
A Practical Guide to Family Therapy

Structured Guidelines and Key Skills

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Chapter 3

Deviation Amplifying

The Second Session

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Deviation Amplifying

The Second Session

Paul Rhodes and Andrew Wallis

What is the purpose of this session?

In this first session, the primary aim of therapy is to engage in a conversation with the family that allows both therapist and family to recognise the circular patterns of interaction that maintain the presenting problem in the child (MacKinnon & James, 1987). In this sense, a new perspective on the problem is developed, one that is circular, rather than linear, mediating against the blaming of the child without resorting to the blaming of the family. Once the interview is completed, the reflecting team provides feedback to the therapist in conversation (Andersen, 1987), with the aim of perturbing or disrupting these problem maintaining interactions. In this sense, the first session is concerned with homeostasis. The conversation with the family is aimed at isolating and making sense of the negative feedback processes, developing a reflective capacity that allows room for small deviations to be possible.

The aim of the second session of therapy is to conduct this assessment in a very similar fashion, but with a focus exclusively on processes of change, rather than homeostasis. Instead of asking the family about their concerns, the therapist asks each family member to describe any small deviations in interactions that might have occurred between the two sessions. Instead of plotting a problematic sequence or vicious cycle, the therapist aims to plot a virtuous cycle that includes the deviations described. Each person's contribution to this cycle is amplified using skills from solution-focussed and narrative therapy, thus supporting the transition to a new and more adaptive form of family organisation.

When should I use this session?

In most cases the use of deviation amplifying is recommended for every second session. This is critical, as it takes full advantage of any outcomes from the first session, an opportunity that would be lost if a further problem-oriented session were to be conducted. Deviation amplifying can be conducted at any stage in therapy, following a wide variety of interventions. This chapter provides a comprehensive guide to the process for the second session; the therapist can select and extend specific practices described here for use in future sessions.

There are, however, several situations that would not be suited to deviation amplification in the second session. Firstly, it will be less appropriate if the family has experienced a crisis or a breach of safety of some sort between first and second sessions. A problem-oriented session would be required in these cases. Secondly, it may be prudent to repeat

parts of the initial intervention if new family members join the second session. This provides an opportunity to clarify, fine-tune, or modify the systemic case formulation and feedback.

What is the theory behind this session?

One of the primary concepts in the development of family therapy was that of homeostasis, derived from the study of biological and social systems (Ackoff & Emery, 1972; Bertalanffy, 1968) and adapted by theoreticians to families by the pioneers of family therapy (Bateson, 1972; Jackson, 1957). This concept implies that families regulate their own interactions to preserve equilibrium via corrective feedback mechanisms. While these processes are essentially adaptive, they can also lead to dysfunction when symptomatic or maladaptive behaviour is incorporated into these change-resistant patterns. This concept was so critical in the development of family therapy that the formal recognition of patterns of change in families, or morphogenesis, did not emerge until more than a decade after Jackson's original article on homeostasis (Dell, 1982; Hoffman, 1981; Speer, 1970). Homeostasis was seen, in isolation, as a potentially limiting concept for family therapists one that did not recognise the natural processes inherent in family adaptability to change. These authors drew on the work of the psychiatrist, Maruyama (1963), in differentiating between negative feedback, which counteracted deviations, and positive feedback, which both enabled and amplified them. For Maruyama (1980), changes can occur in leaps, but more often occur gradually. He positioned homeostasis and morphogenesis as two metatypes of causality.

The concept of morphogenesis is most relevant to the second-order cybernetic revolution in systemic therapy in the mid-1980s (Carr, 2006). While the original Milan school can be accused of being somewhat deterministic about the nature of symptom-maintaining interactional patterns (Boscolo, Cecchin, Hoffman & Penn, 1987; Selvini-Palazzoli, 1988; Selvini-Palazzoli, Boscolo, Cecchin, & Prati, 1980;), a social constructionist critique allowed for some irreverence concerning these cherished ideas (Cecchin, 1987) and prepared the ground for a focus on the integration of models in family therapy that was to come (e.g., Breunlin, Schwartz, & Mac-Kune-Karrer, 1992; Pote, Stratton, Cottrell, Shapiro, & Boston, 2002; Carr, 2004).

