a manner that is flexible and responsive to the client. Skills have been chosen that are considered foundational to SFT and that practitioners often find challenging to implement.

The skills identified in this book are not comprehensive in the sense of representing all one needs to learn to become a competent SFT clinician. Some will present particular challenges for trainees. A short history of SFT and a brief description of the deliberate practice methodology are provided to explain how we arrived at the union between them.

TABLE 1.1. The 12 Systemic Family Therapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Providing a systemic rationale for treatment	5. Avoiding triangulation	9. Attention to diversity
2. Building the therapeutic alliance: establishing bonds and joining the system	6. Highlighting boundaries	10. Building the therapeutic alliance: establishing therapeutic goals
3. Reframing the problem	7. Systemic questions: fostering perspective-taking	11. Tracking the interactional cycle
4. Interactional structuring: deescalation	8. Engendering hope	12. Interactional structuring: initiating enactments

Goals of This Book

The primary goal of this book is to help trainees achieve competence in core SFT skills. The expression of that skill or competency may look somewhat different across clients or even within a session with the same client.

The SFT deliberate practice exercises are designed to achieve the following:

1. Help systemic family therapists develop the ability to apply the skills in a range of clinical situations.
2. Move the skills into procedural memory (Squire, 2004) so that systemic family therapists can access them even when they are tired, stressed, overwhelmed, or discouraged.
3. Provide systemic family therapists in training with an opportunity to exercise the particular skill using a style and language that is congruent with who they are.
4. Provide the opportunity to use SFT skills in response to varying client statements and affect. This is designed to build confidence to adopt skills in a broad range of circumstances within different client contexts.
5. Provide systemic family therapists in training with many opportunities to fail and then correct their failed response on the basis of feedback. This helps build confidence and persistence.

Finally, this book aims to help trainees discover their own personal learning style so they can continue their professional development long after their formal training is concluded.

Who Can Benefit From This Book?

This book is designed to be used in multiple contexts, including in graduate-level courses, supervision, postgraduate training, and continuing education programs. It assumes the following:

1. The trainer is knowledgeable about and competent in SFT.
2. The trainer is able to provide good demonstrations of how to use SFT skills across a range of therapeutic situations, via role-play, video, or both. Or the trainer has access to examples of SFT being demonstrated through the many psychotherapy video examples available through online libraries or trainers. For example, most university libraries have access to therapy video collections that provide examples of work with couples and families.
3. The trainer is able to provide feedback to students regarding how to craft or improve their application of SFT skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of SFT and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

The exercises covered in this book were piloted in five training sites in the United States and Australia. This book is designed for trainers and trainees from different cultural backgrounds and countries of origin.

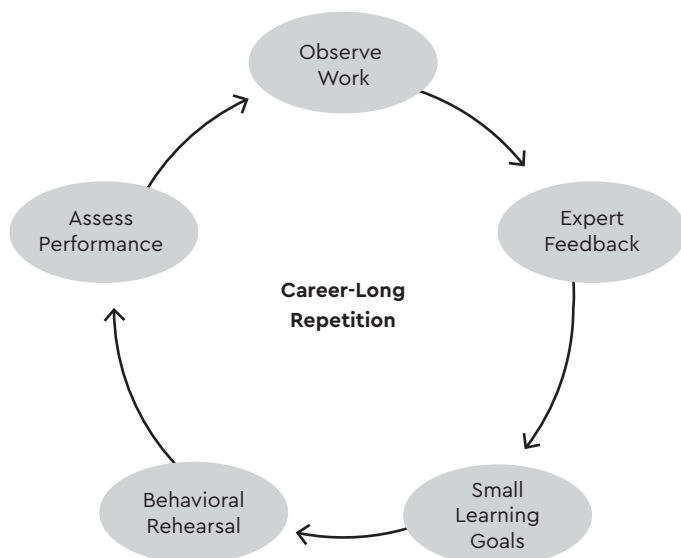
This book is also designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists. All exercises feature guidance for adjusting the difficulty to precisely target the needs of each individual learner. The term *trainee* in this book is used broadly, referring to anyone in the field of professional mental health who is endeavoring to acquire SFT psychotherapy skills.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable, and what is simply beyond our reach, due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. A mixture of awe, admiration, and even confusion surround people such as Mozart, Leonardo da Vinci, or more contemporary top performers, such as basketball legend Michael Jordan and chess virtuoso Garry Kasparov. What accounts for their consistently superior professional results? Evidence suggests that the amount of time spent on a particular type of training is a key factor in developing expertise in virtually all domains (Ericsson & Pool, 2016). "Deliberate practice" is an evidence-based method that can improve performance in an effective and reliable manner.

