Clinical Reflections towards a Broad Ontological Understanding

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March 28th 2013

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Introduction

Structural social work understands people within the contexts and relationships that affect their life. This is akin to examining the health of a leaf without looking at the tree, or the health of a tree without looking at the forest. Trees literally share sugars, nutrients, and chemical signals directly through naturally grafted roots (Henry & Quinby, 2010). Plant life is also connected through complex mycorrhizal networks. Core samples of western hemlock, the Pacific Northwest, reveal more disparate connections with salmon. Up to 24% of core samples contain a particular nitrogen isotope found only in marine sources (Reimchen & Mathewson, 2003). There is a direct connection between the health of a needle of a western hemlock and the abundance of spawning salmon through a number of complex relationships. Similarly, human well-being is the result of numerous relationships between historical, social, economic, interpersonal, and intrapersonal determinants of health.

Social work professionals intervene at multiple points including policy, group therapy, support groups, community development, and individual counselling. My interest in working with individuals, groups, and families, is to primarily advance my clinical skills and secondly, to synthesize an ontological framework that reflects the structural, social, and historic influences on people's well-being.

This is congruent with Schmidt (2000) suggestion of a northern practice model that "links economic factors to personal presenting problems" (p. 346). This approach is consistent with the national social work association. A public statement from the Canadian Association of Social Workers (2008) described the primary focus of social work practice as the "relationship networks between individuals, their natural support resources, the formal structures in their communities, and the societal norms and

expectations that shape these relationship" (p. 2) The document then defines this "relationship-centered focus [as] a distinguishing feature of the profession" (p. 2). So what does this say about who people are?

I am passionate about conceptualizing an emerging ontological framework to challenge the culturally assumed norm of people as rational individuals. Duran (2006) describes assumptions and biases as "shadows… [which] crystallizes as pathology perceived in the patient" (p.37). A broad literature illustrates a highly nuanced, relational, and dynamic ontology. This includes attachment theory, Bowen family therapy, international development, indigenous thought, and trauma informed approaches. Although there is a wealth of knowledge about human development and the ways we are shaped by experience and context, I have yet to encounter an accessible way of conceptualizing what it means to be human. I believe the risk of not articulating a positively framed ontology is the continuation of an inaccurate assumption of rational individualism.

Collier (2006) suggests that the limited adoption of Freudian psychology contributed to an individual pathology of mental health, giving rise to professions that attend to the symptoms present in individuals without addressing the systemic determinants of health. Duran and Duran (1995) similarly describe psychology as "objectification… [and] nothing but ongoing social control and hegemony" for aboriginal peoples (p.7).

Figure one below visually presents an epistemological perspective that will articulate the importance of creative frameworks for challenging assumed norms. Quadrant 1 and 2 represent our conscious knowledge. Quadrant 3 acknowledges the ways

that assimilative thoughts or ways of being can be embedded in cultural norms, language, thoughts, and social structures. Quadrant 4 is the realm of conscientization, whereby we become aware that there is something we didn't know that we didn't know.

	+	-
+	(1) Know that I Know	(2) Know that I don't know
–	(3) Don't know I Know	(4) Don't know that I don't know

Assumed cultural norms and the narrow ontological concept of quadrant 3 and 4 are present in the therapeutic relationship, embedded in both therapist and client. The therapist, in a position of power, may unknowingly perceive or assert pathology and perpetuate the status quo. Duran (2008) suggests the necessity of an epistemological hybridity mind-set to counselling to mitigate this potential oppression. This describes a process similar to a client directed approach where a therapist "becoming enmeshed in the cultural life-world of the person or community seeking help" (Duran, 2008, p. 291). I suspect that working from the client's frame of reference from a client directed outcome informed (CDOI) approach used at Touchstone Family Association will be similar to this (Duncan et al., 2003; Miller, Duncan, Brown, Sparks, & Claud, 2003).

I propose to engage in a four-month clinical practicum with Touchstone Family Association (TFA) to fulfill the requirements for a Masters of Social Work at the University of Northern British Columbia. I am interested in furthering my counselling skills and becoming competent in the CDOI approach used at TFA (Duncan & Moynihan, 1994).

