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## **Challenges faced by beginning School-Based Family Counselors and their counselor educators: Case conceptualization, intentionality and the Dialectic-Systemic**

*Peter Geiger, University of San Francisco*

*Ars medica est tota in observationibus - Observing is the essence of healing*  
(Inscription on frieze, Universitat de Barcelona)

**Beginning School-Based Family Counselors are observed taking a reified approach to case conceptualization, focusing too narrowly on the presenting narrative and prematurely assuming treatment goals and implementation of goal-specific interventions. The reified approach is incompatible with the key attribute in School-Based Family Counseling of “looking beyond” - yet is reinforced within students’ placement settings; it is correlated with diminished deployment of both empathy and “Dialectic-Systemic” functioning. The problem is redefined as the problem of the counselor educator: how can s/he foster the student’s development in the Dialectic-Systemic? A possible solution is to import into the discourse of counseling selected concepts and methods from the domain of psychotherapy and the school of self psychology.**

**Keywords: School-Based Family Counseling, case conceptualization, counselor education, developmental counseling and therapy, intentionality, immediacy.**

Correspondence concerning this article should be addressed to Peter Geiger, P.O. Box 460053, San Francisco, CA. 94146, USA (email: ptrgeiger@aol.com).

### **Apologia**

I am a clinician turned counselor educator. This paper subjects my personal observation and experience in counselor education to analysis in terms of my theoretical background as a clinician. Before I became a School-Based Family Counselor my primary training was under Michael Kahn, who emphasized the therapeutic relationship, transference and countertransference, and the blending of humanistic and psychoanalytic theory in Heinz Kohut’s self psychology (Kahn, 1997). Another teacher to whom I owe a profound debt of gratitude is Judy Hess, whose Gestalt- and

Systems-informed style of working with couples and families emphasizes interpersonal communication (Hess & Cohen, 2008).

As an instructor in the predominantly cognitive-behavioral and solutions-focused Marriage and Family Therapy Program at the University of San Francisco, Sacramento Campus, where I was invited to teach in 2006, I am an outlier. As Bateson tells us, information is understood as news of difference or “differences that make a difference” (Bateson, 1979, p. 99). The differences which I, this different instructor, observed in my students as beginning clinicians in their first year of clinical work, and the divergences between their theoretical and training lineage and mine, are therefore both the context and the impetus for this paper.

### **“Looking beyond”**

School-Based Family Counseling is defined by the clinician’s basic stance in looking beyond the presenting problem to the aetiology and reinforcement of the problem in the various systems affecting the problem-bearer (Soriano et al., 2009). The counselor focuses not only on Johnnie hitting his classmates but also on who Johnnie is in context and how it happens that his best recourse is to lash out.

### **Reification and counselor development**

We reify when we use an abstract noun or phrase to describe a pattern of events or behaviors. Reification is useful: we may need to define or delineate something and to confer efficiently with colleagues; perhaps it assuages our anxiety to delimit and concretize something and give it a name. But when we reify we turn a living, dynamic process into something static and unchanging. Reification in psychology is omnipresent. Every diagnosis is a reification. It is convenient for us to speak of “bipolar disorder” or “a hypomanic episode.” But these things do not really exist. What exists is a client who behaves and feels in certain ways for reasons which are understandable to us if we can feel into them. We may observe that the more we reify people and their processes, the more we remove ourselves from a position of empathy: we may reify clients, speaking of “my borderline” or “my alcoholic.”

The classroom teacher refers a student to the counselor for “anger-management.” This presenting narrative iterates a reified case conceptualization. No matter that the child’s anger comes from somewhere and can be understood as a logical response to his environment. We may observe that those calling upon the clinician to manage or medicate the anger are also contributing to its persistence. While the presenting problem is the anger in the child, the underlying problem is most likely elsewhere in the system. Simply “managing” the anger may not be good enough. A counselor assuming the goal of dissipating anger symptoms demonstrates a reified approach and curtails her ability to empathize with the child’s angry response to his environment. Why are some counseling students more inclined to reified case conceptualization and less inclined to look beyond the confines of the presenting problem?

