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SINO-AMERICAN FAMILY THERAPY

A Chinese Perspective on Traditional Western Family Therapy Methods

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The History of Sino-American Family Therapy

In 2005 the lead author participated in a special delegation of Western family therapy scholars who traveled to China to meet with Chinese family therapists for an intercultural exchange of ideas. At the time family therapy was becoming popular in China, as the culture opened up to Western modes of mental health treatment. Of all the Western mental health methods available to them, family therapy seemed to be the best fit for the Chinese culture given the history of filial piety and collectivistic social organization. The delegation was one of the first of its kind, and led to many future collaborations between Chinese and Western family therapy experts. Later that year the lead author, in collaboration with Western and Chinese scholars, founded the ***Sino-American Family Therapy Institute*** (SAFTI). The Institute was established to further the development of research and the practice of couples and family therapy in China and throughout Asia in association with western scholars and therapists. The Institute strives to foster relationships between scholars, clinicians, and students in the United States and Asia through education, research, and exchange programs. One of the main activities of the Institute is the delivery of rigorous, high-quality, competency-based clinical trainings for students and scholars learning the practice of marriage, couples, and family therapy. The faculty is comprised of Western, Chinese, and Southeast Asian experts. The Institute also fosters opportunities for faculty and students to engage in academic writing, research, and scholarly collaborations. Additionally, students from the United States, China and Southeast Asia are eligible to pursue professional intercultural experiences that include cross-cultural scholarly exchanges in family therapy in Asia. These exchanges have been carried out annually by faculty members since 2005. To date the Institute has hosted over 200 Western family therapy scholars and students to China and Southeast Asia for intercultural exchanges, and several Chinese family therapy scholars for academic and scholarly exchange trips to North America. The SAFTI is accredited by the *International Accreditation Commission for Systemic Therapy Education* (IACSTE) and most students become members of the *International Family Therapy Association* (IFTA)

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during their training. Early in the development of the Institute the faculty and students began conducting couples and family therapy sessions using an amalgama of Western and Eastern methods. Students training at the Institute needed direct client contact experiences as well as live supervision opportunities. Previous research about Chinese peoples' preference for various treatment methods revealed that those surveyed would prefer an expert-based, family-focused, structured, brief, directive, intervention-rich, and team-based service (with several therapists observing and offering feedback). Over the years the Institute's students and faculty refined their way of conducting therapy using a seven-step team family therapy protocol. Each of the 20 therapists take turns bringing a case for the Seven-Step Team Family Therapy (SSTFT) sessions, with the other therapists serving as the observing/reflecting team. Team members generally practice various systemically informed models of treatment, but the team members are not required to follow one therapy model. We have found that this diversity of perspectives contributes greatly to both the treatment and the supervision process. The Institute faculty supervise all cases. A translator is present for all sessions to assist with clear communication when needed. The group has been conducting SSTFT consultations continuously since 2016. We designed our SSTFT with three fundamental goals in mind. Firstly, we designed the service to provide a high-quality therapy consultation service that was tailored to fit with the Chinese culture. Secondly, we designed the service to simultaneously provide SAFTI students with the chance to receive high-quality supervision experiences with live case consultations. Finally, we created the service to foster cross-cultural opportunities for participating Western and Chinese supervisors, clients, and training therapists. To date, all clients that have utilized the service reported that it was useful and helpful in addressing their problems.

The Seven-Step Team Family Therapy Protocol (SSTFT)

Step 1: The Pre-Session Briefing with the Team

During the first 30 minutes of the service the lead therapist for the case provides a standardized briefing for the team before the family arrives. The briefing details the people involved with the case 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. If this is the first session, this information will be gleaned from the initial phone contacts and intake paperwork. Each team member receives a paper copy of the pre-session briefing prepared by the lead therapist. Each team member takes notes on the briefing report throughout the session and returns it to the therapist at the end of the consultation to facilitate as much feedback as possible from the team to the therapist. The team and supervisor use the remaining time to ask follow-up questions about the case until the clients arrive.