The reflective component of my practicum is congruent with Montigny (2011) who cautions reflecting on experience through theoretical categories and concepts by

focusing on reflexive practices as “members’ practical actions are incorrigibly and unavoidably constitutive of all orders and accounts of every-day life” (p.9). I aspire to become sensitive to my biases and assumptions so that I am clear and effective while working with clients (Duran, 2006).

Montigny (2011) champions reflection as a living practice to discover and explore the nuances and contradictions of one’s interactions. I plan to give particular attention to articulate (1) my practice principles and (2) an ontological framework.

Mullaly (2002) cautions that helping professionals of the dominant group (that’s me!) risk becoming paternalistic and oppressive despite good intentions. It is important to trust people to realize change in their own life. Client directed therapy is congruent with this sentiment. As the therapeutic process is guided by the client’s frame of reference, the attentive clinician is insulated from perpetuating unhelpful and oppressive power in the therapeutic relationship. I am really looking forward to the opportunity to work and reflect on my time with TFA.

Context

Touchstone Family Association

TFA provides individual, family, and group counselling throughout the community of Richmond B.C. As a non-profit community based agency TFA offers affordable counselling and conflict resolution to the community through partnerships with MCFD, Richmond family police, Richmond addiction services, and the solicitor general of BC. The practicum experience will involve individual, family, and group counselling. I will work with the family team, which consists of six masters trained

counselling professionals. I will participate in weekly supervision, team meetings, and peer interactions to support my learning.

Client Directed Outcome Informed

Particular attention is given to building a strong therapeutic alliance at TFA. Research shows that this is the primary site of change within the therapist's influence (Knight, 2012; Lambert & Barley, 2001; Martin, Garske, & Davis, 2000). With the understanding that client perceptions of common factors are responsible for the largest variance in outcome variance, Duncan and Moynihan (1994) emphasize the significance of using the client's frame of reference to guide the therapeutic process. Successful outcomes are realized by working from the client's informal theory about their situation. This includes their thoughts, beliefs, attitudes, and feelings about the nature of their problem. The relationship and process of therapy are of primary importance.

TFA clinicians use two outcome measures to evaluate the therapeutic alliance and facilitate this client directed approach; the session rating scale (Duncan et al., 2003; Martin et al., 2000) and outcome rating scale (Miller et al., 2003). These concrete tools measure and shape the therapeutic experiences from the client's perspective. This collaborative problem solving approach to counselling is congruent with a structural social work approach to therapy (Maguire, 2002).

Research substantiates the importance of a strong therapeutic alliance. Anker, Owen, Duncan, and Sparks (2010) find significant relationship between therapeutic alliance and therapy outcomes. Lambert and Barley (2001) similarly find stronger association between positive therapeutic outcomes and common factors of empathy, warmth, and a secure therapeutic relationship than specialized treatment interventions.

Yalom (2002) describes how "nothing takes precedence over the care and maintenance of my relationship to the patient" (p. 9). A therapist's congruency, unconditional positive regard, and accurate empathic understanding, encourages a therapeutic relationship that facilitates the potential for change and development.

I am familiar with person-centered therapy, which shares some principles to the client directed approach. Carl Rogers, the founder of person-centered therapy, articulates the need for clients to realize autonomy and self-determination in their lives and in session. This requires a belief in the client's inherent capacity to "move away from maladjustment and toward psychological health" (Corey, 2009, p. 169). Yalom (2002) describes the self-actualizing force within the client as an acorn. Given the opportunity to sprout and mature an acorn becomes an oak tree. The therapist helps create the space for growth by reducing and removing obstacles while the client directs the process of growth. The therapist must believe that the client knows, just as the acorn, how to grow.

From this assumption that all people have an innate motivation for self-actualization the therapist must become attuned with the client (Corey, 2009). The person, not the problem, is the focus. Rogers (1965) maintained that change requires relationship. As the client experiences therapy in the terms of their frame of reference they become directly involved in their own life. The cooperative structure of therapy empowers the client to affect positive change as they draw on internal resource rather than seeking external answers. Change results, as the client gains insight and ability to access inner resources (Lambert & Barley, 2001). A person "more in contact with what they are experiencing at the present moment, less bound in the past", writes Corey

(2009), is “freer to make decisions, and increasingly trusting in themselves to manage their own lives” (p. 172). To be centered in one’s life is to be healthy.