In *Developmental Counseling and Therapy: Promoting Wellness over the Lifespan*, Allen Ivey and co-authors (2007) present us with a neo-Piagetian developmental schema. “DCT” posits four “Styles” of cognitive-emotional functioning and communication, inviting us to assess ourselves and our clients in terms of predominant or preferred Style or Styles in order to more accurately correlate our interventions with the client’s level of development. In the Sensorimotor

Style emotions predominate and the person “is” the emotion; in the Concrete Style facts, figures and factual narratives predominate in the person’s communications, and affect is secondary or hardly in evidence; in the Formal Style the person increasingly makes use of the observation of patterns in events and behavior, draws inferences from the patterns, and discusses these inferences; while the Dialectic-Systemic Style is defined by the person’s ability to think outside the box and see themselves, their relationships and functioning from a “big-picture” perspective.

The developmental trajectory of a person may be compromised by environmental factors or insult - which disturbances shape our personality Style. This is seen not as a deficit or disorder but as a logical response to environmental challenge. Subsequent events may further challenge the person and may be adaptively negotiated only by catching up with development in one or more of the four Styles; else the person may become symptomatic, because of the failure of the personality structure to cope with the new challenge (Ivey et al., 2007).

Ivey et al. (2007) have advanced a series of hypotheses: the wider culture largely operates in the Concrete Style; most clients are predominantly Concrete, and the Concrete Style is correlated with the cognitive-behavioral and problem-solving approaches in counseling and psychotherapy; the development of empathy in the person occurs along with development in the Formal Style, and this Style is predominant in most counselors and therapists; the Dialectic-Systemic Style is correlated with systems theory and therapies such as feminist therapy and multicultural counseling and therapy. I propose that School-Based Family Counseling and its essential feature of a basic stance of looking beyond the presenting problem is similarly correlated with Dialectic-Systemic capability in the clinician.

These considerations invite the following new hypothesis: counseling and therapy are a Dialectic-Systemic endeavor occurring in a Concrete context; the predominantly goals-based attitudes and biases of the prevailing culture, as when the classroom teacher requests anger-management for the child, reinforce the reified approach in counselors whose predominant Style in cognitive-emotional functioning and communication is more on the Concrete side of Formal and less on the Dialectic-Systemic side.

### **Three typical problems of less Dialectic-Systemic School-Based Family Counselors**

I observe that the less Dialectic-Systemic student counselors are inclined:

- to take the referral narrative or client discourse at face value,
- to some curtailment in empathy,
- to avoid using countertransference or immediacy as a tool or technique,
- to avoid looking beyond,
- to apply goal-specific interventions perceived to be remediating and curative in terms of the presenting discourse.

These phenomena are illustrated in three characteristic student presentations described below.

#### ***Problem #1 “I don’t know where to go from here”***

[counselor discussing female client aged 15] *“I started building rapport and mapping the problem; she wonders if she should dump her boyfriend; there are some things she*

*likes about him and some things she doesn't; I don't know where to take it from here; shall I make an inventory of the boyfriend's pros and cons?"*

Problem #1 is a very slight problem, normal and ordinary in a beginning counselor. However it is right here that the prospective School-Based Family Counselor is either made or unmade by the response of the instructor or supervisor. The supervisor must model looking beyond and make a developmental assessment of both client and counselor.

### *Process*

The essential feature in Problem #1 is anxiety. The student asks "*Where do I go from here?*" The supervisor must therefore determine to what extent this is beginner's anxiety (whether appropriate or excessive) and, now borrowing a concept and method from the domain of psychotherapy, to what extent it is the anxiety of the client, communicated via projective identification. Who is anxious - and what kind of thinking is fueling the anxiety?