Step 2: The Family Session

For the next 45 minutes the lead therapist conducts the first part of the session with the family. Generally speaking, the therapist's job during this part of the session is simply to get the family to describe as completely as possible their thinking about the areas of inquiry listed below. The therapist usually speaks less than 20% of the time during this part of the session, while the clients talk about 80% of the time. The therapist resists any attempt at

intervention at this stage, but instead guides each member of the family to respond to the questions. The therapist maintains a "here and now" focus during the interview by limiting historical discussions and asking typical brief and single consultation questions (Miller & Slive, 2004). For example;

- "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?"
- "Can you think of any other available resources?"
- "If the problem disappeared tomorrow, what other problems might you have?"
- "Can you think of any times when the problem would usually occur, but for some reason it did not (exceptions)?"

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 client or family
2. Other questions to ask the family to give further detail or sponsor creative thinking
3. Alternative stories (reframes) that could be used to describe the situation
4. Interventions to be delivered to the family either in session, and/or to take home at the conclusion of the session

The supervisor's job is to keep things on time, organize the team's feedback, keep the supervision questions in mind, and occasionally call into the session to ask follow-up questions or make suggestions to the therapist.

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. The family is sometimes given a task to do among themselves during this step. In the observation room each member of the team shares their thoughts with the therapist regarding the four areas of inquiry described previously. After the entire team has express their ideas, the lead therapist selects five team members to take into 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 a team member come up with a suggestion that they think would be useful (we have termed this a "plant"). The supervisor also provides supervisory advice about the case to the team and therapist during step 3, and always 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 or Client System

At the beginning of step 4 the family is brought back into the therapy room and introduced to the five team members who have been selected by the therapist to give feedback to the

family. The supervisor also always participates as a reflecting team member. The supervisor and the therapists offer their reflections on the four areas of inquiry described previously. 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 five 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 overhear 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?" Each member of the family is provided with a pad and pen to take notes, and 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 lead therapist listens and takes notes. The last feedback message is given by the supervisor. The aim of the supervisor's feedback is usually to "wrap up" the feedback that was provided in one take-home message and to emphasize possible interventions. The team's focus is on the process (metalogue), instead of merely the content of the family situation. This step usually takes about 30 minutes. 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, relating to a discussion of a problem in such a way that the structure of the conversation matches elements of the problem (Bateson, 1972). The development of the use of the team in this way was also influenced by the work of Tom Anderson with reflecting teams (1987). This "invisible wall" strategy was modified from a technique developed by Dr. Wendel Ray at the Mental Research Institute (MRI), (Ray, Keeney, Parker & Pascal, 1992). Dr. Ray has served as a co-supervisor during several SSTFT consultations in China and Cambodia, as have several other visiting Western family therapists.

Step 5: Post-Team 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 asks each family member what they noticed from the team's comments. The therapist uses the information from the family about what they observed to help construct a final message to the family and one or more

interventions to take home. Once complete, the therapist leaves the family in the therapy room and returns to the observation room. This step 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. In many situations the family has worked with the therapist in family therapy in the past. But even if this is the client's first experience with the therapist, we have found it useful also to conduct step 6, and the family usually has some productive feedback to provide. 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?

At the conclusion of the interview the clients are thanked for their feedback and depart the therapy offices. This approach is modified from Cooperrider & Srivastva's 1987 work on "appreciative inquiry" (AI), instead of criticism and problem solving, as a strengths-based and positively focused way to gather feedback and promote meaningful change. This focus on the positive instead of negative feedback is also in keeping with Paul Watzlawick's fundamental tenant of avoiding negation when talking with clients (Miller & Ray, 2021). He felt that negative criticism of people will do little to promote meaningful change. We find that this step is also a strategy to help the family think about things in a different way. This part of the interview helps the family 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. We have found without exception that the family is happy and honored to be asked these questions and eager to provide feedback. At the end of this part of the interview the family is thanked and departs from the therapy offices.

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 client's 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. Interestingly, the lead therapist is almost always surprised to hear what the family had to say about all the things they appreciated about them as a person, and what they did to help in therapy. The advice the

family provides to the therapist is usually productive as well, 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 Examples

The following are three case examples describing Chinese families seen using this 7-step protocol. The case descriptions are amalgamated from many cases and all identifying information has been changed or removed. The purpose of these case descriptions is to show how the therapy teams work, and to demonstrate some common problems that therapists work with that are unique to the Chinese context.