Relationship with counselling

Personal

I have been born into incredible privilege. As an able bodied, middle class, Caucasian, Canadian, university educated, male (the list goes on) I recognize the embedded nature of my social location within my interactions with others (Bishop, 2002; Mullaly, 2002; Sue, 2003). I acknowledge these privileges as critical self-reflection mitigates the likelihood of projecting my own assumptions into session (Duran, 2006).

As I acknowledge the ways I embody power and privilege I become more connected with my social location, history, and who I am. Duran (2006) eloquently questions, “how do you guide somebody who is alienated if you are alienated yourself?” (p. 45). It is critical that I engage genuinely from my place in order to be an effective clinician. When I am centered in myself, I am better able to relate genuinely with others.

As a Settler Canadian I am an active part of a colonial landscape (Sue, 2003). I am sensitive that the places that I live are home to ancient cultures. Indigenous epistemology is unique and valuable to society. The influence of Indigenous scholars is apparent throughout my work (Blackstock, 2010; Duran, 2006; Ermine, 2007; Little Bear & Heavy Head, 2004).

I am intrigued by connections and relationship. The relationship between hemlock needles and salmon are but one example. A personal example is my relationship with food. I grow a garden, hunt, and forage to supplement the food I purchase from markets and stores. The meals I cook for friends and family are the literal connection to the earth

and rivers where I live. As we eat our bodies become the nutrients of this place. Making music with people is a similarly exhilarating experience for me. Sound arises and passes away within the same moment, a temporary expression of being alive. Watching people dance to the music is an experience where I feel deeply alive and connected. Being central to my life in these ways is a profound and rich experience.

I am familiar with conceptualizing health as balance (Duran, 2006). Reflecting how I prioritize gardening and making music despite easy access to grocery stores and free music online I have come to articulate health as being central in my life. As I harvest vegetables from seed that I saved the previous year. As I sing songs that I have composed. I become central in my life.

Respected development theorist Andre Gunder Frank (1999) situates international relations in a similar way. Central metropoles extract value from peripheral countries. Over time this relationship of value extraction and concentrated decision-making power actively *under*develops peripheral communities. I see a strong parallel with the adverse effects of complex trauma (Van der Kolk, 2009). The peripheral nature of children dependent upon caregivers is an example of *under*development. Abusive or neglectful parenting affects children by increasing emotional need while decreasing self-soothing techniques (Courtois, 2008). Frank's (1999) language can be used to describe a person's locus of control.

People can become peripheral in their own self-concept. Denial, disorganized self-concept, or incongruences between thoughts and feelings may exemplify reasons why people seek counselling. At all of these levels health can be conceptualized as balance (Cross, 1997). Being central in one's own life is the goal. I hope to continue

these reflections through my practicum experience as I haven't yet come across an existing model that situates these principles to understand the congruency between these levels.

At this point I am reminded by the way Horton (1966) describes society as the result of the competing interests between people, institutions, and organizations. In this view people are important for social change. Society will reflect people's priorities. Therapy is one site where people are able to connect with themselves and make changes that reflect their intentions. Again, this is a way of understanding the process of therapy within a broader ontological context that situates society as the result of individuals' collective reality. Although it may seem to be a drop in the ocean, social change will result from each person living in healthy ways with all of their relations.

I am fortunate to be central in most areas of my life and am able to exert agency to connect with myself, and others, in meaningful ways. Most people that I work with are much more peripheral. This will be explored briefly in the literature review and in more depth during my practicum report.

Clinical Skills

From this broad, creative, view of therapy within the nature of society I am engaging in this practicum to practice, learn, and refine my clinical skills. I am particularly interested in joining with the client to operate from the client's frame of reference. I suspect that the client directed approach will be a good fit for me, as the philosophy of change resonates with my beliefs.