The concept of deliberate practice has its origins in a classic study by K. Anders Ericsson and colleagues (1993). They found that the amount of time practicing a skill and the quality of the time spent doing so were key factors predicting mastery and acquisition. They identified five key activities in learning and mastering skills: (a) observing one's own work, (b) getting expert feedback, (c) setting small incremental learning goals just beyond the performer's ability, (d) engaging in repetitive behavioral rehearsal of specific skills, and (e) continuously assessing performance. Ericsson and his colleagues termed this process "deliberate practice," a cyclical process that is illustrated in Figure 1.1.

FIGURE 1.1. Cycle of Deliberate Practice



Note. From *Deliberate Practice in Emotion-Focused Therapy* (p. 7), by R. N. Goldman, A. Vaz, and T. Rousmaniere, 2021, American Psychological Association (<https://doi.org/10.1037/0000227-000>). Copyright 2021 by the American Psychological Association.

Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known “10,000-hour rule” popularized by Malcolm Gladwell in his 2008 book, *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool, 2016). Even though helpful, the work of Gladwell perpetuated two misunderstandings. First, that this is the number of deliberate practice hours that everyone needs to complete to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

The second misunderstanding is that engagement in 10,000 hours of *work performance* will lead one to become an expert in that domain. This misunderstanding holds considerable significance for the field of psychotherapy, where hours of work experience with clients has traditionally been used as a measure of proficiency (Rousmaniere, 2016). But, in fact, we know that amount of experience alone does not predict therapist effectiveness (Goldberg et al., 2016). It may be that the *quality* of deliberate practice is a key factor.

Psychotherapy scholars, recognizing the value of deliberate practice in other fields, have recently called for deliberate practice to be incorporated into training for mental health professionals (e.g., Bailey & Ogles, 2019; Hill et al., 2020; Rousmaniere et al., 2017; Taylor & Neimeyer, 2017; Tracey et al., 2015). There are, however, good reasons to question analogies made between psychotherapy and other professional fields such as sports or music because, by comparison, psychotherapy is so complex and free form. This is especially true when it comes to working with complex systems such as those who present to systemic family therapists for treatment. Sports have clearly defined goals, and classical music follows a written score. In contrast, the goals of psychotherapy shift with the unique presentation of each client system at each session. Therapists do not have the luxury of following a score.

Instead, good psychotherapy is more like improvisational jazz (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are co-constructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) lists 18 skill areas that students must master, each of which has multiple discrete skills including tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. As legendary jazz musician Miles Davis put it, “You have to play a long time to be able to play like yourself” (Cook, 2005).

The main idea that we would like to stress here is that we want deliberate practice to help SFT therapists become themselves. The idea is to learn the skills so that you have them on hand when you want them. Practice the skills to make them your own. Incorporate those aspects that feel right for you. Ongoing and effortful deliberate practice should not be an impediment to flexibility and creativity. Ideally, it should enhance it. We recognize and celebrate that psychotherapy is an ever-shifting encounter and by no means want it to become or feel formulaic. Strong SFT therapists mix an eloquent integration of previously acquired skills with properly attuned flexibility. The core SFT responses provided are meant as templates or possibilities, rather than “answers.” Please interpret and apply them as you see fit, in a way that makes sense to you. We encourage flexible and improvisational play!

Simulation-Based Mastery Learning

Deliberate practice uses simulation-based mastery learning (Ericsson, 2004; McGaghie et al., 2014). That is, the stimulus material for training consists of “contrived social situations that mimic problems, events, or conditions that arise in professional encounters” (McGaghie et al., 2014, p. 375). A key component of this approach is that the stimuli being used in training are sufficiently similar to the real-world experiences—that they provoke similar reactions. This facilitates *state-dependent learning*, where professionals acquire skills in the same psychological environment where they will have to perform the skills (Fisher & Craik, 1977; Smith, 1979). For example, pilots train with flight simulators that present mechanical failures and dangerous weather conditions, and surgeons practice with surgical simulators that present medical complications. Training in simulations with challenging stimuli increases professionals’ capacity to perform effectively under stress. For the psychotherapy training exercises in this book, the “simulators” are typical client statements that might actually be presented in the course of therapy sessions and call upon the use of the particular skill.