Case Example 1: Family Therapy for School Refusal of 16-Year-Old Daughter

During steps 1–3 the team learned about a family with a daughter that was refusing to go to school. A middle-aged mother and father attended the consultation with their only child, a 16-year-old daughter. The parents explained that the daughter was previously a good student in junior high but when she entered high school, she began to miss classes with greater frequency until eventually she stopped going altogether. She had missed school for over a month now, and both parents expressed their great concern for the situation. The daughter explained that she felt the problem was that the pressure was too much for her. She felt pressure to perform academically, and also generally in life as the only child in the family. The parents' response to the situation was to further pressure the daughter about the importance of high achievement in school for her future happiness, get good test scores on the Gaokao (高考) (national college entrance exams), to get into a good college, find a good husband, and to fulfill the hopes of the extended family. The parents lectured the daughter about all the sacrifices the family had made for her to have this chance. The mother talked about how she had given up her career to stay home and attend to the daughter full-time. The father talked about how hard he was working to provide for the family, spending most of the month out of town on business trips. The conversation slowly shifted from the daughter's school refusal to the family communication patterns and problems.

Next the team proceeded with step 4 where the metalogue discussion of the team occurs in the presence of the family utilizing the invisible wall technique. During the metalogue the team discussed how it would make sense that the parents would be anxious about the situation given their tremendous devotion to the daughter and how much the family had invested in her doing well. The team also appreciated the difficult situation the daughter was in as she faced the tremendous expectations of both parents and four grandparents. The team wondered if perhaps one good part of the school refusal problem was that it promoted a sort of "family reunion," as dad returned home more when the problem became worse to help the mother deal with the daughter's problem. The parents were complimented by the team in that while they had different ideas about how to deal with their daughter, they were able to come together to work on it. The team wondered if the daughter was showing her loyalty to her parents by helping bring them together. The team offered several interventions to consider. If the daughter was able to return to school, it would be

important for the parents to have some hobbies and activities they could do together once she was away. They could start to develop these hobbies and activities even now to start getting ready, and as a sort of demonstration to the daughter that they would be alright after she launched. The team also discussed how the parents seemed to disagree about how to handle the problem, which had led to several fights. They suggested that the parents experiment with changing roles for a few days a week, with the mother taking the father's disciplinarian role, and the father taking mom's support and nurturing role. This way they might gain some empathy for the difficulty of each of the roles.

During step 5 after the team left the room the family discussed with the therapist their reaction to the team feedback. The mother expressed interest in the exchange of roles idea, and they talked about how to carry it out in the following week. The daughter talked about how she appreciated that the feedback from the team had helped take the focus off of her. The father talked about how the team discussion prompted him to think about how much time he was away, and that he wanted to spend more time home with the family in the future. The therapist ended the session with recommendations and suggestions that fit with the family reaction to the team metalogue discussion.

During step 6 the therapist left the room and went to the observation room to observe the appreciative inquiry interview of the family by the supervisor. The supervisor entered the therapy room and proceeded to interview the family about their experience with their therapist. The family was very happy to be asked about their experiences. The parents both expressed that they appreciated it when the therapist gave them direct advice and suggestions about things they might do differently. They also appreciated that the therapist asked thought-provoking questions that made them think differently about their situation. Both the parents and the daughter agreed that one of the main advantages of the therapy was that during the sessions they could have conversations with each other that they could never have at home because at home it would quickly turn into an argument. When asked about characteristics of the therapist that they appreciated, the family discussed the therapist's patient, caring, and calm approach during the sessions. When asked what advice they would give to the therapist, they suggested that the therapist feel free to challenge them more and feel free to give more direct interventions.

The family was thanked for their valuable feedback and they departed the therapy offices while the team and the supervisor conducted the post-session discussion (step 7). The therapist shared her reaction to the appreciative inquiry. She was surprised to hear that they had so many positive things to say about her as a therapist and that they wanted her to be more directive. She discussed how difficult this was for her as a new therapist to challenge and be directive to clients as she worried it would come across as rude behavior. The team discussed how this is a common value in Chinese culture (non-directiveness), but that this is not always what clients want or need. The supervisor suggested that each therapist in the team consider the feedback from the case and how they each utilize directiveness and challenge in their own clinical practices.

The therapist followed up with the family 3 months after the consultation and the family reported that they were doing much better. The family felt the greatest help from the session was that they could express themselves in the session without it turning into a fight, which is what usually happened at home before. They had followed the team's suggestion that the father spend more time at home, and the parents had begun going out once or twice a week on dates. The daughter returned to school shortly after the SSTFT session.

