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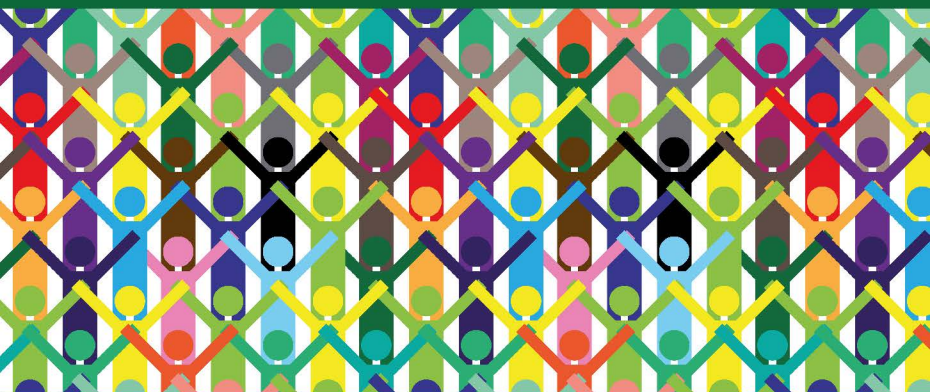
# Systemic Interventions

Arist von Schlippe / Jochen Schweitzer, Systemic Interventions

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Vandenhoeck & Ruprecht

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# The value of systemic intervention

The term "systemic" refers to an approach that was introduced during the 1950s in what has become known as *family therapy*. Later, the approach was expanded beyond the *family setting* to develop its own, more specific techniques of systemic therapy (cf. Ludewig, 1992). It has since then found its way into various settings of psychological psychotherapy, counseling, coaching or consultation. This book describes the systemic approach to psychosocial interventions in general. The reader will therefore find the term "systemic" variably connected to the distinct domains of professional work that are termed psychotherapy, counseling, coaching or consultation.

In psychotherapy, it has been applied to settings like individual therapy (Boscolo & Bertrando, 1996; Schwartz, 1997), couples therapy (Dym, 1995; Gurman & Fraenkel, 2002; Fishbane, 2013; Fraenkel, 2009), family therapy (Campbell, Draper & Huffington, 1991; Carr, 2012; Dallos & Draper, 2010; Hoffman & Clark, 2002; Hills, 2012; Jones, 1993; Lebow, 2005; McGoldrick & Hardy, 2008; Rivett & Street, 2009), family therapy with children and adolescents (Wilson, 1998; Retzlaff, 2008; Combrinck-Graham, 1989), multi-family therapy (McFarlane, 2004; Asen & Scholz, 2009; Asen, Dawson & McHugh, 2001), multi-systemic therapy (Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 2009) and family-centered hospital consultation (Wynne, Daniel & Weber, 1986). Within German-speaking countries concepts for "systemic social work" (Ritscher, 2002) and "systemic education" (Voss, 2005) have been published.

Aside from clinical and social work the approach is prevalent in both profit and non-profit organizations and is applied in systemic management and leadership, as well as in *coaching* and in team and organizational consulting (Senge, 1994; Beer, 1995; Campbell & Huffington, 2008; Trebesch 2000, Königswieser & Hillebrand, 2004; Wimmer, 2004; Wimmer, Meissner & Wolf, 2009). A large number

of methods and types of intervention have been created for various settings (e. g. Caby & Caby, 2014; Klein & Kannicht, 2009; Königs-wieser & Exner, 2002; Schwing & Fryszer, 2014; Winek, 2010).

In short, the approach can be outlined as follows:

1. A problem – whether it arises in the form of the psychosomatic symptoms of an afflicted person, a student's bad grades, a colleague's poor performance or a team conflict – is perceived as *an occurrence in which many different interacting individuals participate,* rather than referring back to "character traits" of a single person(s). Dysfunctional behavior and problems are understood within their contexts to justify intervention. Thus the focus shifts from the question of: "Who has had the problem since when and why?" to "Who can be considered a significant member of a given social context and who describes the problem in what way?" and "Who describes the problem and the interaction surrounding it in what way?"

