

SINGLE-SESSION TEAM FAMILY THERAPY (SSTFT) IN CHINA: A 7-STEP PROTOCOL FOR ADAPTING WESTERN METHODS IN EASTERN CONTEXTS

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The man who moves a mountain begins by carrying away small stones.
--Confucius (551-479 BCE)

In 2009 the lead author, a US professor of family therapy, developed a year-long single-session therapy service in Beijing as part of a Fulbright grant. At the time, Western-based family therapy was becoming popular among the early therapy providers in China yet there were few therapy services or training/supervision institutions available and many barriers to providing care. One of these barriers included the fact that the general Chinese population did not commonly know what the concept of “therapy” was or how it might be useful and for which problems. In fact, there was not an immediately translatable word for the concept of “therapy” in the Chinese language at the time. Over the past few years the Chinese therapy community has adopted the Chinese term for “family treatment” (*Jiātíng liáofǎ*) to express the concept of family therapy. The term we have adopted to reflect the one-time nature of the meeting is “single session and brief” (*Dān jié jiǎnjiè*).

The service was developed in collaboration with a pioneering group of Chinese faculty and doctoral students at the Institute for Developmental Psychology at Beijing Normal University. It was advertised to the public through flyers as a 2-hour single consultation opportunity for common family problems, to be conducted in Mandarin by the Chinese doctoral students under the live supervision of the Chinese faculty supervisors and the lead author. A team of Chinese doctoral student therapists also observed and offered feedback. A translator was always present to assist in communication between the clients and the lead author. The services were offered free-of-charge to the community, with the faculty supervisors watching all sessions from a video observation room. Clients were seen by appointment. Each client was surveyed after their single-session consultation to inquire about how they felt about the experience, what did they think was most helpful about the session, did they think it was sufficient to address their concern, would this experience make it more likely they would seek therapy in the future, and what type of therapy service they would prefer (e.g., expert-based, non-expert/collaborative, directive, non-directive, humanistic, individual, family, etc.)? The data revealed that those surveyed would prefer an expert-based, family-focused, structured, brief, directive, intervention rich, and team-based service (Miller, 2014). The Chinese faculty supervisors felt this was consistent with Chinese cultural values regarding the general population’s views of health services.

Since 2016 the lead author has organized a group of 20 Chinese family therapists through the *Sino-American Family Therapy Institute* (SAFTI) in Shanghai to further develop the implementation of single-session consultations to fit with Chinese cultural expectations. The SAFTI is a post-degree training organization founded in 2005 to further intercultural exchange between Western and Eastern scholars and therapists. This second generation of Chinese single-session family therapists followed a seven-step protocol developed by the lead author. Each Chinese client family is seen over a three-hour period with a team

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observing. The original 2009 protocol was for 2-hours, but we decided to add an extra hour to provide an opportunity for an appreciative inquiry interview (Step 6) and the post-session supervisory discussion (Step 7). Each of the 20 therapists takes turns bringing a family for the Single-Session Team Family Therapy (SSTFT), with the other therapists serving as the observing/reflecting team. The lead author supervises all the cases.

The group has been conducting SSTFT consultations continuously since 2016. The goals of the service are twofold. Firstly, we hope to provide a high-quality consultation service that fits with the already noted Chinese cultural values of expert-based, brief, directive, family oriented, etc. So far, all those who utilized the service (about 48 cases) reported that it was useful and helpful in addressing their problems. Secondly, the service strives to provide an opportunity for the participating Chinese therapists to receive live clinical supervision in an environment with few other supervisory opportunities.

The Seven-Step Single Session Team Family Therapy (SSTFT) Protocol

Each three-hour session is apportioned into seven steps.

Step 1: The Pre-Session Briefing with the Team

During the first 30 minutes, the lead therapist for the case provides a standardized briefing for the team before the family arrives. The briefing includes who is in the family and the nature of the problem, treatment history, attempted solutions, a genogram, supervision goals, and what the therapist is seeking from the consultation for the family.