The concept of morphogenesis provides the ideal vehicle for the integration of systemic practice with solution-focussed and narrative therapy. Solution-focussed therapy (De Shazer, 1985, 1988) emphasises the strengths of the family over aetiological considerations and builds on exceptions to the problem to build a better future. Narrative therapy aims to thicken preferred and liberative stories to help people break free from problem saturated lives (Nicholson, 1995). These models allow the therapist access to familial resources that can be used to promote interactional change, if married theoretically to the principle of circularity.

What are the steps and questions for this session?

A series of steps and related interventive questions are provided below, as guidelines for the second session (see Table 3.1). In some cases, solution-focussed and narrative questions have been employed in a circular question format. From a solution-focussed perspective, this allows one family member to affirm the strengths of another. From a narrative perspective, one can serve as the outsider witness to another. This can be more effective than direct questioning by the therapist, promoting feedback loops that can accelerate the process of change.

Table 3.1 Steps and questions for the session

Steps	Models of therapy
1 Isolate news of difference recalled from the first session	Milan Systemic
2 Identify one or more deviations in familial interactions	Brief Solution Focussed
3 Plot the virtuous cycle	Milan Systemic
4 Use triadic circular questions to explore the circular effects of interactions	Milan Systemic
5 Employ dyadic circular questions to help family members identify strengths in each other responsible for these interactions	Milan Systemic Brief Solution Focussed
6 Employ dyadic circular questions to help family members to situate new behaviours and relational messages in longer standing personal narratives	Narrative
7 Introduce outsider witnesses to consolidate the recognition of preferred stories	Narrative
8 Collapse time regarding the presenting problem, relationships, and the significance of the current deviations	Strategic
9 Use scaling questions to identify current progress and stimulate further deviations	Brief Solution Focussed

Before proceeding, it is important to emphasise that the therapist may have to persist when employing these guidelines, maintaining his/her faith in the possibility of deviations and in the capacity and adaptability of the family in the face of familial anxiety or resistance. Some family members may find the recognition of change anxiety provoking or may experience difficulty in the recognition of their own competence. Persistence in amplifying deviations needs to be balanced with the continued establishment and maintenance of therapeutic relationships and may not be indicated when a presenting problem or family interactions have worsened between sessions one and two.

Step one: Isolate news of difference recalled from the first session

The first step is to reconnect family members with the feedback from the first session. This serves to prime the family to be open to questions about change and can mediate against the presentation of new concerns, or the re-enactment of behaviours that are part of vicious cycles of interaction.

Ask each family member:

- *Can you tell me one thing that most interested you from the feedback last session?*
- *What in particular caught your attention about these comments?*

Step two: Identify one or more deviations in familial interactions

Family members should then be asked to recall any small changes in the presenting problem or interactions since the last session. It may be useful to first ask family members who are most likely to recognise these small changes.

Has there been any time in the last two weeks, when you thought (the presenting problem) would happen, but it didn't?

Or

Has there been any time in the last two weeks where you thought (a change in interaction or relationship identified in session 1) would happen, but it didn't?

Or

Have you noticed any family member doing something slightly different in their interactions in the past two weeks?

Step three: Plot the virtuous cycle

The aim of step 3 is to help the family position one of these deviations in a wider context of interactions. Small changes in behaviour should serve as one step in a sequence of interactions that may have occurred over an hour, a day, or the entire week. The interviewer should aim to plot this sequence with the family in detail, avoiding any attempts to generalise, focusing instead on developing a consistent view of actual events across the relevant time period.

- *Can you tell me about this example in more detail?*
- *If I was a fly on the wall at your house, what would I have seen happen as a lead up to this example?*
- *What happened next?*
- *What happened after that?*
- *Continue to prompt for information until a distinct pattern emerges.*

Step four: Use triadic circular questions to explore the circular effects of interactions

The interviewer should then develop a richer view of these interactions with family members, exploring the relational messages that individuals were giving through new behaviours and the effects of those messages on recipients. In the example below one person is asked to explore the meaning of an interaction between two others. This may be employed with a variety of triads in this step, depending on the number of family members, the nature of the sequence, and the potential significance of interactions.

For example, ask person A the following and then check person A's impressions with persons B and C.

If I asked person B what message he was trying to give to person C, what do you think he would say?

Or

If I asked person B what his intentions were in interacting with person C in this way, what do you think he would say?

If I asked person C what effect person B's behaviour had on him, what do you think she would say?

Or

How important do you think person C would tell me this was to her?