2. *Communication and the power of stories* that people tell play an important role: "reality" is perceived as the result of a process of social constructions, not as an objective entity with absolute validity (cf. Bruner, 1990; Gergen & Gergen, 2003). Thus each participant's story is equally meaningful. A significant element of systemic *coaching* is to encourage a person to become the observer of his/her own authoring of his/her story: "How do *you* tell your story? What parts of your past do *you* choose in piecing it together? Which parts do *you* leave out?" etc. This self-referent position may open up choices as the individual develops an increasing awareness of his or her contribution to patterning the communication process, becoming able to assume more and more responsibility for his/her own involvement in the way his/her story is told. Observations by others who are not directly involved *(outside reference)* offer a valuable source of feedback to the auto-observer (self-reference).

3. Living systems, be they biological, psychological or social *systems* are self-organizing. They can be seen in terms of *dynamics* and *complexity.* At different times during the developmental stage, systems appear more or less predictable and stable or complex and instable. A high level of complexity and instability means

that change cannot be "planned" and "controlled". Rather, acting professionally means creating a context that allows patterns to develop and change (Kruse, 2004). The task is to enhance the probability that constructive moments may arise. This can be achieved by providing a specific context (of "process management", Schiepek, 2004) rather than by determining the outcome. In other words, a systemic session may offer a space in which the (psychological or social) system is "open to contingency, i.e. to chance" (Luhmann, 1988, p. 132) and ensures that "opportunities occur more frequently than they otherwise would." (ibid., translation by the authors).

4. The idea is to remain *open and sensitive to the opportunities that might arise.* Thus rather than focusing on "problems" and "mistakes" one looks for available *resources* and approaches that have proven to be effective within the system itself ("When was the last time you were successful at this?"; "What was the last exception you remember when the 'problem' did not arise even though you would have expected it to?") in trying to find viable solutions. The quest for new ideas and images takes precedence over conversations revolving around what doesn't work (Conen, 2007).

5. We strive to develop a *collaborative spirit* among all members of the social system in question, as well as its outside observers such as clients and other collaborators and even competitors. The key question is: how can the combined input of those parties involved achieve viable results?

6. A particular challenge in systemic therapy is to use a language that offers appreciative descriptions for all those involved in the cooperative network. This includes looking for any constructive element even in obviously destructive behaviors (e.g. somebody who behaves negatively may be trying to keep up his/her self-esteem – so a joint effort might be made to look for ways of solving the self-esteem issue in a new and less negative way).

Within the context of systemic consultation[1], reference is usually made to the way in which members perceive the social system's experience (like a family) in terms of a shared belief-system, a "family paradigm" (Reiss & Olivieri, 1983), a set of commonly held basic beliefs and shared convictions about the world. To realize that members of a system who share a common social system tend to experience reality from the same premise is a key aspect of constructivism. From the perspective of a family counselor, Stierlin (1988) refers to this as a "family credo". Schneewind (2010), a family researcher, proposes the term "family-specific internal model of experience", a kind of "shared mental model" (Denzau & North, 1994), to which each member's subjective knowledge of family reality contributes. This is not to say that the individuals' experiences of reality are homogeneous. On the contrary, many conflicts within families stem from seemingly irreconcilable differences. Each member's perspective is so closely linked to the other's and sometimes even intertwined with it to the extent that the therapist may note with amazement the speed at which family members manage to react to each other by condemning, accusing and defending one another and "correcting" messages that seemed so apparent and yet get hopelessly entangled in their various different perceptions of reality. It seems that in families with symptom carriers, the descriptions the family members process often do not receive the necessary feedback. They become fixed in a pattern that reflects one member's expectations of how the other one "is". In the course of the members' joint history, a reality has been created that is experienced as painful and emotionally draining. The communication among family members has become intertwined in inflexible patterns. It is precisely these patterns that systemic therapy is concerned with.

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1   Within the context of this book we will continuously shift between the different areas of systemic practice, be it systemic consultation, systemic counselling or organizational consultation. We choose the term *"consultant"* and *"consultation"* or, more general, *"systemic work"*/*"systemic practice"* throughout the book. If a method is applied specifically within one context, we'll use the appropriate word for that. The words "client" or "customer" refer to different traditions in systemic work. We don't go too deeply into that discussion and use them interchangeable here. But we try to avoid the word "patient" as it is connected to associations of being passively suffering.

According to the theory of self-organization, one can say that the members have settled on a particular "way of order" through which they perceive the social reality and which has become rigid over time.