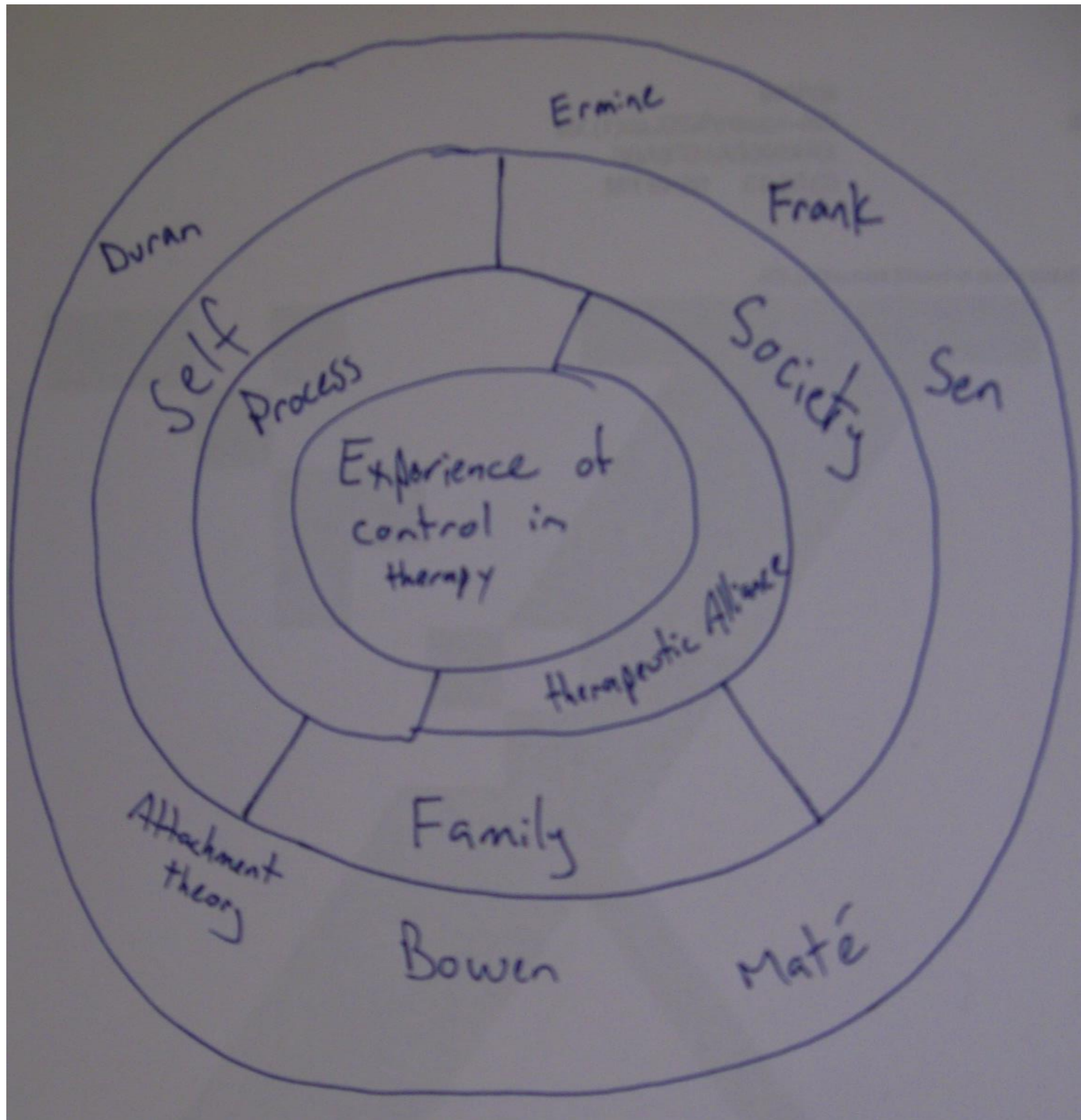
As I prepare to engage in this practicum I admittedly am imagining working with individuals. This expectation is the result of conversations I've had with Grant and Dave

at TFA, however I am looking forward to working with both groups and families. I am particularly interested in co-counselling in these contexts to be influenced by other clinician's approaches.