Step 2: The Family Session

The therapist then meets the family. The structure of the process, including the use of reflecting observers, is explained and the family's consent is obtained. For the next 45 minutes the lead therapist conducts the first part of the session with the family. The therapist asks typical single-session therapy questions (Miller & Slive, 2004), such as:

- “How would each of you describe the problem today and what would you like to get out of the session?”
- “How would we know that this session had been useful to you?”
- “What have you tried in the past that helped?”
- What are some things you haven't yet tried, but that you think might help?”
- “If the problem disappeared tomorrow, what other problems might you have?”

The team's task during this part of the session is to generate as many ideas as possible in four areas of inquiry. These include:

1. Compliments, commendations, and validations for the family
2. Other questions to ask the family
3. Alternative stories (reframes) that could be used to describe the situation
4. Interventions

Step 3: Team Break and Construction of a Team Message

During this step the family takes a break in another room while the lead therapist meets with the team and supervisor for about 30 minutes. Each member of the team shares their thoughts with the therapist regarding the 4 areas of inquiry. The lead therapist selects 5 team members to take in to meet with the family to share their feedback. During Step 3 the lead therapist may alter a team member's message to best fit with what they think the family needs (we have termed this “tailoring the message”). Additionally, the lead therapist may suggest that a team member come up with a suggestion that they think would be useful (we have termed this a “plant”). The supervisor serves as a member of the team that goes into the therapy room to meet the family during Step 4.

Step 4: Team Metalogue in the Presence of the Family

The family is brought back into the therapy room to meet with the five team members, the supervisor and the therapist, who will offer their reflections on the four areas of inquiry. The family sits at one side of the room, while the team, supervisor and lead therapist sit at another. After introductions, the supervisor usually gives the following message directly to the family:

We have talked with your therapist about ideas we have for you to take home tonight. We tried to think of as many things as we could. These 5 team members represent the entire team that was observing.

I'm the supervisor. We have no secrets from you, and we want you to know everything we are thinking. To help facilitate this, we want to have a condensed version of the conversation we just had with your therapist in front of you and have you over hear us. It will perhaps sound odd, but we will talk about you as if you are not in the room to preserve the tone of the original conversation. We ask you to pretend there is an invisible wall between you and us. We will pretend that you can see and hear us, but that we cannot see or hear you. We had to take our best guess about what is happening based on what we heard tonight. We ask that you lower your expectations about our feedback, as all we know is what we heard in the last 45 minutes. Hopefully, some things will be useful, but some things might be off target. If so, please feel free to let your therapist know after we leave. We will talk for about 30 minutes and then leave. We advise you to take notes on what stood out for you and talk about it with the therapist after we leave. Do you have any questions about this idea? Is it ok with you for us to proceed?"

The supervisor waves his hand to indicate "the wall" is up once the family is ready to begin. Each team member takes turns talking to the therapist about their feedback in the four areas of inquiry. The team's emphasis is to focus on the process (metalogue) instead of merely the content of the family situation. Our hope is that team metalogue guides the family to "second-order thinking" (thinking that is up one level of abstraction, getting at the process of how things happen instead of simply the "what is happening," or content). The idea of a metalogue was introduced by Gregory Bateson (1972), relating to a discussion of a problem in such a way that the structure of the conversation matches elements of the problem. The development of the use of the team in this way was influenced by the work of Tom Andersen (1987). This "invisible wall" strategy was modified from a technique developed by Wendel Ray at the Mental Research Institute (MRI) (Ray, Keeney, Parker, & Pascal, 1992). Step 4 usually takes about 30 minutes.

Step 5: Post-Team Metalogue (or Reflection) about Family Reaction, and Intervention Construction

During this step the supervisor lowers the imaginary "invisible wall," thanks the family for coming in, and the team and supervisor leave the therapy room. The team and supervisor return to the observation room, and the lead therapist then asks each family member what they noticed from the team's comments. The therapist uses the information from the family's reaction to the team's comments to construct a final message to the family and interventions to take home. The therapist then leaves the family in the therapy room and returns to the observation room. Step 5 usually takes about 15 minutes.