In this context, Kriz (1999, 2008, 2014) adopts the concept of an *"attractor"* (it was introduced into the theory of dynamic systems by Haken, 1983). In self organization theory, an "attractor" describes the specific kind of order that may arise in dynamic, chaotic processes. A "sense attractor" is a (relatively) stable, cognitive condition ("pattern") that a person or social system has developed in relation to him/herself, the people around him/her and their environments. It is a particular way of perceiving the world. These sense attractors follow a dynamic of completion that Julian Jaynes defines as "narratization" (1990). By combining different elements of perception with other elements, and by bridging memory gaps, a person (or a social group) builds up cohesive narrative stories. Memory, so to speak, writes "its own life story" (see e. g. von Foerster, 2003; Kotre, 1995). Once a strong sense attractor has been built, individuals merely use their interaction partners to confirm their respective world views, leaving mutual curiosity by the wayside: "See? That was so typical! That's the way he is!" Over time this "knowing what the other person is like" patterns and in a way "enslaves" the thinking of the individual and the communication of the social group (family, etc.). People then no longer react to what was said but to what they *expect* to hear based on the preceding history. Sense attractors developed by an individual evolve as a result of the tendency to structure human cognition and categorize it in an effort to reduce complexity. The creation of order is a "fundamental process for all living things" and seems to be more important for human beings than striving for happiness. Human beings fear nothing more than chaos and thus choose a form of order, even if it is detrimental.

### Example

A rather sad example from child and adolescent psychiatry describes the situation of a 13-year old boy with extremely low self-esteem whose behavior proved very difficult to handle in the hospital inpatient ward. In a team meeting it was decided to pay particular attention to this boy and to encourage the slightest positive signs, while at the same

time letting him know that his therapists cared about him. However, the first reaction to the words: "Thomas, I really like you!" resulted in a considerable increase in tension with erratic eye movement and heightened agitation, until suddenly he threw his cup on the floor, smashing it to pieces. When his therapist cried out angrily: "For goodness sake! Why don't you watch out!" the boy began to relax visibly: "See, I knew nobody would like a boy like me!" – The world, as unhappy as it might appear, was back in order.

Once established, sense attractors repeatedly substantiate their premises in order to maintain the established order: the world may not be good, but at least it is predictable, a person "will react in this way and no other"! Every event that corresponds to the given attractor is labeled "typical". Events that deviate are either ignored or disqualified as "exceptions". Simon & Rech-Simon (1999) refer to this mechanism as the "logic of substantiating the nothing-new-syndrome": "Whatever a family member does, the intent is always clear in advance … every member perceives only certain behaviors exhibited by the other. The former impose fixed criteria by which they evaluate, judge and apply the once established patterns of explanation" (p. 219).

The value of systemic therapy lies precisely in enabling transitions from one order state to another to allow individuals and social systems to abandon a chosen sense attractor that has evolved into his/her source of suffering. In the language of self-organization theory, the sense attractor as an order-giving entity (a so called "order-parameter"), "enslaves" the processes that it presides over (Haken, 1983). Thinking, feeling and behavior are largely determined by the previously chosen sense attractor.

The term "description" and its relation to language might suggest that we are referring to cognitive and mental processes only. However, language does usually not occur in abstract terms, but rather in the form of *stories,* (a concept that is key to discussions on "social constructivism", e.g. Gergen & Gergen 2003, Anderson & Goolishian 1988). Life is not reflected abstractly in language. Instead it occurs *in a world of commonly shared meanings* through verbal exchange and the exchange of stories. Thus our reality remains stable and we are able to reconfirm our respective identities. Telling a story always

requires a listener. So stories connect the level of psychological systems (the world of experiences, emotions, cognitions, and individual sense-making) and the social systems (the world of collective sense-making).

Time and again during the process, the question arises as to how to weave one's way into the web of mutually stabilizing stories from various perspectives. How can these stories be viewed in a different light in order to *deconstruct* the habituated descriptions? Over the years, the myriad of stories may frequently have lost their naturally flowing character, becoming rigid and eventually "imprisoning" the individual, couple, family, team or organization. The stories may have turned into a "problem": "It's always the same"; the other person (colleague, co-worker, partner, etc.) behaves "like that", "typically". Human beings are incorrigible storytellers and have the habit of "becoming" the story they tell. In the process of repeating these stories, they become reality and occasionally hold the storyteller prisoner within boundaries that they themselves helped to create (Efran et al., 1990).

During the course of their social interaction with others, individuals develop a picture not only of themselves but also of their relationships with others and *how they are viewed by the latter.* Not only do they form their own expectations of others but also expectations of what others expect of them.