### *Goals*

Wanting to escape her anxiety, the client sees her goal as coming to a decision about her relationship. To make a decision one must know what one feels, which implies Sensorimotor development: clients exhibit "disavowal" (Cortright et al., 2003) and it will be very helpful for the client if the counselor can help her untangle her feelings and own her disavowed experience. Underpinning our endeavor is empathy. We have to understand the client's frame of reference, her anxieties, hopes and disavowed experience. We must indeed understand the boyfriend's pros and cons as the client experiences them. The cognitive-behavioral intervention of making an inventory is an excellent way to proceed, since it follows the path indicated by the client and, at this early stage in intervention, it furthers assessment and information gathering. So if we say to the student: "*Yes, go ahead, make an inventory of boyfriend's pros and cons*" - is this the correct response?

I argue this is in fact a dangerous response because we have not yet arrived at an intersubjective understanding of what the student's communication is pointing to (Igoa González, 2009). Seale (2010) has defined inter-subjectivity as "the common-sense, shared meanings constructed by people in their interactions with each other..." We must not fail to deploy our capacity for looking beyond and must establish in our communication with the student whether or not we share each other's constructions and inferences around the proposed intervention. Before we affirm and reinforce the student we need to clearly and unequivocally establish parameters in case conceptualization and investigate intentionality (Ivey & Ivey, 2006; Ivey et al., 2007): what does the student intend or expect in making the inventorying intervention?

The educator should aim to explicate the student's process and meaning-making. Does the fact that the student is asking the question mean that part of her doesn't really think it is as simple as all that? And does that idea bring on feelings of anxiety...and so forth. The reason that this very slight problem is Problem #1 is because here the student-counselor is actually asking: "*Shall I look beyond what I take to be the presenting problem?*" The response of "*It depends*" opens the discourse and facilitates beginning to look beyond. Encouraging the student to considerations of intentionality is a Style-shift (Ivey et al., 2007) to prompt development in the Dialectic-Systemic.

*Possible answer to student*

[educator] *“It depends. Is this a case about weighing up the evidence and making a decision? If so, it seems the inventory is the solution. But when you say ‘I don’t know where to go from here’, it seems to me that your instincts are telling you, yes, your client indeed needs to talk more about the boyfriend’s pros and cons. This is the logical next step - yet you are also expressing doubt about your intentionality: what if the inventory intervention cures her...and what if it doesn’t? Is it right if it does and wrong if it doesn’t? This is why I can answer your question only by saying ‘It depends’. If there is only one string to your bow, if the case is a decision-making problem to be solved by the inventory, this intentionality is, in my opinion, incorrect. But you can - indeed should - make the inventory intervention correctly, with dual intentionality: if it doesn’t result in a cure you will find out more about the client and how she functions in relationship, and you will be positioned to look beyond the problem as she has framed it to you.”*

**Problem #2 “Educating without understanding”**

[counselor discussing male client aged 11] *“My client has a difficult background and a problem with anger; the other kids say mean things and my client lashes out; he lacks the tools to talk himself out of trouble; I’m trying to role-play the kinds of conversations he might have with the other kids to solve the problem; but he leans back during these discussions and I feel he’s just going along with me because I’m the school counselor...”*

*Goals*

The client wants to feel better in his interactions at school; and right now he wants to feel better about interactions in the counseling room.

*Process*

Are the two linked? The essential feature in Problem #2 is the student’s anxiety to help her client, which leads her to quickly assume that the client needs conversational tools to get back on track with the other kids; in reifying her case conceptualization the student has lost touch with what the client is feeling - except that the student has come to realize that the client is not feeling enthusiastic in their discussions.

*DCT assessment*

At eleven years the client may be expected to have begun developing in the Formal and Dialectic-Systemic Styles and to be laying some foundation in, respectively, empathy and emotional intelligence. However, his difficult background has set back his developmental trajectory; he is stifling his Sensorimotor, is underweight in his Formal, and his Dialectic-Systemic is not in evidence; it makes sense that he relies on his Concrete - and his fists. The student counselor is also relying Concretely on the evidence of her client’s lack of ability to talk to the other kids. She is not inquiring into the developmental aetiology of this lack - nor connecting it with her own inability to talk to her client.