Case Example 2: Po Xi Wen Ti (The Mother-in-Law Problem)

During steps 1–3 the team learned about a family with intergenerational struggles. A couple in their 30s presented for the SSTFT consultation complaining of family conflict, especially between the husband's mother and his wife. The couple had married 3 years before. The husband's mother had recently divorced from his father, and she moved in with the young couple to help them take care of their 2-year-old son. This living arrangement is common in China, as is the conflict that sometimes emerges between the mother-in-law and the wife. In China this is commonly called the "po xi wen ti," or "mother-in-law problem." The husband reported that the conflict usually emerged when he returned home from work. He often felt "pounced on" by both his wife and his mother, who were upset with each other over some disagreement that had occurred between them during the day. Their conflict usually involved something related to the care of the 2-year-old son, like what to feed him that day. The husband felt he was in the role of the "judge" and this was a no-win situation for him. He was afraid that if he said anything to support his wife, his mother would be upset, and vice versa. To avoid conflict at home he had begun staying at work late, which only exacerbated the conflict at home. The unresolved conflict between his wife and his mother had also caused conflict in his marriage. In fact, they both reported that it had gotten so bad that they had considered divorce. They both reported that they didn't really want to divorce, but they also could not keep living in this situation. The therapist asked what the husband's mother would say was the problem if she was in the session, and the husband reported that she would probably say that she was upset that the wife "did not accept her influence and knowledge" about how to take care of the infant son. She might also talk about how she felt she did not have a place in the family anymore since her divorce, and her growing sense that she was irrelevant. The therapist asked the couple to rate how willing they were to work on improving the relationship on a scale of 1–10, with 10 being the most committed. Both reported a 10.

During Step 4 (the metalogue) the team used the invisible wall technique and discussed in front of the family about how they were not surprised that the couple was having difficulty in their marriage given all that was happening for them recently. They discussed how couples with young children often experience their lowest level of marital satisfaction at this stage, even if there are no other problems. In addition to this, the birth of their son coincided with the divorce of the husband's parents and his mother's subsequent move into the couple's small apartment. The couple had only recently married, and were dealing with the stressors of having their first child and the husband's increasing workload at the office. Another team member talked about the idea of the "crucible of intimacy" in relationships, and that the family conflict was perhaps this young couple's "relationship test" that may eventually make them stronger. They explained the idea that most significant relationships have struggles (a crucible) that tests the strength of the relationship. If they pass through the crucible without destroying the relationship, they usually have a more intimate and stronger bond (Schnarch, 1991). The team members discussed how it may seem that this current challenge will never end, but that it would one day. In the future if they can look back at this situation with the feeling that it was hard, but that they had worked together to solve it, they would likely be much stronger as a couple.

Another team member discussed the importance of working on the couple relationship, given that they were both at a "10" regarding their willingness to work on the problem. They suggested that the couple talk together privately to come up with a plan about how

to talk to the mother-in-law about the conflict at home. The couple should mutually agree on a message that the husband gives to his mother. The trick would be coming up with a message that recognizes the mother-in-law's influence, since the team guessed that it would be important to her. The team encouraged the husband to get more involved in the relationship between his mother and his wife, even though it would likely be difficult at first. The team predicted that there would be many invitations in this situation for the couple to argue, but that they should do their best to maintain a sense of togetherness. One way to promote this would be to regularly have a time together that was just for the two of them. The team wondered aloud what it would take to help the young couple to create this opportunity. Finally, one team member talked about what they thought the 2-year-old son would advise the couple to do if he was able to talk. This may sound strange, but the infant has perhaps the greatest stake in the couple improving the relationship, so he might have some valuable advice if he could speak.

Next the therapist moved to step 5, the team departed, and the couple talked about the idea of the "crucible of intimacy." The couple agreed with each other that they very much wanted to pass this test. Responding to one question from a team member, the couple talked about getting a maid (called an "Ayi" in China, or 阿姨) to relieve some of the pressure in the home and give the couple a chance to spend more time together. The husband agreed to get involved more between his mother and his wife, and asked that the wife try to help him by not "pouncing" on him when he returned from work each day. The wife committed herself to trying to minimize the conflict with the mother-in-law, and asked that her husband help her in this by committing to spend more time together as a couple.