**Example**

In a classic analysis, Laing et al. (1966) interviewed 12 unhappy married couples (in therapy) and ten couples who were inconspicuous. The approach was revolutionary at the time. Each partner was interviewed alone and afterwards asked how he/she thought the partner would answer the question.

Briefly outlined, the results of the complex qualitative analysis showed that the dysfunction exhibited by the couple did not become apparent as long as the questions were put directly. For example, the husbands of both groups responded positively to the question as to whether they loved their wives when they were interviewed alone, as did their wives. The dysfunction became apparent at another level, namely what each partner assumed the other might answer. So when

the husband was asked if he thought his wife loved him, he hesitated, saying that he wasn't sure. His spouse responded likewise. Going a step further when asked if he thought his spouse felt loved by him (and vice versa), the answer was often clearly negative. Thus the dysfunction occurred at an abstract level. Each spouse had different ideas about what the other believed.

The concept of "expectations of expectations" is found in social systems theory (Luhmann, 1984, 1995): a person develops expectations about the expectations others have of him/her. And since an individual always stands in relation to others, the expectations of expectations of different members of the system intertwine to form patterns that in modern terminology are referred to as *self-organizing systems.* They have come about simply because they have come about and it may frequently be better to see them just this way and not as result of some particular psycho-pathological process. And they stay simply because they stay. They represent the way in which a person or a family has created a pattern that provides order. In many cases it makes little sense to try to find out particular causes for this phenomenon, but rather to support clients or coachees in changing the patterns of expectations they suffer from. "Expectations of expectations cause members to mutually assume stable orientations from each other … In this way social systems can avoid being reduced to a series of reaction chains in which one predictable event follows the next. The reflexivity of expectation allows for correction (or the fight for correction) at the very level of expectation" (Luhmann, 1984, p. 414, translated by the authors).

**Quote**
Human beings are not perceived in the same way as houses, trees or stars. They are approached in the expectation that we meet them in a certain way and, when encountered, they will contribute something to our own inner world. The power of imagination tailors the other person in such a way as to fit our own wishful thinking but also in a way that confirms personal fears and prejudices. We are hardly able to approach each other without preconception at a first encounter. We are thus strangers to our-

selves in a dual sense, for between us stands not only the deceptive world surrounding us, but also the illusion of the world that is created in our mind's eye. Is this foreignness and alienation an evil? Would an artist paint us with our arms wide-spread, desperately reaching out in a fruitless attempt to reach those around us? Or would the purpose of his art be on the contrary to capture our relief at the existence of this double barrier which at the same time offers a protective shield? (Mercier, 2004, p. 100 ff., translated by the authors).

The phenomenon, referred to poetically here, is closely linked to the theory of expectation-expectations, and to the "problem of double contingency". According to Luhmann (within the sociological tradition founded by Talcott Parsons), contingency refers to the possibility that the meaning of any kind of human behavior or communication is never predictable. Human beings can behave spontaneously and unpredictably. Double contingency in this respect means that both participants of an interaction always are equally involved, as they are not limited in their actions. Each participant experiences this as freedom on his/her own side – no-one can determine how his/her behavior will unfold – and as uncertainty in relation to the other person, knowing that the other person's behavior is likewise never fully predictable (Luhmann, 1984, p. 148 ff., 1995; Simon et al., 1985, p. 353 f.). Individuals can never be sure about others and have to rely on uncertain premises: "You say you love me, but do you really *mean* what you say?" According to Luhmann, concepts such as trust and mistrust only make sense within the context of double contingency: "Trust must be granted as contingent, that is, it must be voluntary … It is rendered socially valid only in view of the possibility of mistrust" (Luhmann, 1984, p. 181) – if we could look into each other's minds, trust would not be necessary as we would *know.* So we see the importance of double contingency in our everyday lives: we have to constantly invest trust and behave in a reliable way, making ourselves predictable to each other. It is amazing to imagine how natural and self-evident this works all over the world: even if you fly to a country you never have been to before, you will find people who behave according to your expectations (taking a taxi, entering a hotel,

etc.). It works at least on a functional level. On a micro-level, in close relationships, things are more difficult. Especially in systems seeking advice, one is faced with processes in which these well-established courses of action no longer function due to conflict dynamics and to mistrust that has developed (sometimes a long time ago, maybe even generations ago). In such cases, members are often preoccupied with brooding over the relationship, obsessed about whether they are valued as individuals, respected, loved or at least accepted. Or they are quite simply convinced that this is not the case. The partner in such a situation has no chance: "Yes, I really love you!" – "Ah, I know you are lying! If you really loved me you would bring me flowers!" – "But I did!" – "Yes but not voluntarily! You did it, because I wanted it! So that is not a real sign of love at all!" – these unavoidable traps are well-known as so called double-binds (Watzlawick et al., 1967).