Relating this to the domain of psychotherapy, self-psychologists such as Kahn (1997), drawing from Gill (1982a, 1982b), Kohut (1971), and Kohut et al. (1984), hold that a transference discussion between counselor and client in itself holds powerful potential for healing. The student-counselor's feeling of "...he's just going along with me because I'm the school counselor..." is seen as projective identification and a pointer to what must follow if the intervention is to get back on track. If the counselor responds to her own anxiety by redoubling goals-based efforts to educate the client, the client may leave counseling (if allowed by the school) or will become minimally responsive. While the self-psychologist must use the evidence of the projective identification to initiate a transference discussion, as advocated by Modell (1990), following Heimann (1950), Racker (1968) and Bion (1970), the counselor or therapist with another orientation is similarly best advised to use immediacy. Wheeler and D'Andrea (2004) emphasize both the importance of this skill for counselor education and students' resistance to acquiring it. I have found such resistance in my students manifested in such patterns as: "*My client's father is my father's age and I find it really hard to take control of the discussion*" or (returning to the vignette) if I tell my client, "*I feel like you're just going along with me*", this exposes me to him as a beginning counselor who is floundering. The task therefore for the counselor educator is to find ways of encouraging students to acquire competencies not only in looking beyond but also in awareness of transference issues and in immediacy/transference discussion.

#### *Possible answer to student*

[educator] "*It's great you're bringing this problem to me. You and the client appear to be on different wavelengths - almost in parallel to the way he's on a different wavelength from the other kids. Your issue appears to be that you had a single intention in the role-play intervention - that of getting around the problem; in fact your back-up intention of clarifying your treatment plan is in place: finding that the client doesn't have the developmental assets to make use of your role-play, you now know you have to work to lay the developmental foundation in the Sensorimotor and in the Formal; and you may be able to accelerate the process by talking about what's going on between you - can you let him know you get his experience of sometimes being on a different wavelength from you?*"

#### ***Problem #3 "I can't stand the client's negativity"***

[counselor discussing female client aged 15] "*This is the client who doesn't know if she should dump her boyfriend; I did what you said and found out a whole more stuff about her; it seems she's quite sad and feels like she's never going to find what she's really looking for in a relationship; she keeps saying she's not sure she knows what love is; every time I tell her how much she has to offer a boyfriend, every time I bolster her self-esteem, she relapses into the negative story...*"

#### *Goals*

The client wants to feel better about herself.

#### *Process*

This means she wants to feel better about herself *in relationship* (Glasser & Glasser, 2005). What is preventing her from feeling better about herself now, in this counseling relationship, in response

to the counselor's earnest affirmations? The essential feature in Problem #3 is the reified case conceptualization of building self-esteem so as to reduce or eliminate the depression. The student feels the client's cognitions and self-esteem can be changed by persuasion, argument and reiteration; she has also decided that there is no profit in allowing the client's depression into the room; in this way the student has put herself out of touch with what the client is feeling - and is herself feeling frustrated and anxious. Obstructive countertransference is always an important issue for the beginning counselor. In my experience students presenting Problem #3 report a heightened empathic connection, often to the point where they risk being flooded by the negative emotion of the client and fear of being overwhelmed.

In the previous example, Problem #2, the client is having a hard time remaining engaged with the counseling process; in Problem #3 it is the counselor who is loath to remain engaged with the client's negative affect and process. The projective identification is crippling the counselor. The pressure can be relieved and the session put back on track via the technique of appropriately feeding the countertransferential information back into the counseling conversation. The counselor says to the client something like: "As you show me how easy it is for you to lose hope and feel so badly about what you have to offer a boyfriend, I feel flooded with terrible sadness and searing pain - is this something like what you are experiencing inside?" The client will then very likely acknowledge her projected feelings and begin to sob. Self-psychologists hold that feeling her feelings in the presence of an empathic other who also feels them in the intersubjective encounter, allows the client to build self-structure; the client learns she can tolerate or cope with the feelings and does not have to resort to projection or other defense; and she learns further from the intimacy of the experience with the counselor, and may be encouraged to transfer some of the learning to relationships outside the counseling room.