Declarative Versus Procedural Knowledge

Declarative knowledge is what a person can understand, write, or speak about. It often refers to factual information that can be consciously recalled through memory and often acquired relatively quickly. In contrast, procedural learning is implicit in memory and “usually requires *repetition of an activity*, and associated learning is demonstrated through *improved task performance*” (Koziol & Budding, 2012, pp. 2694, emphasis added). *Procedural knowledge* is what a person can perform, especially under stress (Squire, 2004). There can be a wide difference between their declarative and procedural knowledge. For example, an “armchair quarterback” is a person who understands and talks about athletics well but would have trouble performing it at a professional level. Likewise, most dance, music, or theater critics have a very high ability to write about their subjects but would be flummoxed if asked to perform them.

In SFT training, the gap between declarative and procedural knowledge appears when a trainee or therapist can recognize and perhaps even deeply appreciate, for example, a well-designed SFT reframe that shifts the meaning of the problem for all members of the system and changes the ways in which they dialogue about the problem. **The sweet spot for deliberate practice is the gap between declarative and procedural knowledge.** In other words, effortful practice should target those skills that the trainee could write a good paper about but would have trouble actually performing with a real client. We start with declarative knowledge, learning skills theoretically and observing others perform them. Once learned, with the help of deliberate practice, we work toward the development of procedural learning, with the aim of therapists having “automatic” access to each of the skills that they can pull on when necessary.

Now we turn to a little theoretical background on SFT to help contextualize the skills of the book and how they fit into the greater training model.

Systemic Family Therapy

SFT is a widely used approach to working with problems, and it is particularly useful for problems that are manifested or maintained within a context such as a relationship, a family, or group. SFT is rooted in systems thinking, which aims to shift dynamics within

a system—for example, repetitive and unhelpful patterns of relating—and through these shifts in the system, change the role and meaning of the problem among system members (Bertalanffy, 1968). Although systemic family therapists work with individuals, most of the exercises in this book apply to working with more than one member of a system at the same time. For example, when working with couples, both members of the couple will be together in the therapy room with the systemic family therapist. Likewise, when working with adolescents and children, the systemic family therapist will almost always include caretakers such as parents directly in the treatment process. SFT treatment begins with the therapist meeting together with system members in a process of building a therapeutic relationship with the system. In this process, the therapist forms emotional connections with each system member and brings them onto the same page in terms of the goals for treatment and the methods used to achieve these goals. During the early stages of treatment, therapists spend time learning about the system and its relational dynamics. This includes historical events related to the system, history of the presenting problem, involvement in the problem, and the like. This information allows the therapist to form a systemic conceptualization of the problem, including initial hypotheses about the problem and its resolution. This conceptualization guides treatment interventions that are implemented in collaboration with members of the system. For example, if a therapist conceptualizes a child's acting-out behaviors as related to poor leadership on the part of parents in the system, the therapist would work with the parents, helping them to agree on system rules and consequences for when rules were broken. Interventions implemented may shift over time as more information comes to light based upon new feedback obtained by the therapist. Systemic therapy can also be accomplished by working with individuals, changing the ways in which they think about or relate to others in their circle of relationships (e.g., McGoldrick & Carter, 2001).

SFT Skills in Deliberate Practice

There are many important skills core to SFT practice. In this book, we picked 12 that we believe are foundational to excellent clinical work. We present these skills in three categories—beginner, intermediate, and advanced—although each skill is important and can be used at all points of the therapy process. Several of the skills are related to engagement of system members in treatment. These include the two exercises on the therapeutic alliance (bonds and goals), reframing, and providing a systemic rationale for treatment. These skills all serve to motivate members of the system to work in therapy with the goal of arriving at a resolution of their problems. Essentially, they provide members of the system with a safe place to do the work of therapy and credible goals to work on in treatment. There are exercises that focus on key skills used when intervening in systems and their often-complex dynamics. These include avoiding triangulation, highlighting boundaries, and asking systemic questions. We also include three exercises on assessing and tracking interactional cycles in systems with a focus on tracking the cycle, deescalation, and enactment. Finally, there are two exercises that contain skills that bridge every aspect of therapy—the important topic of working with diversity and instilling hope in clients.