"Members of a family react not to the other person's feelings and thoughts but to the thoughts and feelings about what the individual thinks the other person is thinking and feeling" (Simon & Rech-Simon, 1999, p. 32). In keeping with self-fulfilling prophecies, this behavior creates the tension necessary for one person to confirm the negative expected-expectations of the other. One could call this "self-organizing misfortune" between individuals.

**Example**

*The story of the hammer*

"A man wants to hang a painting. He has the nail, but not the hammer. Therefore it occurs to him to go over to the neighbor and ask him to lend him his hammer. But at this point, doubt sets in. What if he doesn't want to lend me the hammer? Yesterday he barely spoke to me. Maybe he was in a hurry. Or, perhaps, he holds something against me. But why? I didn't do anything to him. If he would ask me to lend him something, I would, at once. How can he refuse to lend me his hammer? People like him make other people's life miserable. Worst, he thinks that I need him because he has a hammer. This has got to stop! And suddenly the guy runs to the neighbor's door, rings, and before letting him say anything, he screams: 'you can keep your hammer, you bastard!'" (Watzlawick, 1993).

# Profiling systemic intervention

# 1 The start: two basic premises

Two fundamental tasks in systemic consultation precede all change processes and will be outlined separately in the following discourse, although they can hardly be separated. They include process supervision and contract orientation.

## 1.1 Process regulation and "process co-regulation"

In family therapy in the classical sense, the term "joining" described the task in which a therapist creates a cooperative alignment with the family in need of help. He/she starts by establishing easy contact with each family member. Smalltalk may be a prerequisite for joining, but process regulation takes place throughout the course of consultation. The term "regulation" could mistakenly suggest that someone (the consultant) is actively taking over the session and unilaterally directing the course of the session as well as the methods that are applied. But a strategy that aims at systematically influencing another person is not compatible with the systemic approach. Thus we suggest speaking more in terms of "co-regulation" of processes (e. g. Loth, 1998). This means that the help-seeking person is in charge of deciding on the content of what is said and what he/she sees as essential to the whole counseling project, whereas the professional, be it a consultant, a counselor or a management consultant, provides the necessary *framework* for the interactions to take place and for the issues to be discussed appropriately, which allows constructive handling of the content as part of a self-organizing process.

Maybe it can be said that systemic work resembles a jazz constellation more than a classical orchestra. There is a framework – the pattern of the chord – that limits the possibilities; however, there are no "right" notes. It is not about adapting to a strict acoustic pattern. Similarly, Schiepek speaks of an "overall improvisation" of the process into which melodic and rhythmic components are integrated

as dynamic elements of a comprehensive process *"Gestalt"* (2004, p. 264 f.). The key lies more in knowing how to make use of the "tension" generated between composition and improvisation and drawing on it to produce a creative arena. So it is good to know which notes don't fit. However, these too can be used if they initiate a new succession of cadences. Thus the framework of process regulation depicts the pattern of musical tones belonging to the piece as well as the rhythm that gives it its structure. The counseling session itself then follows in the "free play" of questions and hypotheses.

This framework can be visualized as a tension arc of two different functions that are important for process-co-regulation (see figure 1).