Step five: Employ dyadic circular questions to help family members identify strengths in each other responsible for these interactions

Once a specific sequence and the relational messages have been identified, they can be further amplified by asking family members to identify strengths in each other that made them possible.

Ask person C

- *How do you think person B managed to interact in this way on this occasion?*
- *What advice do you think he was giving himself?*
- *What strengths do you think person B was relying on in interacting in this way?*

Ask person B

- *What was it like for you to hear person C's impressions about what you did?*

Step six: Employ dyadic circular questions to help family members to situate new behaviours and relational messages in longer standing personal narratives

Changes in behaviour can also be amplified by engaging in conversations that demonstrate their consistency with the person's preferred identity and values and the preferred story of their life to this date.

- *What does it tell you about him/her as a husband/wife/son/daughter?*
- *What does it tell you about him as a man/woman/child?*
- *How do you think it relates to his values or what he feels is important in his life?*
- *Can you tell me some other examples in the past of when he has demonstrated these qualities?*
- *Is there any one particular experience in his life that most contributed towards the development of these qualities?*

Step seven: Introduce outsider witnesses to consolidate the recognition of preferred stories

The introduction of witnesses to these changes serves to further thicken preferred stories, providing further solidarity to family members and introducing information to further support deviations.

- *Of all the people you have known, who would be the least surprised to see you taking these steps?*
- *What would this person tell me if they were here and I asked them to tell me a story about how they came to believe in you in this way?*

Step eight: Collapse time regarding the presenting problem, relationships, and the significance of the current deviations

Once small exceptions have been amplified in this way, it is important to return to the reality of the family's progress, not as an established significant amelioration of their concerns in the present, but rather as an event that has the potential to gather momentum if the

family commits to further change. One way of achieving this is to collapse time, causing them to reflect on the significance of changes that could take place if they were to continue to interact in these ways.

- *If I met you in three months and these developments had continued, what would you tell me could have happened regarding the problem you initially came to see us about?*
- *If I met you in three months' time and these developments had continued, what would you tell me about the relationships between you?*
- *If I met you again in three years, how significant would you tell me the changes you had made in the past two weeks were? In the life of the identified client? In the life of your family?*

Step nine: Use scaling questions to identify current progress and stimulate further deviations

Scaling questions can also be employed to support the momentum of virtuous cycles, in particular between the second and third questions. Future-oriented scaling questions can also serve as substitutes to the therapist's prescription of systemic tasks.

- *Imagine a scale of 1 to 10, where 1 is how things were in the family at their most difficult and 10 is how you would like them to be. Where would you rate things at the moment?*
- *Imagine that when I see you in two weeks' time, you have progressed by half a point. What would you tell me had happened? What would you tell me had been involved in achieving this?*

The nine steps above provide a template to assist the therapist in amplifying small deviations in family interactions after the first post-Milan interventive interview. This is achieved through the rigorous contextualisation of a small deviation, in a sequence of interactions, in intentional efforts to enhance relationships, in a series of strengths and preferred narratives, and in the history of these preferred narratives. The amplification process is then extended into the future, thus allowing for the self-selection of specific systemic tasks.

Case vignette and transcript

Session one: Assessment and intervention

Daniel is a six-year-old boy referred because of oppositional behaviour and encopresis. He attends the first family therapy session with his mother Mari, aged 46, and her sister Rose, aged 56. Mari has become increasingly frustrated with her son's behaviour and expressed resentment regarding the amount of stress he is causing her. She describes his encopresis as one of many frustrations she has with him. He fails to respond to bowel movements on time and soils himself approximately twice per week. Daniel is somewhat difficult to engage, but after some circular questions involving Rose, he states that he is worried about his mother who 'cries all of the time'. Mari then describes how her frustration with Daniel started when he was two years old. At this time, they both relocated to another state with Daniel's father, Roberto, due to her mother's diagnosis of cancer. Mari spent nine months caring for her mother until her death. The family then relocated back to their current home. Three weeks later Roberto died from a massive heart attack