Step 6: Appreciative Inquiry Interview with Family

At the beginning of Step 6 the supervisor returns to the therapy room to ask the family a few questions about their experience with the therapist. The following is a typical explanation provided by the supervisor to the family:

If you don't mind, I would like to take a few minutes to ask you a few questions about your experience with your therapist. These questions don't have anything to do with your case, but are focused on feedback you have for your therapist. I am your therapist's supervisor, and we are always working on improving things so we can provide our clients the best service possible. With this in mind, your feedback is very important to us. Your therapist is observing our conversation from the observation room, and I'm sure will be very interested in your thoughts. Is it OK with you that I begin?

The three questions asked of the family focus on what they appreciate, and include:

1. What are characteristics of your therapist that you appreciate?
2. What are the things that your therapist did that helped with your problem?
3. What advice would you give your therapist?

This approach is modified from Cooperrider and Srivastva's 1987 work on "appreciative inquiry" (AI). Instead of criticism and problem solving, it is a strengths-based and positively focused way to gather feedback and promote meaningful change. This part of the interview helps the family to see themselves not only as people with a problem seeking help from "experts," but also as people who are experts themselves in helping the therapist and the team become better in their work. The fact that the therapist's supervisor is the one

conducting the AI interview reflects a hierarchy that fits with Chinese culture. Chinese culture tends to revere teachers as holding a special place in society. As opposed the typical Western values, Chinese cultural values tend to have a more established and clearly delineated hierarchical structure regarding these roles. We find it useful and demystifying for the clients to see this hierarchical structure by meeting with the supervisor in this way. Also, the AI discussion with the supervisor encourages the second-order type thinking we described in the metalogue discussion of Step 4 (e.g., asking the clients to think about how the therapy is going, versus the content of the therapy itself). At the conclusion of the interview the clients are thanked for their feedback and depart the therapy offices.

It is possible for families to return, but we have not had that happen yet. The therapists chose which family to bring. The therapists brief the family on what to expect, describing it as a one-time consultation opportunity. The team method and set-up are explained and consent gained before the session. We encourage the therapists to follow up with the families with regard to the outcome of the SSTFT.

Step 7: Post-Session Supervisory Discussion with the Lead Therapist and the Team

During this final step the supervisor returns to the observation room to discuss the clients' feedback about the lead therapist, the lead therapist's thoughts about the session, and any final supervisory feedback to the lead therapist and the team. The advice the family provides to the therapist is usually productive, and often involves encouragement from the family for the therapist to push them more or take more direct action in their interventions. This step usually takes about 15 minutes.

Case Example

The following composite illustration describes a family seen using this 7-step protocol.

Excessive Spending of an Adult Son

Middle-aged, middle-class parents and their 28-year-old son consulted the team in relation to the son's excessive spending, which had led to tremendous loans and family conflict. This family had been meeting regularly with their Chinese therapist, who brought them to the team for the SSTFT consultation. The son was the family's only child, and all three lived in the same apartment. The mother was a fulltime homemaker, while the husband was an executive at a successful company. The family reported that the problem began when the son graduated college and began dating. He was new to dating and showed his affection for the women he went out with by purchasing expensive gifts with loans he would take out, yet was unable to repay. The son had just experienced his first break-up with a girlfriend and was distraught, which led to the parents' discovery of his excessive debts.

The parents explained that they felt the problem was probably related to their failure when he was young to prepare him for adult relationships and responsibilities. The father confessed that he did not think he was there enough for the son when he was growing up because of his focus on success in his work, aimed to provide a lifestyle that previous generations were not able to enjoy. Like many families in China, the previous generations experienced extreme financial hardship so the new opportunities of his generation were difficult to resist. The mother relayed that she felt her contribution to the problem was that she was too permissive with her son when he was growing up, partially to counter the husband's absence, and perhaps to deal with her own loneliness. The son agreed that he felt unprepared for life after high school, and did not discipline himself enough in college because he was so relieved with the relatively pressure-free life college provided.