Creating the framework has a strong affective side, a process that is often referred to as "affective *framing*" (Welter-Enderlin & Hildenbrand, 1996, 1998; Levold, 1997). It is loosely based on the term "affective attunement" described by Stern (1985) or "secure base" in attachment theory (cf. Bretherton, 1992). Affective framing is essential in developing a secure relationship. The consultant signalizes his/her friendly and assuring presence via all channels of communication rather than through language alone. The micro-signals used by the consultant to engage with the interaction partner (facial expression, gestures, etc.) have particular significance in this context and serve to establish and maintain conditions that lead to a stable emotional basis. The *stability* of the relationship (also called meta-stability because it refers to the stable and secure *frame* in which the interaction takes place) allows the person to confront the *instability* of painful and negative feelings that the problematic issues may involve. The term has also gained significance within the discussion of a systemic understanding of leadership: Wedekind & Georgi (2005) refer to "orientative framing", by which they mean that leadership is geared towards creating space for creative development rather than adhering to the idea of instruction and directives.
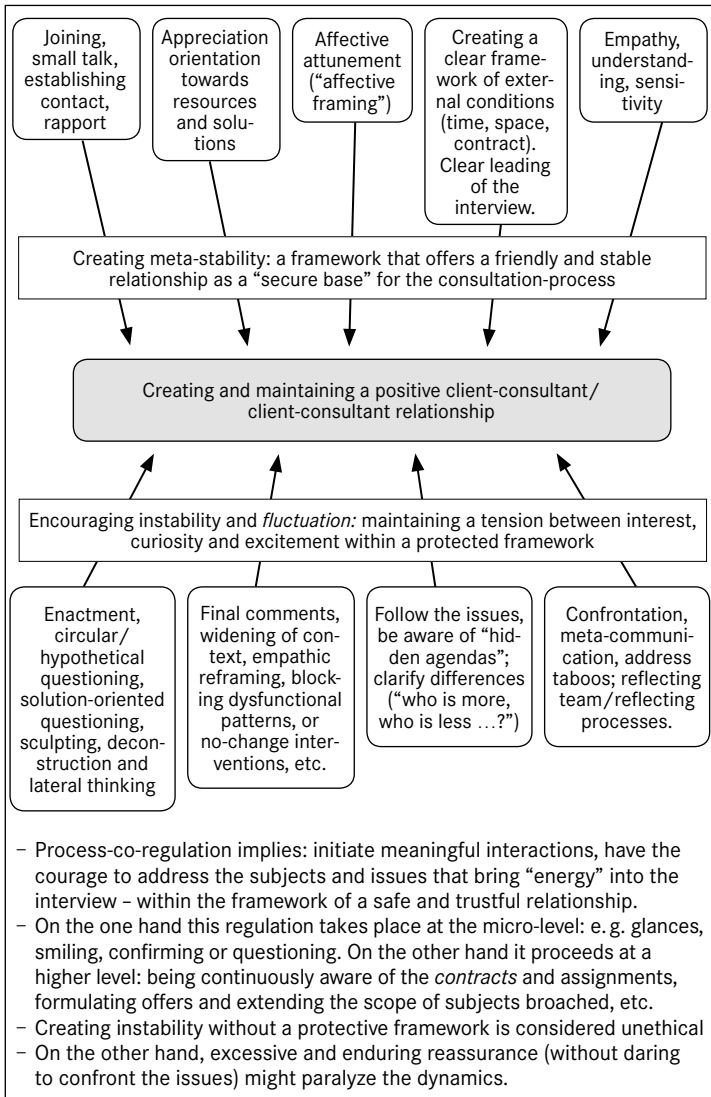
| Joining, small talk, establishing contact, rapport | Appreciation orientation towards resources and solutions | Affective attunement ("affective framing") | Creating a clear framework of external conditions (time, space, contract). Clear leading of the interview. | Empathy, understanding, sensitivity |
|---|---|---|---|---|

Creating meta-stability: a framework that offers a friendly and stable relationship as a "secure base" for the consultation-process

Creating and maintaining a positive client-consultant/ client-consultant relationship

Encouraging instability and *fluctuation*: maintaining a tension between interest, curiosity and excitement within a protected framework

| Enactment, circular/ hypothetical questioning, solution-oriented questioning, sculpting, deconstruction and lateral thinking | Final comments, widening of context, empathic reframing, blocking dysfunctional patterns, or no-change interventions, etc. | Follow the issues, be aware of "hidden agendas"; clarify differences ("who is more, who is less …?") | Confrontation, meta-communication, address taboos; reflecting team/reflecting processes. |
|---|---|---|---|

– Process-co-regulation implies: initiate meaningful interactions, have the courage to address the subjects and issues that bring "energy" into the interview – within the framework of a safe and trustful relationship.
– On the one hand this regulation takes place at the micro-level: e. g. glances, smiling, confirming or questioning. On the other hand it proceeds at a higher level: being continuously aware of the *contracts* and assignments, formulating offers and extending the scope of subjects broached, etc.
– Creating instability without a protective framework is considered unethical
– On the other hand, excessive and enduring reassurance (without daring to confront the issues) might paralyze the dynamics.