Some students with Concretized ideation of dispelling the client's pain may feel that it is not what a counselor does to sit with a sobbing client, and may take considerable time to develop the necessary skills. While such skills may be legitimized according to theory they must, I find, be acquired experientially. The task of the educator is to prepare the student for a particular client presentation, and support the student very closely when this presentation manifests.

#### *Possible answer to student*

[educator] *"It's great you were quick to note the pattern of her response. What you are describing is, to borrow a term from psychotherapy, a countertransferential war in which the campaigns are, alternately, the counselor yanking the client forcefully into a positive narrative of affirmation and the client, equally forcefully, yanking the counselor back into the depression. I'd like to explore several aspects of this process with you, including the effect it has on you when the client relapses into the negative story - but first of all I would like to ask you a similar question to the question I asked you last week - what is your intention and expectation when you, as you put it, bolster her self-esteem..."*

The counselor working intentionally is required to respond with curiosity when, as here, the client is unable to adopt an intervention. Curiosity is implicit in Dialectic-Systemic thinking and looking beyond to how it comes about that the goals-based intervention is not working. If the student allows himself to sit, with curiosity, with the client's depressive story and feelings it will

allow her underlying cognitions to emerge. This emergence will highlight the workings of the family system in a way that the presenting discourse cannot do. This particular teenager is the same age as her mother was when she was born. The mother is extremely strict and also demeaning, and the client's solution to her most difficult life at home is to find, soon, a man with whom she can live independently of mother. Mother's developmental and consequent parenting problems are an important component of the client's depression and can be accessed by the School-Based Family Counselor only by looking beyond the presenting discourse. This is not a case about self-esteem per se. This is a case about a family whose daughters become pregnant at around sixteen years of age and a mother who projects her guilt onto her daughter. The counselor is now in a position to decide to intervene as appropriate.

### **Empathy and the cultural imperative**

If these common, understandable presentations in the beginning counselor involve curtailment of empathy, what does this say? Bennett (2001) has seen "a secular trend in the leaching away of empathy from the practice of [counseling and] psychotherapy." Bennett is not proposing that counselors are becoming more narcissistic, but rather that there is a cultural imperative discouraging the deployment of empathy.

Let us imagine a client, almost 18, who tells his school counselor that he identifies with the perpetrator of a recent shooting. Like the man in the news, the client is a loner, unsuccessful in romantic relationships, and feels rejected; he stays in his room, surreptitiously watching slasher videos, and reports they make sense to him. The cultural imperative is, first, to ensure safety and, second, to reduce the symptoms disturbing to client, counselor and school. The counselor is accordingly distracted from feeling into and treating the underlying issue of longstanding parental abandonment; nor does she recognize the imperative to form a secure attachment with this adolescent; instead she focuses on interventions such as referral (to a psychiatrist or psychologist for further assessment), on counseling (encouragers to meet or date girls), and on CBT (stopping thoughts). At school level the focus is on liability concerns - turning the supervisory focus away, again, from empathically feeling into client process so as to assess and understand his developmental deficits. Again we note the correlation: when we reify more we empathize less and when we empathize more we reify less. To sum up: the cultural imperative creates an environment which fails to summon or encourage the Dialectic-Systemic function in beginning counselors and in so doing curtails empathy which in turn reinforces the reified approach.