During step 6 the therapist left the therapy room and observed the supervisor conduct the appreciative inquiry interview with the family. The couple reported that they greatly appreciated the therapist's neutral stance toward the family situation. They also discussed how her calm and relaxed presence had helped them to think more clearly about the situation. They felt one of the main things about the therapy that had helped them was that it was one of the only opportunities they had during the week to talk together as a couple and that this alone had been a major contributor to their positive change in treatment.

During the post-session supervisory meeting during step 7 the supervisor discussed with the team the general dilemma of the "po xi wen ti" issue in China. The supervisor prompted the team to consider why it was called a "mother-in-law" problem, when it seemed systemically that all family members contributed something to the maintenance of the family conflict. We discussed how it might be more appropriately called a "mother-in-law, father-in-law, son, wife, daughter-in-law problem." Other members of the team talked about families they had seen in China that had managed this family situation well, and we talked about our views of the dynamics of these families. Several team members discussed the importance of the husband allowing himself to be triangulated into the conflict between his mother and his wife. Likewise, the team discussed the importance of the husband's father's involvement. The supervisor suggested that each team member continue to look out for these family dynamics in their clinical work and continue the discussion into the future so that we can all benefit from the ideas.

The lead therapist followed up with the couple 3 months after the SSTFT session. The couple reported that after the session they went out to a restaurant, had a glass of wine, and came up with a plan for how to improve the situation. The husband would find a time to talk with his mother privately about the environment in the home and ways to improve

it. He reported that the conversation went well, and they talked about a balanced plan for his mother to develop some activities outside the home while still maintaining connection with her grandson. They also reported that they had hired a maid, and that the addition of this extra person in the home had helped de-escalate things. The wife reported that when the husband came home each day, she tried to make a special effort to welcome him with a warm and relaxed manner, which they both agreed helped a great deal.

Case Example #3: Child School Behavior Problem

During steps 1–3 the team learned about a single mother family with an 8-year-old son. After the mother's divorce from the father 2 years previously, she and son moved into a small apartment with the mother's mother. The father separated from the family soon after the son was born and had recently remarried. The therapist reported that he was completely cut-off from the mother and son. The mother and son had presented for therapy initially with concerns about the son's school behavior after receiving several complaints from his teacher. The teacher complained that the son was more and more distracted in class and that his performance had begun to fall. The mother reported that she was increasingly anxious about the situation, which prompted her to scold the son more and more. But she conceded that this did not seem to help the situation and apparently just contributed to a growing sense of anxiety in the home. Early during the family interview (step 2) the therapist asked what they thought the goal of the session was for each of them. The mother said that her goal was to get some ideas about how to separate the sleeping quarters for the mother and son. As is common in Chinese culture, the mother and son shared a bed since the child's early years. The mother felt this arrangement had gone on too long to be healthy for everyone, but she felt she had failed in her efforts to move the son to his own bed. Each time they tried to have him sleep in his own bed he would wake with anxiety and go to the mother's bed to calm down. Other times the mother would awake to find that she was anxious about her son and would compulsively check on him, which also disrupted her sleep. The son stated that he was not worried about the sleeping situation, but instead thought that the goal of the session should be to help his mother feel more happy and less anxious. He talked about how he worried about his mother and felt that she was sad and lonely. He worried about her feelings when she was on her own, and thought that she did not do enough things to take care of herself. He was worried she had no friends or social life. The mother stated that she was not averse to more self care and even creating more of a social life for herself, but that she felt her life was not so important and that her main concern was for her son and his school grades. The theme of "mutual concern" repeated throughout the family interview.

During step 4 the team utilized the invisible wall technique to share their impressions of the family situation. One team member talked about how impressed they were with the son and his apparent maturity. The team member stated that while the son was reported to be only 8 years old, he acted and appeared as a 28-year-old. Another team member talked about their feeling that the apparent maturity and mutual concern expressed in the home was evidence that the mother had done a fine job raising the boy despite the obvious difficulties they faced. Still, they wondered whether since the mother had focused almost exclusively on her role as a mother that she may have neglected her role as a woman and an individual. They wondered if this lack of self care might have unintentionally and subconsciously brought some pressure to the son. The team member wondered aloud what

it would take for the mother to expand her own life as an individual and a woman. They shared a general reflection they had that in most love relationships it is about "connection," but that uniquely in parent-child relationships love is also about "separation." At first mothers and children are close, but as they develop together it is time to separate a little to begin school. Yet this will often raise anxiety for both the mother and the child, but this is normal and usually fades in time. There is a sacrifice that a mother has to make in the early stages where love is about connection, but also a sacrifice that a mother must make when it comes time to separate. The team member talked about the mother's attempt to separate the sleeping quarters, and perhaps this situation was part of that sacrifice of "separation" in loving parental relationships. Other team members asked if the son had any friends or hobbies of his own and suggested that it would be equally important for the son to develop himself in this way in parallel with the mother's efforts.