**Figure 1:** Process-regulation and co-regulation in systemic consultation. Meta-stability: provide a good relationship that provides a secure base and a stable framework for consultation

## Creating Instability

The next step involves maintaining the tension and allowing the person seeking advice to actually address their critical issues. A good consultation session requires curiosity and interest as well as a certain amount of tension and courage (Cecchin, 1987). The American family consultant Walter Kempler once noted that change "will only be forged in the fire of affect". This means that it is important to dare to broach critical issues, provided that a stable relationship has been previously established, and, by asking provocative questions, help those involved to confront issues they would normally avoid. Change processes rarely progress calmly during matter-of-fact exchanges as the issues are emotionally charged. Consequently, it is all the more important to be aware that such interactions must take place within a protected framework (this is the essence of the *generic principles* of systemic consultation, see Schiepek, 1999; 2004).

From the perspective of the theory of dynamic systems, the aim is to generate an increase in *fluctuation* (Schiepek, 2004). In this context, the term "deconstruction" (White, 1992) takes on a particular meaning: namely in terms of "lateral thinking", for instance by twisting habitual description (such as the reframing technique presented later). In an attempt to realign the habituated interpretation of reality and create opportunities for novel experience, the consultant exhibits unusual behavior by breaking patterns and engaging in subtle experimentation. The underlying premise here is to have the desirable changes evolve in a series of self-organizing transitions. Schiepek (ibid.) emphasizes that it is essential to observe the "*Kairos*" (as the ancient Greeks said), i. e. the most opportune moment: the same intervention can produce very different effects depending on *when* it is brought into play. Self-organizing does not mean that the process is left to proceed, merely hoping for the best outcome. Rather, the idea is to actively realize process co-regulation and thereby increase the probability of constructive self-organizing transitions without actually having control over them (Loth, 2005, p. 31). Instead of adhering to the idea of "instructive interaction" and "direct *causality*", systemic methods aim to enhance the probability of constructive outcomes.

The tension outlined here can also be considered a diagnostic measure in supervision: does a session (consultation, counseling, team-intervention, etc.) include both aspects? Nothing is more tedious than an exchange that takes place solely within a protected setting (e. g. interventions such as "You don't have to answer if it is too difficult for you …" or "Do you feel o. k. now …?"). On the other hand, it would be extremely dangerous to conduct the session in the absence of a protective framework (such as an intense weekend with a lot of constellation work, body work and sensitivity training, etc., after which the individuals are left alone with their emotions). Moreover, initiating instability where a supportive client-consultant relationship has not been established is unethical.

## 1.2  Assignment orientation – client orientation

A basic premise of systemic work involves sensitivity toward the *intricacy of the web of assignments* that one is entering (von Schlippe & Schweitzer, 2012, p. 235 ff.). The larger and more formal the organization, the more challenging and important it is to clarify the tasks: "Who – wants what – from whom – when – in what capacity – to what end?". With a growing number of participants and their different functions (job descriptions, hierarchies, departments, assignments, etc.), it is unlikely that the members of the organization will develop common interests and targets for an organizational consulting measure, for example. In general, it is a restricted number of members of the organization who express an interest in consulting, while others are invited/expected to join in. It is of particular interest to understand the diversity of interests of the different individuals involved in the process. Even if they are outsiders who are not present in the consultation room (e. g. the boss who pays for the coaching but doesn't take part; a relative who recommended the family consultation, etc.), they may still have their visions of the outcome of the consultation and may even have a special interest in it taking a positive or negative course (cf. Selvini Palazzoli et al., 1980a). If expectations and assignments are clearly articulated, considerable effort and disappointment might be avoided.

– Who is particularly interested in initiating this exchange? What would have to be done in order to disappoint/satisfy this initiator?
– Who recommended us as consultants? What might he/she expect of us?
– Who is more interested in change? Here a "ranking" of the participants may be indicated or a comparison between the interests of participants and of possible outsiders.

In a sense, the consultant stands at the center of a kind of "carousel of expectations and assignments" (von Schlippe, 2014). Figure 2 outlines a possible entwinement within the context of team supervision. In the case of a broad and poorly elaborated assignment (such as: "We'd like to enhance the quality of our team communication"), the team may seem united. However, hidden messages may exist as in the example in figure 2: team member 1 wishes that the consultant would see the failure of team member 2. Team member 2, on the other hand, may silently wish to be protected from the attacks of team member 1, while member 3 tries to foster harmony within the team.

And, as if that were not enough, there might be those "absent" stakeholders within the "carousel" (such as the supervisor mentioned above) and, also quite importantly, the "inner stakeholders" – the consultant's own inner voices and interests that may affect his or her actions as well. A more elaborate way of working with the image of the "carousel" in consultation and training is presented in chapter 9.2.