### **The developmental hypothesis: finding solution**

Like their clients, the student counselors are beings engaged in development. DCT proposes that development across the four Styles occurs in response to need or environmental stimulus. It is not accurate to see the students' problems as capable of being corrected by teaching or emphasizing empathy per se. The DCT hypothesis is to see the students as people who have not hitherto in their lives particularly needed to develop their Dialectic-Systemic and who are therefore responding in an entirely understandable way to the world around them. This hypothesis allows us to locate ourselves and our students within a macro-system under pressure and to understand the student presentations as the logical response of individuals having horizons within the system (Ivey et al., 2007).



Ivey et al. (2007) have described the role of counselors in terms of assessing client functioning across the four Styles; joining with the client in the client's dominant or preferred Style; and from there to Style-shift the client intentionally to prompt development or restore functioning in Style(s) which the client is not using or not using sufficiently but which, if better used, will help her grow to find solutions to the presenting problem. For instance, if the client is a victim of trauma or racism, the DCT treatment plan will include advancing the client's development in the Dialectic-Systemic Style; this is because such survivor clients' full adaptation is achieved only when big-picture and outside the box perspectives are integrated into personal narrative. Similarly, the new hypothesis here presented suggests that the counselor educator must assess students in terms of their ability to function in the Dialectic-Systemic and must prompt development in that Style as necessary.

Experiential small-group practice is the hallmark of counselor education. Counseling is best taught with alternate components of the experiential and the didactic, and students generally appreciate the experiential component. I have devised an unfolding series of experiential small group exercises designed to practice empathic "feeling-into" as a clinical intervention in its own right. The key skills of empathic feeling-into and of looking beyond apply to all kinds of counseling and psychotherapy and to all kinds of clients including school-based clients. The students are introduced to the exercises via a discourse which distinguishes goals-based from process-based working and which opens rather than closes off possibilities for looking beyond and, further, which enables the students to see the exercises and the instruction which they are receiving as complementary rather than antithetical to input and information from their placement setting supervisors and concurrent instructors. The following exercise sequence focuses on simple empathic feeling-into.

#### *Instruction to students*

That the client tell her story and that the counselor feel-into the client's experience.

#### *Rationale*

The purpose of the exercise is to see how far one can take things with a basically Rogerian approach; only when one understands this can one be truly intentional in choosing and applying a specific intervention.

#### *Typical process observable by the counselor educator and subsequently discussed in class*

The student in the client role brings up a complex and troubling problem and is able to expound on it at considerable length, often gaining insight simply by continued talking; freed from the burden of having to come up with an intervention the student in the counselor role becomes interested in the client's experience. If, after a certain period of time, the student counselor begins to try to talk the client out of the negative affect or cognition ("*Has the client thought of this solution or that remedy? Can the client see things differently?*"), the counselor educator imports into the assignment the rider that under no circumstances is a solution or counterargument to be offered to the client. The rationale advanced is to see what happens—both in client and in counselor—when we resist the compulsion to "fix" the client.

Although each client has a different issue in terms of content, when the counselor is able to control the impulse to make an intervention it allows each client's process to develop in strikingly

similar fashion, taking the client and her counselor to the experience of a very painful and frustrating dilemma. The dual directions in which the solutions might lie are obvious - as is the fact that implementing either of them would be highly ego-dystonic; if client does A then M will happen, and if she does B then she will feel N.

Arriving at an understanding of the dilemma brings an uncomfortable feeling of stuckness to the client-counselor dyad. If the counselor now decides that the task is to help the client choose the least of the two identified evils, M or N, the counselor educator advances the following narrative: *“You have just learned to look beyond the presenting problem to find that this is not necessarily, possibly ever, ‘the’ problem; there is an underlying process of a dilemma or conflict. Having reached this second level of peeling the onion, you are tempted to choose to apply the remedy here and help the client choose between M and N. But, what evidence do we have that this second level is the level at which to crystallize assessment of the problem and apply the remedial intervention?”* Logically we must maintain the stance of looking beyond and at least be open to a further level, if we are to practice as intentionally as Ivey wishes us to do. Therefore the students are asked to repeat the exercise, but with a further modification.

