

# When Restorative Practice Marries Family Therapy: a dynamic blended family

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**shalem**

Mental Health Network





# Purpose of workshop

## Part 1:

- How collaboration developed
- Service development & delivery
- Restorative Practices Used Clinically
- Differences between Counseling Clinic referrals & other restorative conferences
- Therapeutic models & assumptions congruent with Restorative Practice

# Purpose of workshop

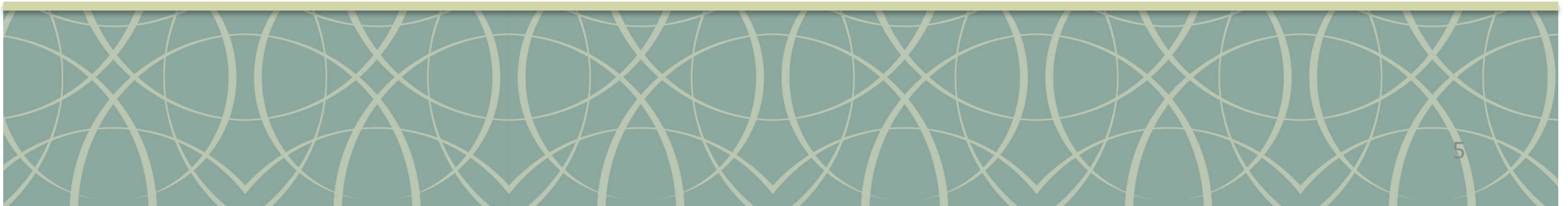
## Part 2:

- Putting Restorative Practice into practice
- Restorative conferences
- 2 cases studies

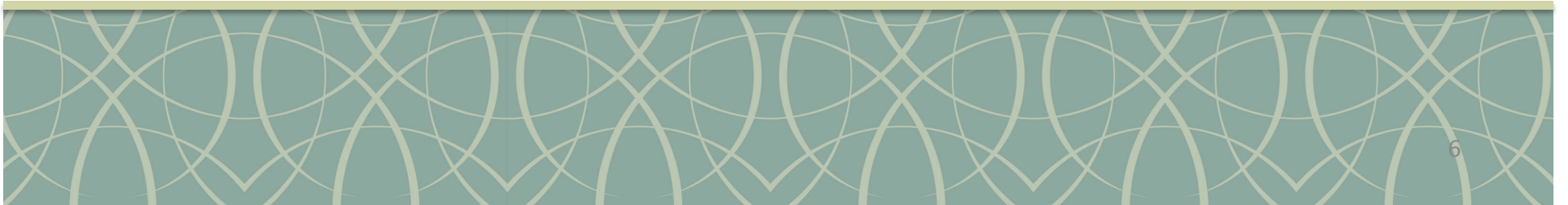


# Purpose of workshop

- We are sharing this content in the spirit of development – the program is a work in progress.
- Happy for your input and suggestions.