I acknowledge that I have a lot to learn as I have neither studied, nor worked, from a client directed outcome informed approach. The session rating and outcome rating scales particularly excite me, as they seem to be concrete ways to affirm the client's position of power and responsibility in their own life.

Literature Review

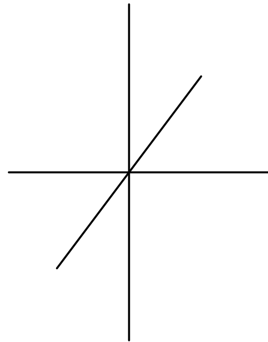
The therapeutic alliance exists within numerous, simultaneous intersecting, contexts (Bishop, 2002). I have drawn a diagram to organize my thoughts. The schema primarily situates the client in the therapeutic alliance and process of therapy (Duncan & Moynihan, 1994). This experience is interacts with the client's self concept, family, and society. These categories represent components of a simultaneous experience (Blackstock, 2011).



Key theorists occupy the outermost circle. We will look at these three sections of individual, family, and society in turn.

Individual

Duran (2006) describes a healthy person as being balanced between one's thoughts - emotions, intuition - sensation, and introversion - extraversion along the three axis depicted in the diagram below.



I am attracted to this however humans are relational (Llewellyn, 2012). Bowen's systems theory situates individuals as a component of the emotional system of the family (Brown, 2008). Attachment theorists articulate the ways humans are shaped by the emotional environment of their closest relationships (Bifulco et al., 2006). Van der Kolk (2006) is a prominent researcher that explores the ways trauma, adversity, and chronic stress affect human development. Haskell and Randall (2009) establish the effect cultural context shape experience.

I aspire to synthesize this broad literature into an ontological framework that captures these deep nuances of how we are affected as humans. It is important to approach life from an open, inquisitive perspective in order to engage, rather then oppress the people I work with as a result of narrow thoughts.

The individual model Duran (2006) suggests needs to be situated within a relational model that acknowledges culture and history (Haskell & Randall, 2009), trauma and chronic stress (Van der Kolk, 2006), and familial relationships (Brown, 2008). The goal is not to understand numerous independent factors, but the result of the interactions between factors within one's experience (Cross, 1997).

In order to understand an individual one must understand their story. Elder (1998) refers to this as a life course approach. In this way we become sensitive to the ways people are shaped by experiences and patterns of behavior over time. All people are born into dynamic families that consist of people who have similarly been born into social families. We are each part of an unbroken chain that connects us with the beginning. All parents have been children and have grown through particular experiences, developed needs, and capabilities. I will look at attachment theory and a trauma informed approach to make sense of our permeable nature with reality.

Attachment theory

Attachment theory is used to explore the nature of parent-child, adolescent, and adult relationships. There is a significant literature covering more than four decades. This theory understands that children thrive in safe, predictable relationships and adapt to dangerous, or unpredictable, caregivers. Neufeld and Maté (2004) describe attachment as "at the heart of relationships and social functioning" (p. 16). It is our human need for physical, behavioral, emotional, and psychological proximity. Healthy attachment occurs across generations and provides an orientation to life.

Attuned parenting is a critical source of external emotional regulation that helps children learn to self-sooth. This is important as 80% of a child's brain development occurs in the first years of life (Maté, 2008). These primary relationships early in life are critical for healthy development. Emotionally attuned children characteristically mature into adults able to maintain stable relationships, exercise conflict resolution skills, and demonstrate self-confidence (Maté, 2008).

A child-parent attachment void is intolerable. “Even adults who are relatively self-orienting can feel a bit lost when not in contact with the person in their lives who functions as their working compass point” (Neufeld & Maté, 2004 p. 19). An attachment void may result from outright abuse and neglect, but can also include emotionally distant parenting, removal from one’s family, or emotional neglect. A child will accommodate in these situations in order to fulfill her needs to belong, exert agency, have fun, and be free (Brown & Swenson, 2005). Intense, persistent, or uncontrollable situations of threat, or distress, lead to maladaptive responses and to adverse experiences later in life (Tafet & Bernardini, 2003). It is important to note that both real and perceived dangers affect development and one’s internal working model (Aideuis, 2007).