During step 5 the mother expressed that the team discussion encouraging her to develop her multiple roles and to engage in more self care was powerful for her. She admitted that she had all but given up on herself as a person and could see now that this might not be helpful. She agreed with the idea that of parental sacrifice and committed to work harder in the sacrifice of parental separation. She committed to working more on self-care, exercise, getting her hair done, joining a dance class she had been considering, and building her friendship group. The son reported that he was especially struck by the statement that he acted more like he was 28, instead of 8 years old. He agreed with this idea and stated that he would like to go back to being 8 years old again if he could. The therapist asked how he thought he could accomplish going back to 8, and he said that he thought is would help if he could play football, and spend more time with his friends. The therapist ended with asking each of them to try out the ideas they had developed during the session and report back later on the outcome of their efforts.

During the appreciative inquiry (step 6) the mother and son reported to the supervisor that they really appreciated the therapy time in that it helped lower anxiety in their home between sessions. The mother felt that she was better able to compartmentalize her moments of heightened anxiety with the knowledge that she would be meeting with the therapist each week to process things.

After the family departed the therapy offices the team discussed with the supervisor the idea of avoiding negation, distinguishing between indicative versus injunctive language, and speaking the clients' language (Miller & Ray, 2021). These are three central tenants from the work of Paul Watzlawick from the Mental Research Institute (MRI) that were demonstrated in this case. Instead of focusing on what the family was doing wrong (negation), the team had successfully focused attention on what they were doing well (positive connotation). As the old Chinese proverb goes, "It is better to light a candle than curse the darkness." The team had given attention to providing descriptive and behavioral suggestions (injunctive) instead of solely focusing on ideas and concepts (indicative). Finally, the team had worked to craft a message that fit the family's apparent language of "mutual sacrifice," which seemed to strike a chord with them. While each therapist on the team is free to practice and relate to various family therapy models, we generally find these three tenets are useful organizers across all models of treatment.

Six months later the mother and son returned for another team consultation. The mood was elevated, and they reported that they were doing much better and mainly wanted to return to show us all the changes they had made. The mother looked notably different, in that she had lost weight, was smartly dressed, and generally happier in her expressions. She

reported that the son had transitioned to his own bed and that he was doing much better in school. The son seemed more care-free, and reported that he had joined the school football team and made some new friends. When the therapist asked how he had managed to do all this, he proudly raised his arms in the air and proclaimed "I'm no longer 28! I'm 8 years old again!"

Conclusion

These three case examples provide a glimpse of the unique problems facing Chinese families, and how this SSTFT protocol may be useful for other global supervisors and the therapists they supervise. We have found one advantage of this method lies in the ability of the team to help 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.

The diversity of the team feedback also serves as a sort of projective opportunity for the family. We have had visiting international supervisors and team members from around the world participate on the team. The fact that the consultant was from a different culture was rarely a disadvantage in our view. Conversely, the family usually found their feedback especially profound precisely because the feedback was coming from the perspective of someone from another culture. We believe this is because there is a special utility and weight a team member from another culture can offer to the family. Their feedback is novel, unique, and often from a completely different worldview. Many seminal international (non-US) family therapy leaders who have had a large impact on the development of family therapy in the United Stats match this idea (Paul Watzlawick, Salvador Minuchin, Insoo Berg, Michal White, Ivan Bozomony Nagy, the Milan Group, etc.).

It is almost always illuminating which of the team's feedback messages stands out most profoundly for the family during step 5. This information becomes an important clue for the therapist about how best to intervene with the family. Finally, the "appreciative inquiry" in step 6 conducted at the conclusion of the session provides a valuable opportunity for the family to express what they feel is most helpful about the therapist, and the therapist's interventions. It also provides important feedback for the therapist about how the family perceives them in therapy and where their next learning edge might be.

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