# How collaboration developed



# How collaboration developed



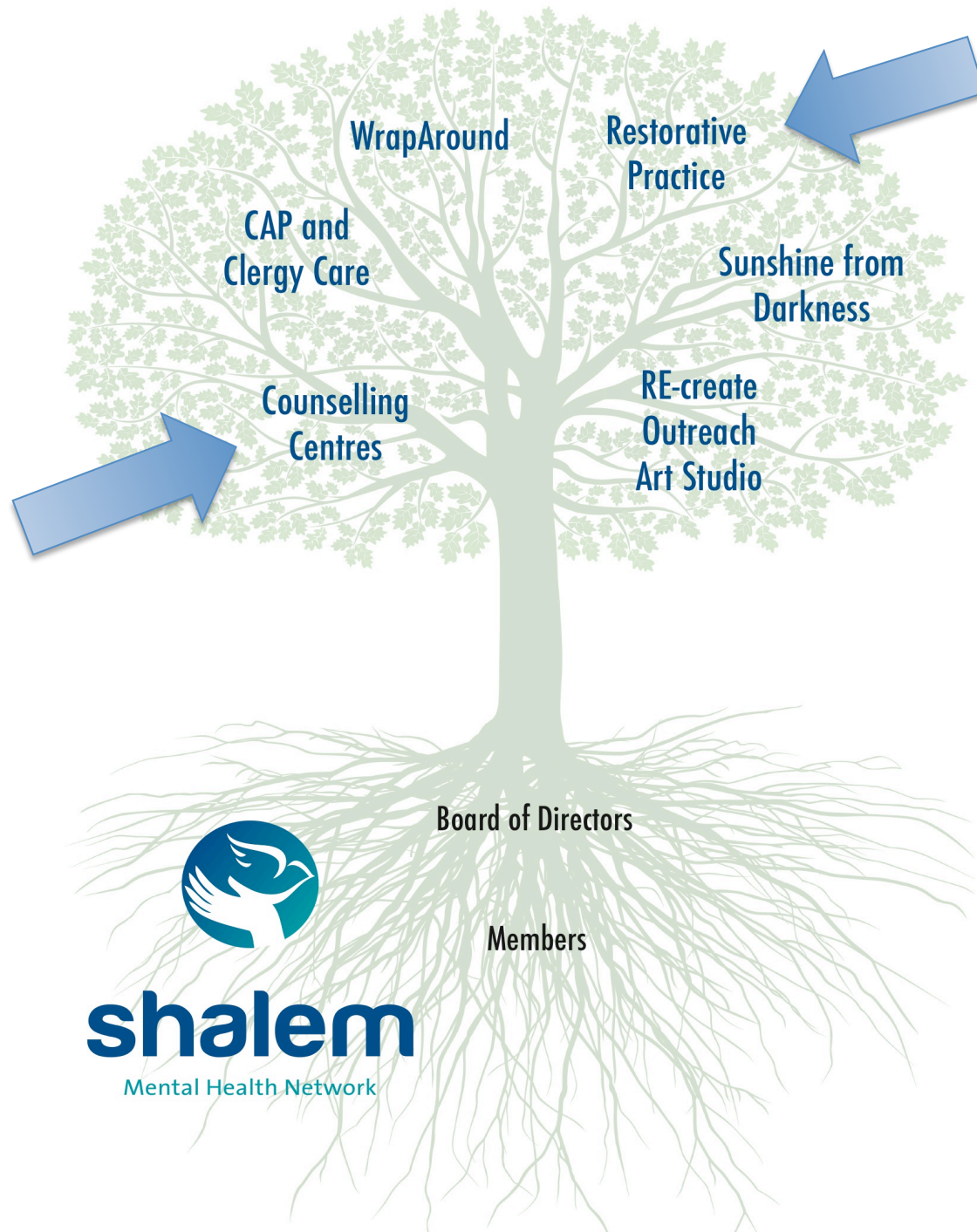
Mark VanderVennen,  
Executive Director

# Service Development

There are 2 ways we deliver services to families:

- Counseling clinic referrals, using RP, meeting with a therapist
- Restorative Practice referrals, without therapist *involvement*, as well as *Family Group Decision Making*





# Service Delivery

For the purpose of our presentation, we're focusing on the therapeutic setting.

# Restorative Practices Used Clinically

## Restorative Framework principals:

- Compass of shame
- Quadrants: Relationship styles-  
leadership styles
- Restorative questions