Disrupted attachment can be understood as an intergenerational phenomenon as the parent child relationship exists within the social realities of adults who are shaped by their own experiences over the course of their lives. In this way adult behavior can be understood as a child’s determinant of health. The disruption of attuned parenting is best understood in terms of a parent’s psychological well being, rather than rational choice.

Attachment styles established in childhood are predictive of adult health. Bifulco et al. (2006) found a predictive relationship between insecure attachment styles during childhood and adult mental health disorders. In a study examining stress responses in adults, Levine (2011) found that the secure attachment between adult partners mitigated a stress response while experiencing an electrical shock. The affected individual’s stress reaction, as measured by blood pressure, heart rate, hormones, and breath rate, was less when holding their partner’s hand (Levine, 2011).

Van der Kolk (2006) understands experiences of disrupted attachment as complex trauma. Emotionally distant, neglectful, or abusive parenting is likely an expression of a parent's own symptom set and inability to self-regulate. Substance abuse, understood as a coping behavior, is a common ingredient of intergenerational trauma (Braveheart & DeBruyn, 2000). An adult's presentation of unresolved trauma generally creates volatile environments and relationships that perpetuate adverse experiences for the next generation.

The numerous ways that people are connected with their family of origin and the people in their lives is important to understand as this is how our self concept is shaped. My goal is not to form an absolute understanding of why people are the way they are, but to create a framework that helps people explore the structural influences in their life.

Adverse Childhood Events (ACE) are characteristically intense, persistent, or uncontrollable situations of threat, or distress, often lead to maladaptive responses to adverse experiences later in life (Tafet & Bernardini, 2003). ACE, have a dual effect of creating heightened emotion while reducing one's ability to self-regulate and be secure in the world (Maté, 2008). The perception of threat can cause a stress reaction in a child, youth, or adult, that leads to a heightened internal experience (Heuser & Hinrich-Lammers, 2003). Heightened emotions, combined with a decreased ability to self regulate, can lead to maladaptive behaviors such as substance abuse (Maté, 2008), mental health (Van der Kolk, 2001, 2006, 2009), and antisocial behaviors including violence (Courtois, 2008; Mikulincer & Shaver, 2008). Tafet and Bernardini (2003) find a strong correlation between experiences of chronic stress, anxiety disorders, and major depression.

A longitudinal primate study of three groups of mother-infant pairs illustrates the intergenerational effects of chronic stress. Each group of mother-infant pairs lived with different abilities to acquire food. One environment had consistently easy foraging, another consistently difficult foraging, and a third, unpredictable food supplies. The stress experienced by mothers in the unpredictable situation exhibited inconsistent, dismissive, and erratic rearing behaviors (Maté, 2008). The infants of these mothers grew up to be anxious, less social, and highly reactive adults while the infants in the consistently easy and difficult environments matured into healthy adults. The environmental conditions became emotional experiences of disrupted attachment, which increases the likelihood of further emotional distance in the next generation.

Experiences over time literally shape the ways our brains develop and function. Chronic stress notably affects the limbic system and the Hypothalamo-Pituitary-Adrenal (HPA) system of the brain. The limbic system is the emotional center. Real or perceived experiences of chronic stress over stimulate the system causing dysregulation. (Tafet & Bernadini, 2003; Van der Kolk, 2006). This leads to compromised rational functioning including the ability to appraise social situations, evaluate coping strategies, implement appropriate responses, and retrieve information (Taffet & Bernardini).

A controlled study of the impacts of prenatal stress and fetal alcohol exposure of primate infants found that these early stressors contribute to altered biological substrates, gene expression, and brain functioning that significantly alters an individual's development trajectory (Schneider, Moore, Kraemer, Roberts, & DeJesus, 2002). The effects of these developmental disturbances present as decreased attention spans, reduced mobility and exploration, increased irritability, and altered stress responses. The

prenatally stressed monkeys were less resilient under social and environmental stress as they showed disturbance behaviors of clinging to peers, decreased exploration, and played less. Two hours after stressful experiences the chronically stressed group had elevated cortisol levels while the control group did not. (Schneider et al., 2002).