in front of his wife and son. Mari stated that she cannot recall the 12 months following these incidents, adding that she simply survived on a day-to-day basis. She stated that the severity of her grief has subsided somewhat over the past two to three years, but that she still often feels depressed and teary. Mari was also able to respond to inquiries concerning the effect of these events on Daniel. She felt that he may have been traumatised by seeing his father die and that she had not been able to be available to him emotionally for the past four years. Mari and Daniel were then asked to describe a detailed example of his soiling behaviour. They described a recent incident where he soiled his pants and went to the bathroom to try and clean it up without telling his mother. When his mother found him, he was trying to clean his faeces in the sink. She became very distressed, shouted at him for over 15 minutes, and reported that she walked away because she was afraid of what she might do. Rose was then asked to describe the relationship between Daniel and his mother. She felt that they were very close on the inside, but that the events of the past four years and his behaviour meant that they often did not get on very well. Both Mari and Daniel agreed with this view, with Rose crying and expressing a desire to learn how to be close to him again.

Session two: Deviation amplifying

Mari and Daniel returned for a second session two weeks later. Mari had some difficulty recalling the feedback from the first session but felt that the team was able to understand what the family had been through. She recalled feeling some hope that she would be able to find a way through the problems she was having with Daniel (Step one). Mari found it very difficult to identify small instances in the past two weeks when she had been able to be close to Daniel. She expressed some resentment concerning his continued soiling behaviour. Persistence by the therapist, however, revealed one 20-minute period before school, when Mari had been able to play a card game with Daniel and had fun with him (Step two). Daniel reported that he had really enjoyed this exchange and he left for school feeling happy. Mari stated that she had managed to do this because she had been out with friends the night before and felt happier than normal in the morning. This was the first time she had socialised with friends since her husband's death (Step three). She felt that this interaction had made Daniel feel more secure, a statement that he then reflected in a drawing of his mother sitting together watching TV in their lounge room (Step four). Further persistent inquiry assisted Mari to recognise that this could be a small sign of her beginning to reconcile herself with the trauma of the past four years. She was able to isolate several strengths that enabled her to prioritise her own needs on this occasion (Step five). She stated tentatively that she had been a more extroverted and independent woman before her marriage (Step six). Mari chose her mother as the person who would be the least surprised to see her taking these steps in her life. Her mother had also been a sole parent and had been a 'pillar of strength' to her throughout her life. The therapist then consulted with her mother, asking Mari to state what she might have told us about her daughter's character if she had been present. Mari was less tentative during this part of the interview and very emotional. She recalled being a fun-loving and mischievous child, who sometimes got into trouble at school (Step seven). Mari responded well to the therapist's questions regarding the possible future effects of these developments on her relationship with Daniel. After some prompting, she expressed a desire to rediscover her capacity as a mother, modelling herself from her own experience of motherhood. Despite

these developments, Mari felt that this was only the very beginning of their recovery from the trauma they had both experienced in the past four years (Step eight). She stated that she hoped to tell us that she had spent more quality time with Daniel at the next session (Step nine).

Transcript

- Therapist:* Hi, good to see you, how's your trip in today?
- Mari:* Good, Danny's missing sport, so he's a bit cranky, but we'll do it next time.
- Therapist:* What sport was it, Danny?
- Daniel:* Soccer
- Therapist:* You play it much?
- Daniel:* Yeah, I play on Sundays, with the Wombats.
- Therapist:* Let's start with what interested you most from our last meeting. If there's one thing that struck you most, Mari, from then, what would it be?
- Mari:* Good, good, you seemed to see lots of what we'd been through; it's been tough. Rose is the only one I talk to.
- Therapist:* What interested you the most about the feedback?
- Mari:* Well, maybe I and Danny can work things out. I know I've been focussed on other things. I know he's had a pretty hard run.
- Therapist:* Have there been any times in the last two weeks where you thought there'd be trouble between you both, but even for a short time there wasn't?
- Mari:* He's still soiling, one really gross one at the mall. I had nowhere to clean him; it stinks the car out.
- Therapist:* I'm sure that was pretty awful, and we'll work very hard on it together, but have there been any times, maybe, where things between you were a bit different?
- Mari:* (silence)
- Therapist:* Despite the stress and everything you showed, that side of you that desperately wants to be closer to him.
- Mari:* I tried before school one day; he likes cards.
- Therapist:* Do you remember this, Danny?
- Daniel:* We played snap and things.
- Therapist:* What do you mean?
- Daniel:* Mum played snap with me, and I won.
- Therapist:* Wasn't mum very good at snap?
- Daniel:* We played who could say 'snap' the loudest and I won.
- Therapist:* Mari, what exactly would I have seen happening between the two of you if I had been a fly on the wall?
- Mari:* We had fun; we forgot about things.
- Therapist:* Forgot about things? What do you mean?
- Mari:* Life's been so stressful for so long; we just played.
- Therapist:* What effect would Daniel tell me it had on him?
- Mari:* He was happy; he left for school well; he turned and waved to me, you know?
Daniel has finished drawing a picture of himself sitting next to his mum watching TV.
- Therapist:* Gee, that's a great picture, what are you doing?