# Restorative Practices Used Clinically

## Continuum of practice



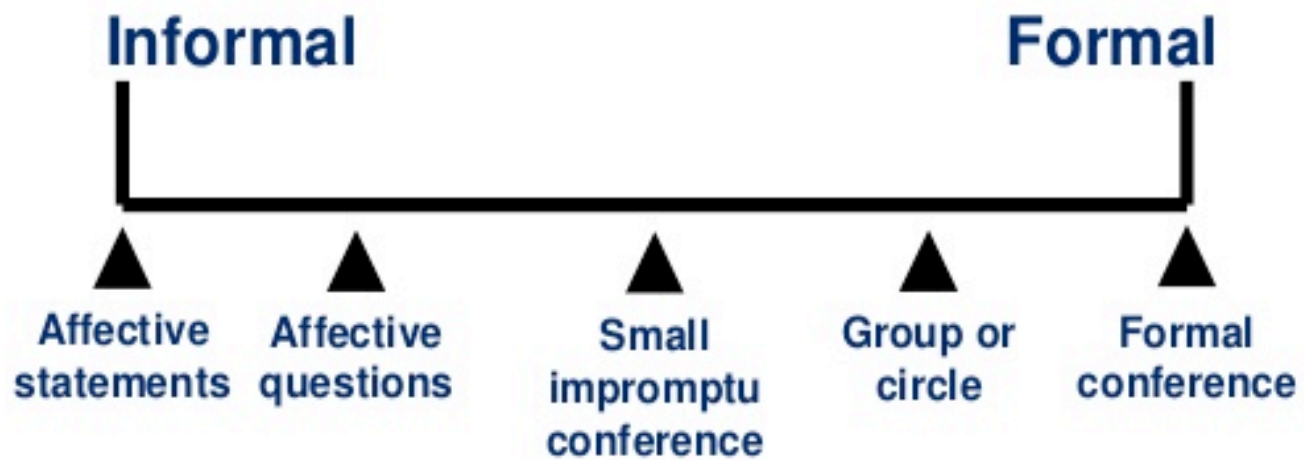
Affective statements


Information conversations using the restorative questions

Use of a talking piece (helpful for levels of development/abilities)