The SFT Skills Presented in Exercises 1 Through 12

In this section, we provide an overview of each skill and why it is important. Each skill is also described in more detail in every exercise.

Providing a Systemic Rationale for Treatment

A key defining feature of SFT therapists is their conceptualization of problems and mental health difficulties in relational terms. It is common practice for systemic family therapists to work with more than one system member in the therapy room at a time, or when there is only an individual, to work with their problem while keeping the larger context in view. When working with multiple system members at once, it is important to work to get them all on the same page in terms of treatment and its direction. Early on in systemic treatment, the therapist provides a systemic rationale for the work of therapy, and this helps system members to buy into treatment and increases their motivation to use therapy as a vehicle to change.

Building the Therapeutic Alliance: Establishing Bonds and Joining the System

It is well established in the literature that the strength of the therapeutic alliance is one of the most robust predictors of positive outcomes in therapy. Yet training in core alliance skills is lacking. Establishing sound bonds between the therapist and each member of the system presenting for therapy is essential to effective engagement of the system in therapy, and it is facilitative of successful therapeutic work.

Reframing the Problem

One of the key constructs across SFT models, *reframing* entails coming up with a new, plausible, and more adaptive frame for the situation in which members of a system find themselves. When reframing is skillfully accomplished, system members experience changes in the way they view their problems, a new way of looking at their situation. Reframing serves to reduce negative interactions between members of a system, especially early on in treatment, and provides a platform where system members can engage in more productive conversations, free from attack and blame.

Interactional Structuring: Deescalation

A core skill required by systemic family therapists is the ability to deescalate a situation so that system members can engage in the work of treatment. Interactional structuring occurs when a therapist facilitates the interactions between those who are present in sessions. In Exercise 4, deescalation occurs when the therapist increases the structure of the session. This process is especially useful when systems present in therapy with high levels of tension and reactivity between system members. Interactional structuring resulting in deescalation is a key intervention during the early stages of therapy. In deescalating sessions, a therapist will provide rules and guidelines to system members, and for this exercise the rule is that all in-session interactions are filtered through the therapist. Overall, the goal of this skill is to decrease negativity and other disruptive interaction patterns by changing the sequences of these interactions by directing them to be routed through the therapist.

Avoiding Triangulation

Triangulation of the therapist is always possible in therapy with multiple system members (Rait, 2000). Triangles are a concept derived from Bowen theory (Bowen, 1978). A triangle serves to diffuse tension in a relationship between two people by drawing a third person into the fray. In SFT, it is often a challenge for the therapist to remain detriangulated from family issues because their role is to work with the tension of the couple

or family system. Bowen saw a two-person system as being stable in the midst of calm exchanges but unstable when tension increased. Rait (2000) suggested that every therapeutic encounter in which there is more than one client runs the risk of triangulation resulting. Bowen suggested that if the therapist is continually aware of triangles and the impact they have in a family system, they will do a better job of remaining emotionally calm in the midst of triangles. Triangles are everywhere, and thus it is sometimes difficult to avoid them. However, the emotional intensity one experiences while in the midst of triangles is important. If one is stirred up emotionally in the midst of a triangle, it is difficult for the therapist to be truly helpful to a family. It is important from a Bowenian perspective that the therapist is able to control their emotional reactivity as they engage with a family. Bowen suggested that the therapist's awareness of triangles and their emotional reactivity can help the therapist remain outside of the family while being emotionally in contact with the family in the sense of being present in the session. The exercise on triangulation helps the therapist practice strategies to avoid triangles, an extremely useful therapeutic technique in working with systems.