Daniel: We're watching Saturday Disney; it's the weekend and we're watching the Disney shows on Saturday.

Therapist: Mari, how did you manage to do this given you're often not feeling all that great in the morning; I imagine it can be hectic too? What were your intentions?

Mari: Actually, I went out with friends the night before. I saw two girlfriends I hadn't seen in a long time; we just went for dinner.

Therapist: How long since you'd been out socialising?

Mari: None. It's the first time since Roberto died. I just didn't feel like it before. I thought I'd lost touch.

Therapist: So what effect do you think Daniel would say it had on him, seeing you so happy in the morning?

Mari: Good. I know he feels better; he feels it's normal.

Therapist: What do you think this is a sign of Mari? What's happening to your own relationship with the past?

Mari: I don't know, maybe it's time to think about things?

Therapist: What do you mean?

Mari: To think about what's happening now, to start to move on a bit.

Therapist: How did you manage to give yourself permission to put your own needs forward the other night, to go out, to feel it was time?

Mari: I used to be social, so fun and extroverted, before Roberto. I loved him but he controlled me. I used to love life and do my own thing.

Therapist: Who would you pick who knew this side of yourself the best?

Mari: My mum, she was a single parent, a pillar of strength (crying). I was mischievous and naughty as a kid, into everything. I got into trouble at school, but you couldn't hold me back.

Therapist: Danny, your mum's saying she used to be a bit naughty when she was your age.

Daniel: What did you do mummy?

Mari: (laughing) I remember climbing trees with the boys in the bush and cooking cans of beans on a fire we made in the backyard, and mum used to go spare.

Therapist: If these changes continue where will you both be in six months' time?

Mari: We've moved on I hope. We need to make our own little life. He can be naughty too. I don't want him to be sad.

Therapist: How much do you miss your son?

Mari: (silence)

Therapist: You're his pillar of strength.

Mari: (silence)

Therapist: If three months from now you are ten out of ten close and you used to be 1, where do you feel now? The last week?

Mari: Maybe four, things have still not been great.

Therapist: If you tell me you are three and a half when I see you next session, what will you tell me you had done to bring this about?

Mari: Not sure. I know we need to spend more time together; maybe we'll do some naughty things together (laughs). I'll show him some of my tricks from when I was young....

Conclusion

The aim of this chapter has been to provide trainees in family therapy with guidelines for conducting the second session of post-Milan systemic family therapy, one that aims to amplify small deviations in family functioning. These guidelines integrate solution-focussed and narrative practices with systemic, thus allowing for the mobilisation of morphogenic processes in the family. Conducting effective family therapy can be seen as a dance between the therapist and family members. Hopefully, these guidelines can provide trainees with a degree of confidence regarding the steps for the first session, increasing the likelihood that they will lead the dance and contribute towards the development of change. A competency chart for this session is given in Table 3.2.¹

Table 3.2 Deviation amplifying competency chart

Stage	Aims	Key questions	Competency	Achieved
1 Isolate news of difference recalled from the first session	Reconnect family members with the feedback from the first session Prime the family to be open to questions about change	<i>Can you tell me one thing that most interested you from the feedback last session?</i> <i>What has caught your attention about these comments?</i>	Commence the position of being firmly consistent in your curiosity regarding change	
2 Identify one or more deviations in familial interactions	To support the family to recall any small changes in the presenting problem or interactions since the last session	<i>Has there been any time in the last two weeks when you thought (the presenting problem) would happen, but it didn't?</i> Or <i>Has there been any time in the last two weeks where you thought (a change in interaction or relationship identified in session 1) would happen, but it didn't?</i> Or <i>Have you noticed any family member doing something slightly different in their interactions in the past two weeks?</i>	Be persistently curious about change, even if faced with some 'resistance' Maintain your faith that changes have occurred, no matter how small	
Plot the virtuous cycle	To help the family to position one of these deviations in a wider context of interactions	<i>Can you tell me about this example in more detail?</i> <i>If I was a fly on the wall at your house, what would I have seen happen as a lead up to this example?</i> <i>What happened next?</i> <i>What happened after that?</i> <i>Continue to prompt for information until a distinct pattern emerges</i>	Plot this sequence with the family in detail, avoiding any attempts to generalise, focussing instead on developing a consistent view of actual events	