Time and again, the *"logical record-keeping"* of the consultation process might get mixed up. The participants of the consultation process begin working together as if they had already worked out a clear assignment. Figure 3 helps the consultant ask him or herself constantly whether the levels of an assignment have been clarified up to that point. While the structure may appear very "basic" and significant only upon initial consultation, it can be seen as an underlying "background structure" that is continually activated and repeatedly referred back to. This alleviates the pressure on the consultant of becoming involved in the issue too quickly (which would then mean initiating his/her own assignment without a clear *contract*).
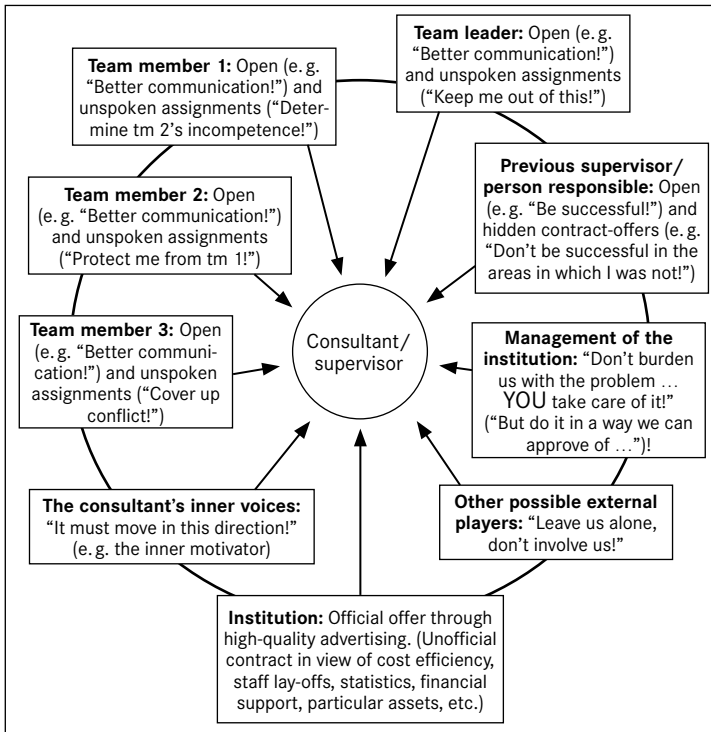
**Figure 2:** The consultant's position in the network of contracts: clinical team supervision

The key questions that the consultant may ask him/herself here are:

– *Do I know why the client came to me?*

Frequently a concrete event precedes the decision. This need not be the basis for working together even if the event seems to require immediate attention. The consultant might over-hastily and intuitively consider this as the point of departure and generate ideas about how the problem can or should be approached too rapidly. So it might be better to ask oneself the second question:

– *Do I understand the concrete issue that the client (and other important people in his/her network) would like to be resolved here?*

Asking oneself this question allows the consultant to understand the direction in which the client's hopes and desires as well as his/

her fears are moving. In this way, the client's implicit theory about the problem can be addressed together with issues brought up by other significant individuals.

– *Do I have a clear idea as to how the client specifically wants me to help him/her?*
Asking this question takes some courage: didn't the client already say what he/she wanted? This question, however, is key as it includes the client's expectation of the role the consultant is to play. Once this aspect has been clarified, the consultant is free to decide whether or not to proceed.

– *Am I both in a position and prepared to accept this and meet these needs?*
This must be weighed up very carefully: can I deliver what the client wants from me, what do I want myself, and how far am I prepared to go? At this point it might be a good idea to work out a proposition, outlining the possibilities and limitations involved.

Figure 3 below outlines a format for this *"logical record-keeping"*, which does not mean it must be strictly adhered to in practice, but rather can be loosely referred to as required.

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1. *Causes for complaint, reason for seeking help: "What brings you here?"*
   – What brings you here? What prompted your decision? Was there a key incident?
   – Why are you seeking consultation at this point in time, why not three months ago or in six months' time?

2. *Expectations: "What do you/what do significant others hope to achieve here?"*
   – What would you like to have happen here today?
   – What needs to happen for you to say at the end of the consultation/the session/the supervision that it was worth the effort?
   – What needs to happen to satisfy important third parties?

Possible additional questions to clarify the background:
   – How do you/do those important others define and explain the problem and their idea of a solution (for each person, if applicable)?

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