Formal restorative conferences

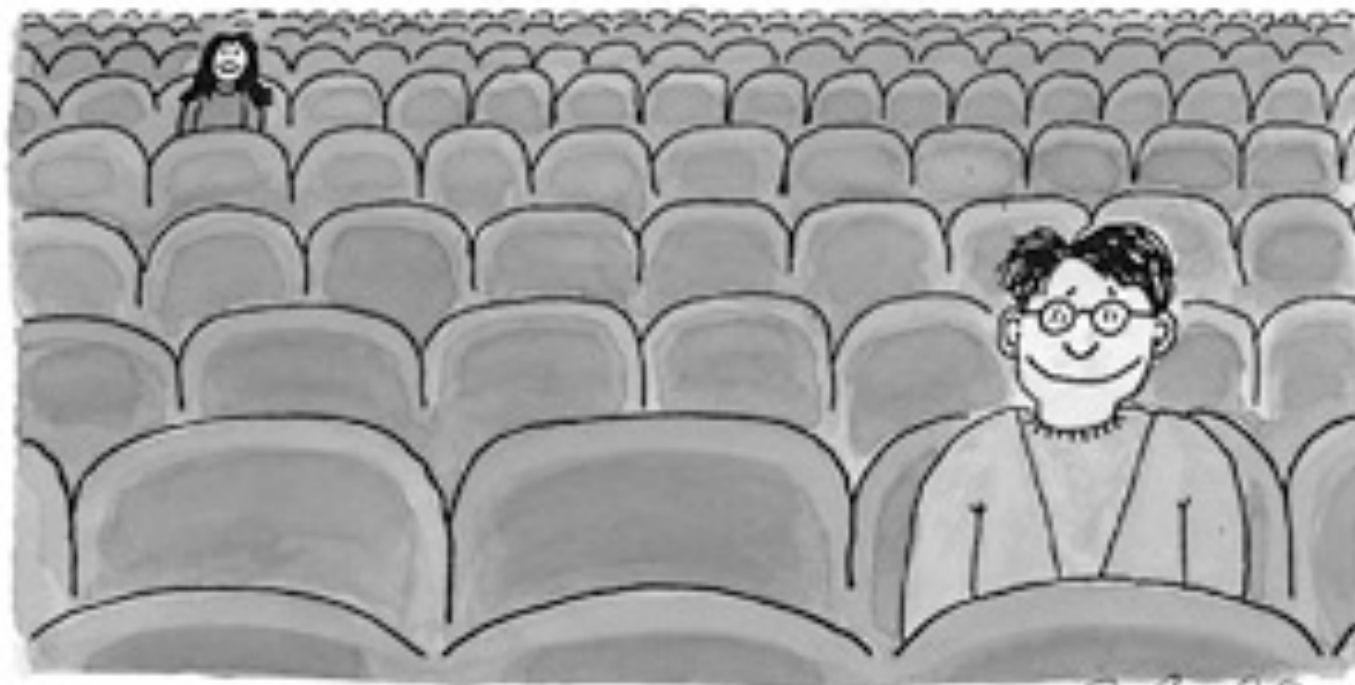
# Restorative Practices Continuum





# Differences between Counseling Clinic referrals & other restorative conferences

ADULT CHILDREN OF  
NORMAL PARENTS  
ANNUAL CONVENTION



*John G. Paul ©*



# The Nature of Families

Because family relationships are permanent in nature, engaging in a restorative process can be frightening.





# The Nature of Families

After community conferences participants usually don't go home together, and often don't have to see other conference participants if they choose not to.

Family members often live together.  
Decompressing afterwards can be difficult.



# Impetus for a Conference

Often instigated by family events, e.g.,  
holidays, weddings, funerals



“Aren’t you glad we had this meeting  
to resolve our conflict?”



# Emotional Highs

Often have escalated emotions.  
On average emotions are more  
heightened. Years of conflict often fuel  
the issue.

# Your thoughts

What might a person with escalated emotion say in the context of a conference that they may not have shared during preparation, or may have never shared with family members?





## Conference focus

It can be much harder to stay focused on one incident when participants have had a lifetime of conflict.

Other issues can easily surface.



# Pacing

Pacing can be difficult. Families who are escalated may urge facilitators to move the process forward quickly.

It can be hard to resist the urgency that families might present with.

Families are often looking for a quick fix especially when they sense hope and want relationships restored immediately.

# Your thoughts

What challenges do you imagine, or from your experience, what challenges have you encountered working with families ?





# Therapeutic models & assumptions congruent with Restorative Practice



# Attachment Theory

Attachment Theory: John Bowlby

Dyadic Developmental  
Psychotherapy(DDP): Dan Hughes

Emotionally Focused Therapy (EFT):  
Sue Johnson

Emotionally Focused Therapy (EFT):  
Les Greenberg





# Other Models

Narrative Therapy: Michael White,  
Alan Jenkins

Cognitive Behavioural Therapy: Aaron T.  
Beck

Solution Focused Therapy: Steve de  
Shazer, Insoo Kim Berg



# Other Models

Structural Therapy: Salvador Minuchin

Intergenerational Therapy: Murray  
Bowen





# What therapy and RP have in common:



# What therapy and RP have in common:

- Both create a safe space
- Both engineer authentic conversation
- Both hope to resist vilification, and seek restoration (as much as possible)
- Both work to facilitate constructive, corrective emotional experience through relationship





# Where therapy and RP are different

- Clients may have different expectations and goals
- Training/goals of facilitators/therapists
- Therapy may be longer than RP process
- Different set of ethical guidelines, governing bodies, language used





# Part 2: Putting RP into practice

## Part 2: Putting RP into practice

Restorative tools: quadrants, talking stick, restorative questions, compass of shame

20-30 cases (estimate) from 2014-2016

# Part 2: Putting RP into practice

Restorative conferences

Family Conferences Through the Clinic:  
2014-2016 - 7 (2 informal)

Family Conferences Through our  
Restorative program: 7

# Part 2: Putting RP into practice

## Restorative conferences

Follow RP protocol of pre-conference meetings,  
attendees, safe space, followed by breaking bread



“We are communicating better  
but we are still not out of the woods.”

# Restorative Conferences Recommendations

Therapist should attend:

- For support: their main role
- To highlight helpful elements in the conversation that support the process
- Perhaps help participants understand the client's experience more deeply
- To support other family members as appropriate



# Restorative Conferences: Recommendations

Therapist should attend:

- To offer clarity within the conversation
- To offer validation as appropriate
- To participate in the agreement, as appropriate
- To be able to share the circle experience with the client, and bring that forward in future work
- To strengthen the Restorative Team's capacity for delivering services well

# Pre-conference work

- Because of the complexity of family relationships, never take pre-conference meetings for granted.
- Always do extensive pre-work.
- Families may be minimizing their distress.
- Conferences with more preparation go far better.