(Continued)

Table 3.2 (Continued)

Stage	Aims	Key questions	Competency	Achieved
3 Use triadic circular questions to explore the circular effects of interactions	Develop a richer view of these interactions with family members, exploring the relational messages that individuals were giving through new behaviours and the effects of those messages on recipients	For example, ask person A the following and then check person A's impressions with persons B and C <i>If I asked person B what message he was trying to give to person C, what do you think he would say?</i> Or <i>If I asked person B what his intentions were in interacting with person C in this way, what do you think he would say?</i> <i>If I asked person C what effect person B's behaviour had on him, what do you think she would say?</i> Or <i>How important do you think person C would tell me this was to her?</i>	Be aware that this conversation may provoke some initial anxiety, given it begins to challenge homeostasis	
4 Employ dyadic circular questions to help family members identify strengths in each other responsible for these interactions	To amplify deviations even further, develop interactive feedback loops based on mutual affirmation	Ask person C <i>How do you think person B managed to interact in this way on this occasion?</i> <i>What advice do you think he was giving himself?</i> <i>What strengths do you think person B was relying on in interacting in this way?</i> Ask person B <i>What was it like for you to hear person C's impressions about what you did?</i>	Use the meaning of specific questions but blend them into a more informal and varied conversational tone	
5 Employ dyadic circular questions to help family members situate new behaviours and relational messages in longer standing personal narratives	To deepen the process of amplification by demonstrating the consistency of new interactions with preferred identities and values of family members	<i>What does it tell you about him/her as a husband/wife/son/daughter?</i> <i>What does it tell you about him as a man/woman/child?</i> <i>How do you think it relates to his values or what he feels is important in his life?</i> <i>Can you tell me some other examples in the past of when he has demonstrated these qualities?</i> <i>Is there any one particular experience in his life that most contributed to the development of these qualities?</i>	Use the meaning of specific questions but blend them into a more informal and varied conversational tone	

(Continued)

Table 3.2 (Continued)

Stage	Aims	Key questions	Competency	Achieved
6 Introduce outsider witnesses to consolidate the recognition of preferred stories	To further thicken preferred stories, providing further solidarity to family members and introducing information to further support deviations	<i>Of all the people you have known, who would be the least surprised to see you taking these steps?</i> <i>What would this person tell me if they were here and I asked them to tell me a story about how they came to believe in you in this way?</i>		
7 Collapse time regarding the presenting problem, relationships, and the significance of the current deviations	Return to the reality of the family's progress, not as an established significant amelioration of their concerns in the present, but rather as an event that has the potential to gather momentum if the family commits to further change	<i>If I met you in three months and these developments had continued, what would you tell me could have happened regarding the problem you initially came to see us about?</i> <i>If I met you in three months' time and these developments had continued, what would you tell me about the relationships between you?</i> <i>If I met you again in three years, how significant would you tell me the changes you had made in the past two weeks were?</i> <i>In the life of the identified client? In the life of your family?</i>	Be sure to ask the questions in a pretend time frame or the family may feel that you are challenging them to change too directly	
8 Use scaling questions to identify current progress and stimulate further deviations	To support the momentum of virtuous cycles, in particular between the second and third sessions To encourage the family to develop their own solutions to problems rather than rely on therapists' prescriptions	<i>Imagine a scale of 1 to 10, where 1 is how things were in the family at their most difficult and 10 is how you would like them to be. Where would you rate things at the moment?</i> <i>Imagine that when I see you in two weeks' time, you have progressed by half a point. What would you tell me had happened? What would you tell me had been involved in achieving this?</i>	Keep the expectations low so that they are both achievable and surpassable	

Note

- 1 Part of this manuscript was previously published as Rhodes, P. (2008). Amplifying deviations in family interactions: Guidelines for trainees in post-Milan family therapy, *Australian and New Zealand Journal of Family Therapy*, 29, 34–39. Permission has been granted by the Journal.

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