Highlighting Boundaries

Setting and highlighting boundaries is a key therapy intervention in systems. Each system has roles, rules, and boundaries—both spoken and unspoken—that regulate the physical and emotional movement of people into and out of the family system and influence the connections between system members. Ideal boundaries are clear, structured, and flexible. When boundaries are too rigid or too diffuse, families struggle to adapt to challenges that arise. Highlighting boundaries helps therapists to assess and draw attention to the ways in which family members relate to each other. The skill described in Exercise 6 helps the therapist to reflect on boundaries in the moment in therapy and then encourage system members to talk directly about them in session (i.e., enactment). The resulting enactment is a conversation in the moment with a new set of rules (boundaries) in which system members are able to communicate directly with each other. The therapist can shift boundaries and rules within the enactment to allow family interaction patterns to be experienced differently by members of the system.

Systemic Questions: Fostering Perspective-Taking

One key skill to working with systems is the ability of therapists to ask good questions that open up new ways of thinking about a situation. These reflexive questions help system members to think about themselves and their role in their relationships. In this exercise, we focus on one important type: perspective-taking questions, which help system members consider the perspectives of other important people in their system. Perspective-taking questions challenge system members in gentle ways without being confrontational. These questions help one system member think about another member's internal experience and the ways in which behaviors influence these members. These questions can address emotions, cognitions, or behaviors. They are questions that focus on the here and now and bring client awareness into the present and help clients to deepen their awareness of themselves and to consider viewpoints they may not have previously considered.

Engendering Hope

Engendering hope is a common factor across theories of SFT. When system members feel more hopeful, they are more engaged in treatment and more motivated to change

their situation. The opposite is also true: When they feel less hope-filled, they become demoralized and demotivated and may end up just going through the motions in therapy. There are few operational ways in which to increase hope in SFT. In Exercise 8, we offer a skill that helps therapists validate clients and offer a different perspective of their situation, with a particular focus on their strengths and on optimistic outcomes.

Attention to Diversity

It is essential that systemic family therapists are competent and comfortable working with diversity in all of its forms as a wide range of systems present for therapy. Each system represents its own unique culture. Attending to diversity and equity in treatment relationships allows for deeper and more authentic therapeutic relationships. A system member's social identities, and the intersection of those multiple identities, provide a window for the therapist into an individual's life experiences and provide an opportunity for the therapist to deepen the therapeutic process. It is essential that the therapist creates a safe space to bring topics of diversity into the fore in the therapy process (PettyJohn et al., 2020). Conversations initiated by the therapist that attend to diversity allow both the client and therapist the opportunity to acknowledge their own positionality, intersectional identities, and points of privilege. Exercise 9 gives therapists the opportunity to practice skills that allow them to approach client systems with genuineness and curiosity about their unique life experiences.

Building the Therapeutic Alliance: Establishing Therapeutic Goals

Establishing goals is an important alliance variable in therapy. It is more complex when more than one member of the system presents for treatment as the therapist must work to meet the goals of each member present. This is a challenge at times because these goals may be very different. Having strategies on how to work with multiple system members and competing goals is a key step in establishing sound therapeutic alliances in SFT.

Tracking the Interactional Cycle

In working with systems, therapists need to be able to track patterns of interaction to understand best where to intervene in a system. Relationships in systems are characterized by circular causality (Partners 1 and 2 are mutually influencing one another). An individual's thoughts, feelings, and behaviors are often linked to preceding thoughts, feelings, and behaviors by other members of the system. The goal of Exercise 11 is to help therapists become proficient at understanding the negative interactional cycle of a system so that they can in turn help clients think systemically about their experiences and explore their roles in the interactional cycle. This process helps clients understand more fully the relationship between their inner experiences and their behaviors and emotions, within their family system. Tracking interactional patterns is a necessary first step to being able to intervene in maladaptive interactional patterns, a key skill in SFT.

Interactional Structuring: Initiating Enactments

Enactments are a key SFT intervention skill due to the number of system members present in the room at a time. Interactional structuring helps to facilitate interactions among system members present for treatment. Interactional structuring occurs when the therapist facilitates the flow of interaction between family members present in

session. These are best accomplished by in-the-moment enactments, the process by which therapists intentionally decrease the structure of the session and allow system members to interact with each other as they would outside of therapy. In enactments, therapists step back and facilitate direct interaction between clients and through this process learn a great deal about how system members interact with each other. The skill in Exercise 12 focuses on initiating enactments between members of the system. The usefulness of this skill is that it facilitates system member interactions with each other and ultimately provides them with an experience of each other that is different and potentially more healing than they usually have with one another outside of therapy.