**Withdrawal:**

- isolating oneself
- running and hiding

**Attack Other:**

- “turning the tables”
- blaming the victim
- lashing out verbally or physically



**Attack Self:**

- self put-down
- masochism

**Avoidance:**

- denial
- abusing drugs and alcohol
- distraction through thrill-seeking

# Talking about RP with families

- Emphasize process over conference
- Pre-conference meetings can be as important as the conference. De-emphasizing the conference can help family members pace themselves.
- With the focus off of the conference, there is less chance for blame if the therapist and facilitator decide that a conference is not appropriate

# Pre-circle process/questions:

- Case by case assessment. We recommend flexibility and catering the assessment process to each individual case.
- We also recommend a 2 stage model for assessment – meeting both with the therapist and with the facilitator.



# Stage One

- The therapist meets with client to clarify their goal for the conference .
- If the parents are not the client, have them meet with another therapist to consult on the conference process and what to expect.
- This can be waived in rare cases if the primary therapist is certain of the family's dynamics as being positive. The family is ready for the conversation.



# Questions:

What's the *right* conversation for the conference? This is a central issue in preparing for conference .

What's the focus and who should be part of this conversation? (it may be more helpful for fewer people to be present at first)

Track the power dynamic in the family. Who has power? Who doesn't?

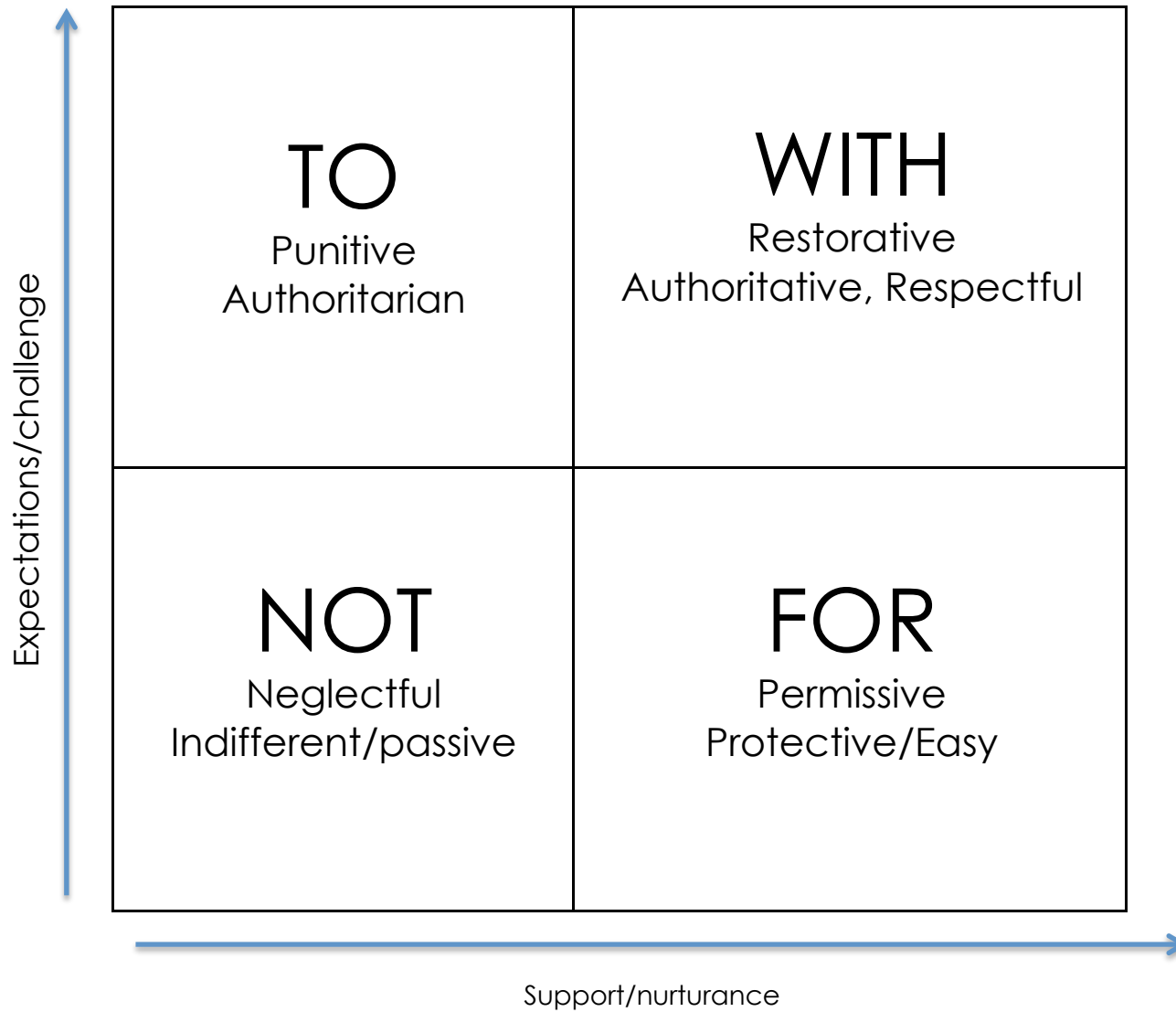
Is the client willing to take responsibility for their part in the breakdown of the relationship?