The instruction for the final modification in the sequence is that when or if the point of the impasse or dilemma is reached, the student in the counselor role should dwell there with the client and feel into the experience of the stuckness and the logic of ‘if I choose A then M will happen, and if I do B then I will feel N’. As well as having a rationale in the concept of intentionality, the new instruction is based also on considerations of transference and countertransference, chief of them being impulse control in the counselor and the counselor’s ability to tolerate the terrible stuckness feeling. I find it is valuable in classroom practice to accrue skills in holding off applying a remedial intervention; far from being the expert and taking the lead, the counselor should hang back in an observer role, assistive to the client’s experience of the dilemma and stuckness. In this way, if there is a message or if there is growth and development to be found in the stuckness, it can more readily emerge.

*Specific instruction to use projective identification in the dwelling*

All students (not only those inclined to Problem #3) are encouraged to borrow selected methods from the domain of psychotherapy to hone their awareness of projective identification; students are guided in analyzing and using the information to assist the unfolding of client process via the technique of appropriately feeding the countertransferential information back into the counseling conversation:

counselor:       Hearing you talk I feel so boxed in!  
client:            Yes! That’s just how I feel...  
counselor:        See if you can tolerate the boxed-inness just a little...does it remind you of anything or suggest a message to you?

*Typical process observable by counselor educator, and to be subsequently discussed with the class*  
Where the practice session goes on for long enough and where the problem or dilemma is situational and nonrecurring, clients are able to decide to move on from the situation - in effect, in terms of the formula, they are able to do B without feeling N. These clients achieve this on their

own terms and in their own time; it does not mean to say the counselor did nothing - far from it - but it does mean the counselor did not cajole, persuade, fix or 'lawyer' the client.

In other cases where the student client's dilemma is chronic, for example a problem communicating with mother-in-law and with husband about mother-in-law, she is able to shift to a self-view of a person having a dilemma as compared with a person who is constantly triggered by mother-in-law: in the terminology favored by the Narrative school of therapy, the problem becomes externalized. Although no solution is found, the externalization affords symptomatic relief: I choose B - and maybe I will or maybe I won't feel N - and maybe I can handle feeling N better than I previously expected. Hanging out in the terrible stuckness with the counselor has paid a dividend. In self psychological terms, self-structure has been built and, with it, the client has worked out how to cope.

#### *Conclusions and final debriefing discussed with the class*

The results of the sequence are discussed and interpreted according to more than one model of counseling and in particular the model or models favored by the students' placement settings. The resolution reached by some clients and discussed above (I choose B and maybe I will or maybe I won't feel N etc.) is termed the "no-solution solution" (cf. Bridges, 2001). The more Dialectic-Systemic the student, the more readily s/he grasps the paradoxical languaging, which also serves as a linguistic Style-shift for the more Concrete/Formal students. Whether or not we subscribe to the view, advanced by certain theorists from the domain of psychotherapy, that the essential healing factor in clinical work is empathy in the relationship, the results from the groups are startling:

- the clients all advanced without a specific remedial intervention being applied,
- the counselors were pulled out of positions similar to Problems #1, #2 and #3,
- the counselors gained insight into their own personal process as well as into the client,
- the counselors were pulled into a position of having to look beyond.

The outcome of the experiment corresponds with the DCT developmental schema: development across the Styles and in particular in the Dialectic-Systemic Style comes in response to environmental prompting; a particular student counselor may not previously in her life have needed to develop very much capacity for looking beyond - until now that she is studying to prepare herself for her new profession. The environment, in the shape of the client with a presenting problem which is capable of being understood in various ways, is now creating a developmental need - and the educator is charged with facilitating the student's development in response to the prompt.

#### **Conclusion**

If we wish to teach a method which requires looking-beyond, as we are preparing people to become School-Based Family Counselors, then we must pay special attention to our students' capabilities in the Dialectic-Systemic. Our education must become intentionally developmental.

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