The Role of Deliberate Practice in Systemic Family Therapy Training

Training programs that focus exclusively on training in SFT in the United States are accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Other types of degrees (e.g., social work, counseling), both in the United States and internationally, also include SFT practice as part of clinical training. Master's-level training programs usually begin their training with basic skills and theory pertaining to working with systems. There is typically an accompanying prepracticum course in which initial therapy skills are learned. In addition, in all accredited SFT programs, students engage in weekly supervision with a trained supervisor and are required to have a portion of this supervision focus on raw data that include either video or live therapy sessions. If programs were to integrate deliberate practice into training, it would be ideal if there were a strong interface among instruction in theory, clinical intervention, practicum, and supervision. In theory and clinical classes, new therapists first learn the key skills for therapy effectiveness and the theoretical rationale behind these approaches. In pre-internship and internship settings, beginning therapists first learn to apply these skills, and it is in these courses that skills are often practiced. Supervision is a context in which a supervisor can continually monitor the work that is conducted by therapists in training. We see integration of deliberate practice throughout programs as ideal, with the core SFT skills described in this book assessed and tracked throughout training. All accredited programs are asked to identify and track key student outcomes as a part of their accreditation standards. Deliberate practice provides an ideal mechanism to teach and assess these outcomes.

Overview of the Book's Structure

This book is organized into three parts. Part I contains this chapter and Chapter 2, which provides basic instructions on how to perform these exercises. We found through testing that providing too many instructions up-front overwhelmed trainers and trainees, and they ended up skipping past them as a result. Therefore, we kept these instructions as brief and simple as possible to focus only on the most essential information that trainers and trainees will need to get started with the exercises. Further guidelines for getting the most out of deliberate practice are provided in Chapter 3, and additional instructions for monitoring and adjusting the difficulty of the exercises are provided in Appendix A. **Do not skip the instructions in Chapter 2, and be sure to read the additional guidelines and instructions in Chapter 3 and Appendix A once you are comfortable with the basic instructions.**

Part II contains the 12 skill-focused exercises, which are ordered on the basis of their difficulty: beginner, intermediate, and advanced (see Table 1.1). They each contain a brief overview of the exercise, example client–therapist interactions to help guide trainees, step-by-step instructions for conducting that exercise, and a list of criteria for mastering the relevant skill. The client statements and sample therapist responses are then presented, also organized by difficulty (beginner, intermediate, and advanced). The statements and responses are presented separately so that the trainee playing the therapist has more freedom to improvise responses without being influenced by the sample responses, which should only be turned to if the trainee has difficulty improvising their own responses. The last two exercises in Part II provide opportunities to practice the 12 skills within simulated psychotherapy sessions. Exercise 13 provides a sample psychotherapy session transcript in which the SFT skills are used and clearly labeled, thereby demonstrating how they might flow together in an actual therapy session. SFT trainees are invited to run through the sample transcript with one playing the therapist and the others playing the clients to get a feel for how a session might unfold. Exercise 14 provides suggestions for undertaking actual mock sessions, as well as client profiles ordered by difficulty (beginner, intermediate, and advanced) that trainees can use for improvised role-plays.

Part III contains Chapter 3, which offers additional guidance for trainers and trainees. While Chapter 2 is more procedural, Chapter 3 covers big-picture issues. It highlights six key points for getting the most out of deliberate practice and describes the importance of appropriate responsiveness, attending to trainee well-being and respecting their privacy, and trainer self-evaluation, among other topics.

Three appendices conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a Deliberate Practice Reaction Form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B includes a Deliberate Practice Diary Form that can be used to during a training session's final evaluation to process the trainees' experiences, but its primary purpose is to provide trainees a format to explore and record their experiences while engaging in additional, between-session deliberate practice activities without the supervisor. Appendix C presents a sample syllabus demonstrating how the 14 deliberate practice exercises and other support material can be integrated into a wider SFT training course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

Downloadable versions of this book's appendices, including a color version of the Deliberate Practice Reaction Form, can be found in the "Clinician and Practitioner Resources" tab at <https://www.apa.org/pubs/books/deliberate-practice-systemic-family-therapy>.