Does the client want things to get better?

Is the client willing to hear what other people have to say?

What do they need for this to be a safe space?

# Parenting/Leadership







# Questions:

How will they react if they hear something they don't like? Are they open to hearing things they don't like to hear about themselves? How do they imagine themselves responding?

Are there members of the family they can hear better than others?

How has things gone in the past when they've tried to talk about issues?  
How do they expect to feel?

Do they need to do some work on themselves to be ready to hear things that are painful? Are they ready to be open/flexible?

Do they need a safety plan for the conference if they lose their temper or are frightened?

Therapist gets permission to share content with the facilitator.



## **Counter-indicators:** When is a restorative process not suitable for a family?

If the family is not functioning well overall

If members of the family are unable to focus on the issue at hand

If there is an active addiction, or a member arrives intoxicated, they can't participate, and the conference won't be appropriate.

if there is active violence, or if one member reports being afraid of or threatened by another family member

# Your thoughts?

What other questions might you ask?

Are there some questions you would be hesitant to include?



# Predictors of a good outcome:

Thinking about family systems, and the role of the parents in the hierarchy of functioning, parents of the system need to be able to:

- Hear stories
- Generate empathy
- Engage in a new way of thinking
- Be non-reactive

# Predictors of a good outcome:

The circle will likely not go well if the parents are:

- Not able to stay grounded
- Not able to hear what's being said without falling apart
- Not able to stay self reflective and open to new information

# Predictors of a good outcome:

It is critical to have a strong/effective relationship between the facilitator and the therapist, with clear expectations of roles, and clear communication.

Family members need to be clear about the role of the therapist and the role of the facilitator.



## Case Study #1

Supporting a conversation within a large adult family after the disclosure of historical abuse by one sibling of another.

Facilitating expressions of concern, empathy, and wishes to move forward.



## Case Study #2

Adult child with unexpected mixed-race pregnancy causes significant conflict in a conservative family when she moves home for economic reasons.

Mom initiates circle, with the goal of discussing how to live together moving forward.



# Future Hopes

- Booklet for families on what to expect, process, roles, costs
- Website info
- Outcome measures:
  - Asking families pre and post questions about their emotional wellbeing and their family functioning
  - Have their relationships have improved since the circle?
  - Has their circumstance/problem issue changed?
  - Was any harm done during the circle process?

# Check-out

What is one thing you will take from this workshop?





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*Thank you!*

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**Restoring Hope**