The Paraventricular Hypothalamus (PVA) is responsible for releasing cortisol into the body. This natural stress response is kept in check by natural negative feedback loops that help a person relax after a stressful event (Heuser & Hinrich Lammers, 2003). Chronic stress disables this natural system that aids self-regulation, causing hyper arousal and an inability to self-regulate (Maté, 2008). Mood altering behaviors and substance use engages the dopamine system to relieve the anxious experience of hyperarousal (Weinschenk, 2012). This can develop into a need to maintain 'high'.

Family

Bowen systems theory understands people as part of emotional family systems (Brown, 1999, 2008; Dattilio, 2006; Farmer & Geller, 2005). Chronic stress or anxiety is the primary symptom expressed in a member of the family (Papero, 1990). This individual experience is addressed as the presentation of a system dysfunction. Emotionally differentiated family members characterize healthy systems.

Platt and Skowron (2012) describe differentiation as the "intrapsychic… ability to separate thoughts from feelings, and the ability on an interpersonal level to balance intimacy and autonomy with others" (p.37). An undifferentiated person experiences chronic anxiety (Bartle-Haring, Rosen, & Stith, 2002). This anxiety is generally expressed in three ways, including emotional reactivity, emotional cutoff, or fusion with other (Hooper & DePuy, 2010).

The most basic family structure is a triangle. Triangulation is a key concept that describes a process by which a dyad, typically a couple, will each reach to a third person as an emotional reference point. This is normal human functioning, however the third member of the triad risks becoming involved in unhealthy ways by becoming enmeshed, losing a differentiated sense of self, or receiving projections (Farmer & Geller, 2005). Any change in the system will cause further change with the eventual goal of healthy differentiation (Brown, 1999). This systems approach could be applied to the salmon and the hemlock to understand how addressing salmon harvests can increase the health of the forest. It is not necessary to work with the ‘problem’ member of the family to help the system change to achieve symptom relief. Healthy emotional differentiation between family members is the goal of therapy. This is marked by less reactivity, self-responsibility, and emotional freedom (Brown, 1999).

Society

The importance of stable communities has direct implications for healthy families, attuned parenting, and predictable, nurturing environments for children. “The community” writes Ermine (2007), “is the primary expression of a natural context and environment where exists the fundamental right of personhood to be what one is meant to be” (p. 200). This is not a new idea as evidenced by the ways healthy relationships are maintained through ceremonial life of people around the world (Prechtel, 2012).

Having studied international development as an undergraduate student I am influenced by Sen (1999) and Frank (2010). Frank (2010) describes the power in terms of periphery and center. The relationship between countries and within countries are

characterized by a one way flow of value from periphery to center. Decisions are made in central metropoles while adverse effects are felt in the periphery.

The human experience of the global capitalist system is one of disempowerment as one becomes dependent upon external forces to meet one's basic needs. From this perspective people have become peripheral in their lives. The industrial food system is an example of the political instability considered normal in our lives. Although our food supply is perceived to be stable, our ability to access the abundance of food is facilitated through thousands of kilometers of travel, national borders, fossil fuel and a money economy (People's Food Commission, 1980).

Sen (1999) challenges material definitions of development. Agency, described as capability, to use resources is significant to well being. Not simply the presence of things, but people's relationship with the means to meet their need. Measuring well being in social terms, rather than material terms, reveals the social nature of health. As people become central in the processes of meeting their needs they experience life as more predictable and secure.

Conclusion

Through reflective practice at TFA and creative interpretation of literature I anticipate producing an interesting ontological framework. What are the implicit beliefs about human needs embedded in the literature briefly reviewed above? The task will be to not become too abstract and complex to be inaccessible while presenting something broad enough to acknowledge the interconnected nature of reality (Blackstock, 2011). This will be for the benefit of my personal and professional development. The final practicum report may also become a useful teaching tool for undergraduate structural

social work students. Despite the many techniques and modalities to working with people, Lambert and Barley (2001) remind us the importance of therapeutic relationship for positive client outcomes. It is for this reason that a creative ontological framework is a beneficial tool for my own reflection and to help others practitioners engage with clients in genuine ways that lead to positive outcomes.

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