During the metalogue the team complimented the family for their self-reflection and insights about each of their possible contributions to the problem, as well as their ability to be vulnerable as individuals during the discussion. They reflected on the situation many families in China are faced with regarding the rapid economic advancement of the society, and that everybody can be doing what they think is the right thing to do but problems can still emerge without anyone being at fault. Our focus on trying to positively frame each family members' actions fits with our sense of the Chinese cultural emphasis on "saving face" (*mian zi*). We have found that no matter how technically sophisticated the feedback or intervention, it will rarely be accepted by Chinese families if it is delivered in such a way that the clients lose face.

One team member offered the idea that this problem might provide an opportunity to sort some things out in the family. Another team member asked what the family would talk about at home if the problem of the

son's loans and relationships were off the table. Did they have other topics to discuss that were not focused on the son, or was this their only conversational topic? Another team member commented on how everyone in the family seemed to be motivated by concern for the others, and that as they go about making changes they should be careful not to lose this valuable quality of the family. Next, the team discussed how they noticed a pattern in how each of them showed this concern for others. The father showed his concern for his family by working hard so he could provide money for them, and perhaps the son had subconsciously learned this lesson about how to show concern to others. If this was true, one thing they might try is to develop other ways to show concern within the family.

Once the team left the room, the family discussed how the feedback had brought a profound impact on them to hear so many therapists' opinions. The mother seemed to be greatly relieved that she was not being blamed for the problem and began to discuss with growing confidence her feeling that there must be a solution. She discussed how she now regarded the mistakes of the past as a learning experience for the family. For instance, she talked about how she was more prone to find faults rather than praise and approve of her son, and she should change this. The father discussed his realization that his son was already 28 years old, but he had been supervising him as if he were only 18. The son discussed his realization that he only knew the one way to show affection and resolved to develop new ways. The therapist conducted a follow-up interview with the family 3 months after the SSTFT session. The son had moved into his own apartment with a roommate. The parents had helped the son repay his loans this one time, but committed themselves to stop meddling in his daily life. The son had gotten a new job, and was taking his time to re-enter dating relationships.

Conclusion

We have found that one advantage of this method lies in the ability of the team to capitalize on the "wisdom of the crowd," a concept proposed by the English social scientist Sir Francis Galton in 1907 that demonstrated the group as a whole is often wiser than any one individual in the group. This idea is very consistent with Chinese culture's focus on communal collaboration and collectivism as an ancient core value. In our experience, this method of team consultation matches the Chinese tendency to "gather around" a problem in an effort to solve it as a group. This is congruent with other reflecting team methods utilized in Western contexts (Andersen, 1991; Friedman, 1995; White, 1995). We have also incorporated this concept of working together as a group in our learning/teaching culture with student therapists at the *Sino-American Family Therapy Institute* (SAFTI). We have termed this a "collaborative, cohort model" where we encourage collaboration over competition. To cultivate the culture of the team cohort, therapists join the team at the same time and commit to work together with the SSTFT consultations for a minimum 12-month period. In this way, we hope not only to provide something useful for the families we see, but also to learn how to be better therapists by watching one another conduct therapy sessions.

In closing, we would like to emphasize how using this 7-step protocol has also provided a valuable opportunity for a rich two-way exchange of ideas between Eastern and Western therapists. Western therapists who have participated in the team over the years have all commented on how much they have learned about Chinese families, and the variety of new and creative ways the Chinese therapists address problems. Given that the majority of the world's population lives within about a 3000-mile radius of Shanghai, there is much to learn about how these "majority world" families live and work (Miller, Platt, & Conroy, 2018). As Confucius tells us in the epigraph at the beginning of this chapter, big changes often originate from small actions. This is consistent with our understanding of the practice of single session therapy throughout the world.

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